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**REPORTS:**

Yes

974.90 New Jersey Legislative Commission for the Study of Pain Management Policy  
H434 Report...March, 1999. Trenton, 1999  
1999c (see pp.2, 12-13)

**HEARINGS:**

Yes

974.90 New Jersey. Legislative Commission for the Study of Pain Management Policy  
H434 Public hearing, held 10-16-1998, New Brunswick, New Jersey 1998  
1998j

974.90 New Jersey. Legislative Commission for the Study of Pain Management Policy  
H434 Public hearing, held 6-17-1998, New Brunswick, New Jersey 1998  
1998f

974.90 New Jersey Legislative Commission for the Study of Pain Management Policy  
H434 Public hearing, held 9-16-1998. Edison, New Jersey, 1998  
1998i

**NEWSPAPER CLIPPINGS:**

"Jersey mandates better pain treatment," 7-14-2000 Star Ledger, p.38

# ASSEMBLY, No. 319

## STATE OF NEW JERSEY 209th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2000 SESSION

**Sponsored by:**

**Assemblywoman CHARLOTTE VANDERVALK**

**District 39 (Bergen)**

**Assemblyman SAM THOMPSON**

**District 13 (Middlesex and Monmouth)**

**Co-Sponsored by:**

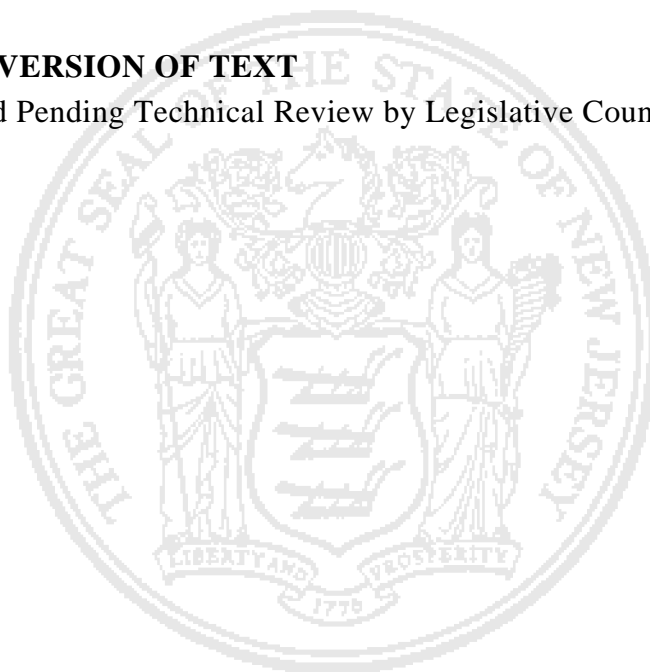
**Assemblyman Augustine and Assemblywoman Weinberg**

**SYNOPSIS**

Provides hospital patients and nursing home residents with right to expect and receive appropriate pain assessment, management and treatment as integral component of their care.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



**(Sponsorship Updated As Of: 2/8/2000)**

A319 VANDERVALK, THOMPSON

2

1 AN ACT concerning the rights of hospital patients and nursing home  
2 residents and amending P.L.1989, c.170 and P.L.1976, c.120.

3  
4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6  
7 1. Section 2 of P.L.1989, c.170 (C.26:2H-12.8) is amended to read  
8 as follows:

9 2. Every person admitted to a general hospital as licensed by the  
10 State Department of Health and Senior Services pursuant to P.L.1971,  
11 c.136 (C.26:2H-1 et al.) shall have the right:

12 a. To considerate and respectful care consistent with sound nursing  
13 and medical practices, which shall include being informed of the name  
14 and licensure status of a student nurse or facility staff member who  
15 examines, observes or treats the patient and the right to expect and  
16 receive appropriate assessment, management and treatment of pain as  
17 an integral component of that person's care;

18 b. To be informed of the name of the physician responsible for  
19 coordinating his care;

20 c. To obtain from the physician complete, current information  
21 concerning his diagnosis, treatment, and prognosis in terms he can  
22 reasonably be expected to understand. When it is not medically  
23 advisable to give this information to the patient, it shall be made  
24 available to another person designated by the patient on his behalf;

25 d. To receive from the physician information necessary to give  
26 informed consent prior to the start of any procedure or treatment and  
27 which, except for those emergency situations not requiring an  
28 informed consent, shall include as a minimum the specific procedure  
29 or treatment, the medically significant risks involved, and the possible  
30 duration of incapacitation, if any, as well as an explanation of the  
31 significance of the patient's informed consent. The patient shall be  
32 advised of any medically significant alternatives for care or treatment,  
33 however, this does not include experimental treatments that are not yet  
34 accepted by the medical establishment;

35 e. To refuse treatment to the extent permitted by law and to be  
36 informed of the medical consequences of this act;

37 f. To privacy to the extent consistent with providing adequate  
38 medical care to the patient. This shall not preclude discussion of a  
39 patient's case or examination of a patient by appropriate health care  
40 personnel;

41 g. To privacy and confidentiality of all records pertaining to his  
42 treatment, except as otherwise provided by law or third party payment  
43 contract, and to access to those records, including receipt of a copy

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.**

**Matter underlined thus is new matter.**

- 1 thereof at reasonable cost, upon request, unless his physician states in  
2 writing that access by the patient is not medically advisable;
- 3 h. To expect that within its capacity, the hospital will make  
4 reasonable response to his request for services, including the services  
5 of an interpreter in a language other than English if 10% or more of  
6 the population in the hospital's service area speaks that language;
- 7 i. To be informed by his physician of any continuing health care  
8 requirements which may follow discharge and to receive assistance  
9 from the physician and appropriate hospital staff in arranging for  
10 required follow-up care after discharge;
- 11 j. To be informed by the hospital of the necessity of transfer to  
12 another facility prior to the transfer and of any alternatives to it which  
13 may exist, which transfer shall not be effected unless it is determined  
14 by the physician to be medically necessary;
- 15 k. To be informed, upon request, of other health care and  
16 educational institutions that the hospital has authorized to participate  
17 in his treatment;
- 18 l. To be advised if the hospital proposes to engage in or perform  
19 human research or experimentation and to refuse to participate in these  
20 projects. For the purposes of this subsection "human research" does  
21 not include the mere collecting of statistical data;
- 22 m. To examine and receive an explanation of his bill, regardless of  
23 source of payment, and to receive information or be advised on the  
24 availability of sources of financial assistance to help pay for the  
25 patient's care, as necessary;
- 26 n. To expect reasonable continuity of care;
- 27 o. To be advised of the hospital rules and regulations that apply to  
28 his conduct as a patient;
- 29 p. To treatment without discrimination as to race, age, religion,  
30 sex, national origin, or source of payment; and
- 31 q. To contract directly with a New Jersey licensed registered  
32 professional nurse of the patient's choosing for private professional  
33 nursing care during his hospitalization. A registered professional nurse  
34 so contracted shall adhere to hospital policies and procedures in regard  
35 to treatment protocols and policies and procedures so long as those  
36 policies and procedures are the same for private duty and regularly  
37 employed nurses. The registered professional nurse shall not be  
38 considered an agent or employee of the hospital for purposes of any  
39 financial liabilities, including, but not limited to, State or federal  
40 employee taxes, worker's compensation payments or coverage for  
41 professional liability.
- 42 The hospital, upon a patient's or his designee's request for private  
43 professional nursing care, shall provide the patient or his designee with  
44 a list of local nonprofit professional nurses association registries that  
45 refer nurses for private professional nursing care.
- 46 (cf: P.L.1997, c.76, s.1)

1       2. Section 5 of P.L.1976, c.120 (C.30:13-5) is amended to read as  
2 follows:

3       5. Every resident of a nursing home shall:

4       a. Have the right to manage his own financial affairs unless he or  
5 his guardian authorizes the administrator of the nursing home to  
6 manage such resident's financial affairs. Such authorization shall be in  
7 writing and shall be attested by a witness that is unconnected with the  
8 nursing home, its operations, its staff personnel and the administrator  
9 thereof, in any manner whatsoever.

10       b. Have the right to wear his own clothing. If clothing is provided  
11 to the resident by the nursing home, it shall be of a proper fit.

12       c. Have the right to retain and use his personal property in his  
13 immediate living quarters, unless the nursing home can demonstrate  
14 that it is unsafe or impractical to do so.

15       d. Have the right to receive and send unopened correspondence  
16 and, upon request, to obtain assistance in the reading and writing of  
17 such correspondence.

18       e. Have the right to unaccompanied access to a telephone at a  
19 reasonable hour, including the right to a private phone at the resident's  
20 expense.

21       f. Have the right to privacy.

22       g. Have the right to retain the services of his own personal  
23 physician at his own expense or under a health care plan. Every  
24 resident shall have the right to obtain from his own physician or the  
25 physician attached to the nursing home complete and current  
26 information concerning his medical diagnosis, treatment and prognosis  
27 in terms and language the resident can reasonably be expected to  
28 understand, except when the physician deems it medically inadvisable  
29 to give such information to the resident and records the reason for  
30 such decision in the resident's medical record. In such a case, the  
31 physician shall inform the resident's next-of-kin or guardian. The  
32 resident shall be afforded the opportunity to participate in the planning  
33 of his total care and medical treatment to the extent that his condition  
34 permits. A resident shall have the right to refuse treatment. A  
35 resident shall have the right to refuse to participate in experimental  
36 research, but if he chooses to participate, his informed written consent  
37 must be obtained. Every resident shall have the right to confidentiality  
38 and privacy concerning his medical condition and treatment, except  
39 that records concerning said medical condition and treatment may be  
40 disclosed to another nursing home or health care facility on transfer,  
41 or as required by law or third-party payment contracts.

42       h. Have the right to unrestricted communication, including  
43 personal visitation with any persons of his choice, at any reasonable  
44 hour.

45       i. Have the right to present grievances on behalf of himself or  
46 others to the nursing home administrator, State governmental agencies

1 or other persons without threat of discharge or reprisal in any form or  
2 manner whatsoever. The administrator shall provide all residents or  
3 their guardians with the name, address, and telephone number of the  
4 appropriate State governmental office where complaints may be  
5 lodged. Such telephone number shall be posted in a conspicuous place  
6 near every public telephone in the nursing home.

7 j. Have the right to a safe and decent living environment and  
8 considerate and respectful care that recognizes the dignity and  
9 individuality of the resident, including the right to expect and receive  
10 appropriate assessment, management and treatment of pain as an  
11 integral component of that person's care consistent with sound nursing  
12 and medical practices.

13 k. Have the right to refuse to perform services for the nursing  
14 home that are not included for therapeutic purposes in his plan of care  
15 as recorded in his medical record by his physician.

16 l. Have the right to reasonable opportunity for interaction with  
17 members of the opposite sex. If married, the resident shall enjoy  
18 reasonable privacy in visits by his spouse and, if both are residents of  
19 the nursing home, they shall be afforded the opportunity, where  
20 feasible, to share a room, unless medically inadvisable.

21 m. Not be deprived of any constitutional, civil or legal right solely  
22 by reason of admission to a nursing home.  
23 (cf: P.L.1976, c.120, s.5)

24

25 3. This act shall take effect immediately.

26

27

28

#### STATEMENT

29

30 This bill amends the "bill of rights" for hospital patients and nursing  
31 home residents set forth in section 2 of P.L.1989, c.170  
32 (N.J.S.A.26:2H-12.8) and section 5 of P.L.1976, c.120  
33 (N.J.S.A.30:13-5), respectively, to provide that every person admitted  
34 to an acute care hospital or a nursing home shall have the right to  
35 expect and receive appropriate pain management as an integral  
36 component of that person's care consistent with sound nursing and  
37 medical practices.

38 This bill is based on the recommendations issued by the New Jersey  
39 Legislative Commission for the Study of Pain Management Policy in  
40 its report to the Governor and the Legislature in March 1999. The  
41 purpose of this bill is to focus the attention of hospital and nursing  
42 home management and health care professional staff on the need to  
43 recognize and appropriately treat patient or resident pain, as  
44 applicable, as an integral component of their care.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

**ASSEMBLY, No. 319**

**STATE OF NEW JERSEY**

DATED: FEBRUARY 10, 2000

The Assembly Health Committee reports favorably Assembly Bill No. 319.

This bill amends the "bill of rights" for hospital patients and nursing home residents set forth in section 2 of P.L.1989, c.170 (N.J.S.A.26:2H-12.8) and section 5 of P.L.1976, c.120 (N.J.S.A.30:13-5), respectively, to provide that every person admitted to an acute care hospital or a nursing home shall have the right to expect and receive appropriate pain management as an integral component of that person's care consistent with sound nursing and medical practices.

The bill is based on the recommendations issued by the New Jersey Legislative Commission for the Study of Pain Management Policy in its report to the Governor and the Legislature in March 1999.

This bill is identical to Assembly Bill No. 2972 of 1999 (Vandervalk/Thompson) which this committee reported during the prior session, and which passed the General Assembly 78-0-0 on December 13, 1999. The bill is also identical to Senate Bill No. 1892 of 1999 (Inverso/Vitale) and Senate Bill No. 990 of 2000 (Inverso).

This bill was prefiled for introduction in the 2000-2001 session pending technical review. As reported, the bill includes the changes required by technical review which has been performed.



# SENATE HEALTH COMMITTEE

## STATEMENT TO

### ASSEMBLY, No. 319

# STATE OF NEW JERSEY

DATED: MAY 11, 2000

The Senate Health Committee reports favorably Assembly Bill No. 319.

This bill amends the "bill of rights" for hospital patients and nursing home residents set forth in section 2 of P.L.1989, c.170 (N.J.S.A.26:2H-12.8) and section 5 of P.L.1976, c.120 (N.J.S.A.30:13-5), respectively, to provide that every person admitted to an acute care hospital or a nursing home shall have the right to expect and receive appropriate pain management as an integral component of that person's care consistent with sound nursing and medical practices.

This bill is based on the recommendations issued by the New Jersey Legislative Commission for the Study of Pain Management Policy in its report to the Governor and the Legislature in March 1999. The purpose of this bill is to focus the attention of hospital and nursing home management and health care professional staff on the need to recognize and appropriately treat patient or resident pain, as applicable, as an integral component of their care.

This bill is identical to Senate Bill No. 990 (Inverso/Vitale), which the committee also reported favorably on this date.

**ASSEMBLY, No. 319**

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**STATE OF NEW JERSEY**

**209th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2000 SESSION

**Sponsored by:**

**Assemblywoman CHARLOTTE VANDERVALK**

**District 39 (Bergen)**

**Assemblyman SAM THOMPSON**

**District 13 (Middlesex and Monmouth)**

**Co-Sponsored by:**

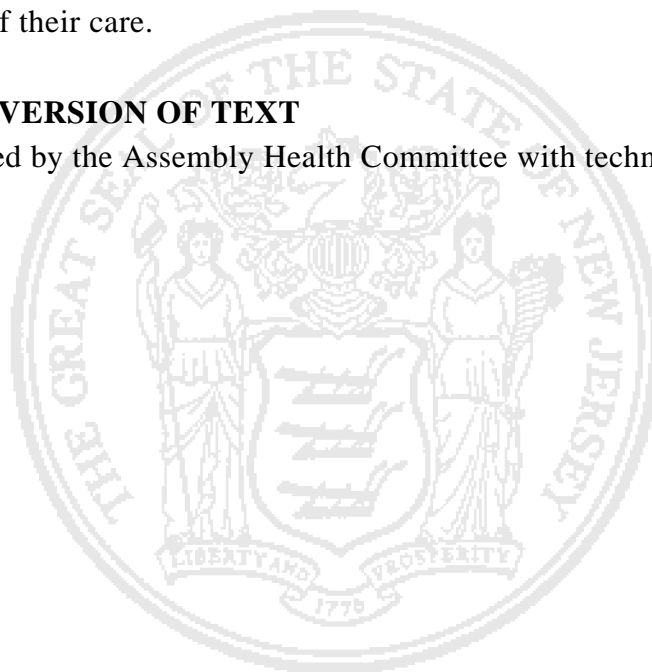
**Assemblyman Augustine, Assemblywoman Weinberg, Assemblyman Gusciora, Assemblywoman Previte, Senators Inverso and Vitale**

**SYNOPSIS**

Provides hospital patients and nursing home residents with right to expect and receive appropriate pain assessment, management and treatment as integral component of their care.

**CURRENT VERSION OF TEXT**

As reported by the Assembly Health Committee with technical review.



**(Sponsorship Updated As Of: 5/19/2000)**

A319 VANDERVALK, THOMPSON

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20 projects. For the purposes of this subsection "human research" does  
21 not include the mere collecting of statistical data;
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9 thereof, in any manner whatsoever.

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11 to the resident by the nursing home, it shall be of a proper fit.

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21 m. Not be deprived of any constitutional, civil or legal right solely  
22 by reason of admission to a nursing home.  
23 (cf: P.L.1976, c.120, s.5)

24

25 3. This act shall take effect immediately.

P.L. 2000, CHAPTER 65, *approved July 13, 2000*  
Assembly, No. 319

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40 considered an agent or employee of the hospital for purposes of any  
41 financial liabilities, including, but not limited to, State or federal  
42 employee taxes, worker's compensation payments or coverage for  
43 professional liability.

44 The hospital, upon a patient's or his designee's request for private  
45 professional nursing care, shall provide the patient or his designee with  
46 a list of local nonprofit professional nurses association registries that



- 1 refer nurses for private professional nursing care.  
2 (cf: P.L.1997, c.76, s.1)  
3
- 4 2. Section 5 of P.L.1976, c.120 (C.30:13-5) is amended to read as  
5 follows:
- 6 5. Every resident of a nursing home shall:
- 7 a. Have the right to manage his own financial affairs unless he or  
8 his guardian authorizes the administrator of the nursing home to  
9 manage such resident's financial affairs. Such authorization shall be in  
10 writing and shall be attested by a witness that is unconnected with the  
11 nursing home, its operations, its staff personnel and the administrator  
12 thereof, in any manner whatsoever.
- 13 b. Have the right to wear his own clothing. If clothing is provided  
14 to the resident by the nursing home, it shall be of a proper fit.
- 15 c. Have the right to retain and use his personal property in his  
16 immediate living quarters, unless the nursing home can demonstrate  
17 that it is unsafe or impractical to do so.
- 18 d. Have the right to receive and send unopened correspondence  
19 and, upon request, to obtain assistance in the reading and writing of  
20 such correspondence.
- 21 e. Have the right to unaccompanied access to a telephone at a  
22 reasonable hour, including the right to a private phone at the resident's  
23 expense.
- 24 f. Have the right to privacy.
- 25 g. Have the right to retain the services of his own personal  
26 physician at his own expense or under a health care plan. Every  
27 resident shall have the right to obtain from his own physician or the  
28 physician attached to the nursing home complete and current  
29 information concerning his medical diagnosis, treatment and prognosis  
30 in terms and language the resident can reasonably be expected to  
31 understand, except when the physician deems it medically inadvisable  
32 to give such information to the resident and records the reason for  
33 such decision in the resident's medical record. In such a case, the  
34 physician shall inform the resident's next-of-kin or guardian. The  
35 resident shall be afforded the opportunity to participate in the planning  
36 of his total care and medical treatment to the extent that his condition  
37 permits. A resident shall have the right to refuse treatment. A  
38 resident shall have the right to refuse to participate in experimental  
39 research, but if he chooses to participate, his informed written consent  
40 must be obtained. Every resident shall have the right to confidentiality  
41 and privacy concerning his medical condition and treatment, except  
42 that records concerning said medical condition and treatment may be  
43 disclosed to another nursing home or health care facility on transfer,  
44 or as required by law or third-party payment contracts.
- 45 h. Have the right to unrestricted communication, including  
46 personal visitation with any persons of his choice, at any reasonable

1 hour.

2 i. Have the right to present grievances on behalf of himself or  
3 others to the nursing home administrator, State governmental agencies  
4 or other persons without threat of discharge or reprisal in any form or  
5 manner whatsoever. The administrator shall provide all residents or  
6 their guardians with the name, address, and telephone number of the  
7 appropriate State governmental office where complaints may be  
8 lodged. Such telephone number shall be posted in a conspicuous place  
9 near every public telephone in the nursing home.

10 j. Have the right to a safe and decent living environment and  
11 considerate and respectful care that recognizes the dignity and  
12 individuality of the resident, including the right to expect and receive  
13 appropriate assessment, management and treatment of pain as an  
14 integral component of that person's care consistent with sound nursing  
15 and medical practices.

16 k. Have the right to refuse to perform services for the nursing  
17 home that are not included for therapeutic purposes in his plan of care  
18 as recorded in his medical record by his physician.

19 l. Have the right to reasonable opportunity for interaction with  
20 members of the opposite sex. If married, the resident shall enjoy  
21 reasonable privacy in visits by his spouse and, if both are residents of  
22 the nursing home, they shall be afforded the opportunity, where  
23 feasible, to share a room, unless medically inadvisable.

24 m. Not be deprived of any constitutional, civil or legal right solely  
25 by reason of admission to a nursing home.

26 (cf: P.L.1976, c.120, s.5)

27

28 3. This act shall take effect immediately.

29

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32

33 Provides hospital patients and nursing home residents with right to  
34 expect and receive appropriate pain assessment, management and  
35 treatment as integral component of their care.

## CHAPTER 65

AN ACT concerning the rights of hospital patients and nursing home residents and amending P.L.1989, c.170 and P.L.1976, c.120.

**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

1. Section 2 of P.L.1989, c.170 (C.26:2H-12.8) is amended to read as follows:

C.26:2H-12.8 Rights of persons admitted to a general hospital.

2. Every person admitted to a general hospital as licensed by the State Department of Health and Senior Services pursuant to P.L.1971, c.136 (C.26:2H-1 et al.) shall have the right:

a. To considerate and respectful care consistent with sound nursing and medical practices, which shall include being informed of the name and licensure status of a student nurse or facility staff member who examines, observes or treats the patient and the right to expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care;

b. To be informed of the name of the physician responsible for coordinating his care;

c. To obtain from the physician complete, current information concerning his diagnosis, treatment, and prognosis in terms he can reasonably be expected to understand. When it is not medically advisable to give this information to the patient, it shall be made available to another person designated by the patient on his behalf;

d. To receive from the physician information necessary to give informed consent prior to the start of any procedure or treatment and which, except for those emergency situations not requiring an informed consent, shall include as a minimum the specific procedure or treatment, the medically significant risks involved, and the possible duration of incapacitation, if any, as well as an explanation of the significance of the patient's informed consent. The patient shall be advised of any medically significant alternatives for care or treatment, however, this does not include experimental treatments that are not yet accepted by the medical establishment;

e. To refuse treatment to the extent permitted by law and to be informed of the medical consequences of this act;

f. To privacy to the extent consistent with providing adequate medical care to the patient. This shall not preclude discussion of a patient's case or examination of a patient by appropriate health care personnel;

g. To privacy and confidentiality of all records pertaining to his treatment, except as otherwise provided by law or third party payment contract, and to access to those records, including receipt of a copy thereof at reasonable cost, upon request, unless his physician states in writing that access by the patient is not medically advisable;

h. To expect that within its capacity, the hospital will make reasonable response to his request for services, including the services of an interpreter in a language other than English if 10% or more of the population in the hospital's service area speaks that language;

i. To be informed by his physician of any continuing health care requirements which may follow discharge and to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge;

j. To be informed by the hospital of the necessity of transfer to another facility prior to the transfer and of any alternatives to it which may exist, which transfer shall not be effected unless it is determined by the physician to be medically necessary;

k. To be informed, upon request, of other health care and educational institutions that the hospital has authorized to participate in his treatment;

l. To be advised if the hospital proposes to engage in or perform human research or experimentation and to refuse to participate in these projects. For the purposes of this subsection "human research" does not include the mere collecting of statistical data;

m. To examine and receive an explanation of his bill, regardless of source of payment, and to receive information or be advised on the availability of sources of financial assistance to help pay for the patient's care, as necessary;

n. To expect reasonable continuity of care;

o. To be advised of the hospital rules and regulations that apply to his conduct as a patient;

p. To treatment without discrimination as to race, age, religion, sex, national origin, or source of payment; and

q. To contract directly with a New Jersey licensed registered professional nurse of the patient's choosing for private professional nursing care during his hospitalization. A registered professional nurse so contracted shall adhere to hospital policies and procedures in regard to treatment protocols and policies and procedures so long as those policies and procedures are the same for private duty and regularly employed nurses. The registered professional nurse shall not be considered an agent or employee of the hospital for purposes of any financial liabilities, including, but not limited to, State or federal employee taxes, worker's compensation payments or coverage for professional liability.

The hospital, upon a patient's or his designee's request for private professional nursing care, shall provide the patient or his designee with a list of local nonprofit professional nurses association registries that refer nurses for private professional nursing care.

2. Section 5 of P.L.1976, c.120 (C.30:13-5) is amended to read as follows:

C.30:13-5 Rights of nursing home residents.

5. Every resident of a nursing home shall:

a. Have the right to manage his own financial affairs unless he or his guardian authorizes the administrator of the nursing home to manage such resident's financial affairs. Such authorization shall be in writing and shall be attested by a witness that is unconnected with the nursing home, its operations, its staff personnel and the administrator thereof, in any manner whatsoever.

b. Have the right to wear his own clothing. If clothing is provided to the resident by the nursing home, it shall be of a proper fit.

c. Have the right to retain and use his personal property in his immediate living quarters, unless the nursing home can demonstrate that it is unsafe or impractical to do so.

d. Have the right to receive and send unopened correspondence and, upon request, to obtain assistance in the reading and writing of such correspondence.

e. Have the right to unaccompanied access to a telephone at a reasonable hour, including the right to a private phone at the resident's expense.

f. Have the right to privacy.

g. Have the right to retain the services of his own personal physician at his own expense or under a health care plan. Every resident shall have the right to obtain from his own physician or the physician attached to the nursing home complete and current information concerning his medical diagnosis, treatment and prognosis in terms and language the resident can reasonably be expected to understand, except when the physician deems it medically inadvisable to give such information to the resident and records the reason for such decision in the resident's medical record. In such a case, the physician shall inform the resident's next-of-kin or guardian. The resident shall be afforded the opportunity to participate in the planning of his total care and medical treatment to the extent that his condition permits. A resident shall have the right to refuse treatment. A resident shall have the right to refuse to participate in experimental research, but if he chooses to participate, his informed written consent must be obtained. Every resident shall have the right to confidentiality and privacy concerning his medical condition and treatment, except that records concerning said medical condition and treatment may be disclosed to another nursing home or health care facility on transfer, or as required by law or third-party payment contracts.

h. Have the right to unrestricted communication, including personal visitation with any persons of his choice, at any reasonable hour.

i. Have the right to present grievances on behalf of himself or others to the nursing home administrator, State governmental agencies or other persons without threat of discharge or reprisal in any form or manner whatsoever. The administrator shall provide all residents or their guardians with the name, address, and telephone number of the appropriate State governmental office where complaints may be lodged. Such telephone number shall be posted in a conspicuous place near every public telephone in the nursing home.

j. Have the right to a safe and decent living environment and considerate and respectful care that recognizes the dignity and individuality of the resident, including the right to expect and

receive appropriate assessment, management and treatment of pain as an integral component of that person's care consistent with sound nursing and medical practices.

k. Have the right to refuse to perform services for the nursing home that are not included for therapeutic purposes in his plan of care as recorded in his medical record by his physician.

l. Have the right to reasonable opportunity for interaction with members of the opposite sex. If married, the resident shall enjoy reasonable privacy in visits by his spouse and, if both are residents of the nursing home, they shall be afforded the opportunity, where feasible, to share a room, unless medically inadvisable.

m. Not be deprived of any constitutional, civil or legal right solely by reason of admission to a nursing home.

3. This act shall take effect immediately.

Approved July 13, 2000.

*Office of the Governor*  
**NEWS RELEASE**

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TRENTON, NJ 08625

CONTACT: Jayne O'Connor  
609-777-2600

RELEASE: July 13, 2000

**Gov. Christie Whitman signed the following legislation:**

**A-135**, sponsored by Assembly Members Arline M. Friscia (D-Middlesex) and Neil M. Cohen (D-Union), amends motor vehicle laws to require State and local law enforcement authorities to receive proof of valid automobile insurance before releasing a motor vehicle impounded pursuant to State law. Uninsured vehicles would, therefore, remain impounded until a valid insurance policy was obtained or proof of existing insurance was presented.

**A-316**, sponsored by Assemblywomen Charlotte Vandervalk (R-Bergen) and Joan M. Quigley (D-Bergen/Hudson) and Senator Peter A. Inverso (R-Mercer/Middlesex), directs the Department of Health and Senior Services to develop regulations to require licensed health care facilities to monitor pain in patients as a fifth vital sign. The four traditionally accepted medical vital signs include blood pressure, pulse, respiration and temperature. The bill is based on one of the recommendations issued by the New Jersey Legislative Commission for the Study of Pain Management Policy in its report to the Governor and the Legislature in March 1999. The purpose of this bill is to promote greater awareness of pain as a patient concern among physicians, physician assistants and nurses. Additionally, the bill is intended to facilitate communication between health care professionals and their patients about levels of pain intensity.

**A-317**, sponsored by Assemblywomen Charlotte Vandervalk (R-Bergen) and Rose Marie Heck (R-Bergen) and Senator Peter A. Inverso (R-Mercer/Middlesex), amends the "Cancer Research Act" and broadens the mandate of the statutorily created New Jersey State Commission on Cancer Research (Commission) to encourage the development of research projects on pain management and palliative care for cancer patients. The bill is based on one of the recommendations issued by the New Jersey Legislative Commission for the Study of Pain Management Policy in its report to the Governor and the Legislature in March 1999. The Commission currently receives \$1 million annually to fund research projects on the genetic, biochemical, viral, microbiological and environmental causes of cancer. This bill would specifically authorize the Commission to fund research projects that focus on pain management and palliative care for persons diagnosed with cancer.

**A-318**, sponsored by Assemblywomen Charlotte Vandervalk (R-Bergen) and Joan M. Quigley (D-Bergen/Hudson) and Senator Peter A. Inverso (R-Mercer/Middlesex), continues the work of the New Jersey Legislative Commission for the Study of Pain Management Policy (Commission), which was established by the Legislature in 1997 to study and make recommendations concerning acute and chronic pain management policy issues. The Commission expired in 1999 upon submission of its recommendations to the

Governor and the Legislature. This bill would temporarily establish the New Jersey Pain Management Policy Advisory Council (Council) in the Department of Health and Senior Services for another two years, as a follow-up entity to the Commission in order to continue to study and develop further policy recommendations concerning pain management. The bill calls for the Council to submit a report of its recommendations to the Legislature and the Governor at the end of two years.

**A-319**, sponsored by Assembly Members Charlotte Vandervalk (R-Bergen) and Samuel D. Thompson (R-Middlesex/Monmouth) and Senator Peter A. Inverso (R-Mercer/Middlesex), intends to focus the attention of hospital and nursing home management and health care professional staff on the need to address pain management as an integral component of patient care. The bill amends the statutory "bill of rights" for hospital and nursing home patients to explicitly include the right to expect and receive appropriate assessment, management and treatment of pain. The bill is based on one of the recommendations of the New Jersey Legislative Commission for the Study of Pain Management Policy in its report to the Governor and the Legislature.

**A-2179**, sponsored by Assemblymen Christopher Bateman (R-Morris/Somerset) and E. Scott Garrett (R-Sussex/Hunterdon/Morris) and Senator Gerald Cardinale (R-Bergen), eliminates the requirement that a minimum of two-thirds of a savings bank's board of managers be residents of New Jersey. The residency requirement is retained for the first five years of operation of a newly formed savings bank. The bill intends to allow New Jersey State chartered savings banks greater flexibility to attract and retain the best qualified managers and to provide parity with State chartered banks and savings and loan associations, which do not have residency requirements.

**A-2180**, sponsored by Assemblymen Christopher Bateman (R-Morris/Somerset) and E. Scott Garrett (R-Sussex/Hunterdon/Morris) and Senator Gerald Cardinale (R-Bergen), removes the requirement that a savings bank must use the word "savings" in its name. The change will help preserve the viability of the State savings bank charter and recognizes the blurring of distinction between banks and savings banks by consumers. Federal law does not require the use of the word savings in the title of a federally chartered savings bank.

**A-2263**, sponsored by Assemblymen Christopher Bateman (R-Morris/Somerset) and Neil M. Cohen (D-Union) and Senator Gerald Cardinale (R-Bergen), provides for an expedited approval process for certain applications by banks, savings banks and savings and loan associations, such as for branch office applications, certificate of incorporation amendments, and other corporate approvals. The bill sets forth eligibility requirements that banks must meet to qualify for the expedited approval process. Also, the bill consolidates and clarifies parity power provisions for financial institutions to be consistent with new powers granted by the federal "Graham-Leach-Bliley Act."

**A-2264**, sponsored by Assemblymen Christopher Bateman (R-Morris/Somerset) and Neil M. Cohen (D-Union) and Senator Gerald Cardinale (R-Bergen), outlines procedures to be followed in the event of mergers between financial institutions and their subsidiaries, as

allowed by new federal law. The bill requires the Department of Banking and Insurance Commissioner's approval prior to a merger and requires a financial institution's governing board to adopt a plan of merger that sets forth, among other things, the terms and conditions of the proposed merger and the manner in which shares will be converted or paid.