

FLOOR AMENDMENT STATEMENT:

No

LEGISLATIVE FISCAL ESTIMATE:

Yes 2/10/2017

VETO MESSAGE:

No

GOVERNOR'S PRESS RELEASE ON SIGNING:

Yes

FOLLOWING WERE PRINTED:

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REPORTS:

No

HEARINGS:

No

NEWSPAPER ARTICLES:

No

RWH/JA

Title 45.
Subtitle 1.
Chapter 1.
Article 5.(New)
Hazardous Drug
Safe Handling
§§1-5 -
C.45:1-56 to
45:1-60

P.L.2017, CHAPTER 69, *approved May 11, 2017*
Assembly, No. 837 (*Third Reprint*)

1 AN ACT concerning safe handling of hazardous drugs and
2 supplementing Title ¹~~34~~ 45¹ of the Revised Statutes.

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

6
7 1. This act shall be known and may be cited as the “Hazardous
8 Drug Safe Handling Act.”

9
10 2. a. The Legislature finds and declares that:

11 (1) Health care personnel who work with or near hazardous
12 drugs in health care settings may be exposed to these agents in the
13 air and through contact with work surfaces, clothing, medical
14 equipment, and patients;

15 (2) According to the National Institute for Occupational Safety
16 and Health (NIOSH), which is part of the federal Centers for
17 Disease Control and Prevention, early concerns about occupational
18 exposure to anticancer drugs first appeared in the 1970s;

19 (3) Antineoplastic and other hazardous drugs have been
20 identified with a number of acute, short-term, and chronic effects,
21 including skin rashes, infertility, miscarriage, birth defects, liver
22 and kidney damage, damage to the bone marrow, damage to the
23 heart and lungs, and various cancers; and

24 (4) In 2004, NIOSH published an alert on preventing
25 occupational exposures to antineoplastic drugs in health care
26 settings. NIOSH urges that all hazardous drugs be universally
27 handled according to standard precautions as outlined in the alert,
28 which includes recommended procedures for assessing workplace
29 hazards, handling hazardous drugs, and using and maintaining
30 equipment, as well as a list of “drugs considered hazardous,” which
31 was updated in 2010, 2012, and 2014.

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly floor amendments adopted April 7, 2016.

²Senate SHH committee amendments adopted September 26, 2016.

³Senate SBA committee amendments adopted January 30, 2017.

1 b. The Legislature therefore determines that it is the public
2 policy of the State to provide for the appropriate regulation of the
3 handling of hazardous drugs consistent with the NIOSH alert,
4 regardless of the setting in which health care is provided, in order to
5 protect health care personnel from potentially harmful exposure to
6 antineoplastic and other hazardous drugs.

7
8 3. As used in this act:

9 “Animal or veterinary facility” means an animal or veterinary
10 facility as defined in section 1 of P.L.1983, c.98 (C.45:16-1.1).

11 “Antineoplastic” means inhibiting or preventing the growth and
12 spread of tumors or malignant cells.

13 ¹“Commissioner” means the Commissioner of Labor and
14 Workforce Development. ¹

15 “Hazardous drugs” means drugs that exhibit one or more of the
16 following characteristics in humans or animals: carcinogenicity;
17 teratogenicity or other developmental toxicity; reproductive
18 toxicity; organ toxicity at low doses; genotoxicity; or structure and
19 toxicity profiles that mimic existing hazardous drugs. This term
20 includes, but is not limited to, antineoplastic drugs.

21 ¹“Health care personnel” means any individual in a health care
22 setting or veterinary facility who works with or near, handles,
23 comes in contact with, or otherwise touches a hazardous drug.

24 “Health care setting” means any facility or institution, whether
25 public or private, engaged in medical services, including diagnosis
26 or treatment of human disease, pain, injury, deformity or physical
27 condition, including, but not limited to, a health care facility
28 licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a
29 pharmacy, and a boarding home for the sheltered care of adult
30 persons, but excluding institutions that provide healing solely by
31 prayer.

32 “NIOSH” means the National Institute for Occupational Safety
33 and Health in the federal Centers for Disease Control and
34 Prevention. **】**

35 “Health care facility” means a general acute care hospital,
36 satellite emergency department, hospital-based off-site ambulatory
37 care facility in which ambulatory surgical procedures are
38 performed, or ambulatory surgical facility licensed pursuant to
39 P.L.1971, c.136 (C.26:2H-1 et seq.).

40 “Health care professional” means a physician, physician
41 assistant, advanced practice nurse, registered nurse, licensed
42 practical nurse, pharmacist, or veterinarian licensed or certified
43 pursuant to Title 45 of the Revised Statutes. “Health care
44 professional” shall not include a licensed dentist or dental hygienist.

45 “Pharmacy practice site” means a pharmacy practice site licensed
46 pursuant to P.L.2003, c.280 (C.45:14-40 et seq.).¹

1 “Stakeholder group” means a group of stakeholders in the areas
2 of health care and workplace safety, which shall consist of: a
3 representative of the Rutgers Cancer Institute of New Jersey; a
4 representative of the New Jersey Hospital Association; ¹a
5 representative of the New Jersey Veterinary Medical Association; a
6 representative of the Medical Society of New Jersey;¹ ²a
7 representative of the New Jersey State Society of Physician
8 Assistants;² practicing physicians from impacted specialties
9 including, but not limited to, oncology; pharmacists; ¹practicing
10 advanced practice nurses,¹ registered nurses, ¹and licensed practical
11 nurses,¹ including ¹at least¹ one representative from the New Jersey
12 Chapters of the Oncology Nursing Society; three representatives
13 from organized labor unions representing health care personnel
14 ¹employed by health care professionals or employed in health care
15 facilities, pharmacy practice sites, or animal or veterinary
16 facilities¹, two of whom shall serve at the recommendation of the
17 New Jersey State AFL-CIO; and other interested stakeholders.

18

19 4. a. No later than 12 months after the effective date of this
20 act, ¹[the commissioner, in consultation with]¹ the Commissioner
21 of Health ³[,] and³ the Director of the Division of Consumer
22 Affairs in the Department of Law and Public Safety, ³[and] in
23 consultation with³ a stakeholder group as defined in section 3 of
24 P.L. , c. (C.) (pending before the Legislature as this
25 bill), shall adopt ³[consensus-driven]³ standards and regulations in
26 accordance with the “Administrative Procedure Act,” P.L.1968,
27 c.410 (C.52:14B-1 et seq.) concerning the handling of hazardous
28 drugs by health care personnel ¹employed by a health care
29 professional or employed¹ in a health care ¹[setting] facility,
30 pharmacy practice site,¹ or animal or veterinary facility.

31 b. The standards and regulations to be adopted pursuant to
32 subsection a. of this section shall describe the hazardous drugs for
33 which handling is to be regulated, the methods and procedures for
34 handling such drugs, an implementation plan, and such other
35 requirements as may be necessary to protect the health and safety of
36 health care personnel ¹employed by a health care professional or
37 employed in a health care facility, pharmacy practice site, or animal
38 or veterinary facility¹, including, but not limited to:

39 (1) written, site-specific hazardous drug control programs to
40 avoid occupational exposure to hazardous drugs through
41 transporting, compounding, administering, disposing, or other
42 handling of the drugs;

43 (2) hazard assessments to determine precautions necessary to
44 protect health care personnel from exposure to hazardous drugs;

45 (3) engineering controls to eliminate or minimize exposure to
46 hazardous drugs;

- 1 (4) personal protective equipment and the circumstances under
2 which personal protective equipment shall be used by health care
3 personnel;
- 4 (5) safe handling practices related to hazardous drugs, including
5 handling, receiving, storage, preparing, administering, waste
6 handling, cleaning, housekeeping, labeling and signage, and
7 maintenance practices;
- 8 (6) spill control and response procedures;
- 9 (7) training standards and training programs;
- 10 (8) requirements for recordkeeping, including records related to
11 training sessions, qualifications, incident reports, and other
12 pertinent information; and
- 13 (9) ¹appropriate¹ medical surveillance ¹[], which shall include
14 provisions requiring, at a minimum, a medical evaluation¹ for
15 health care personnel who directly handle hazardous drugs ¹[], at no
16 cost to the personnel, at the time of hiring, upon exposure to
17 hazardous drugs, and upon request when such request is related to
18 reproductive concerns¹.
- 19 c. The standards and regulations adopted pursuant to
20 subsection a. of this section shall include ¹requirements for
21 inspections by the appropriate licensing or inspection authority and¹
22 a schedule of penalties for violations of the provisions of this act or
23 ¹[its] the¹ rules and regulations ¹[], which schedule may
24 incorporate such factors as the commissioner determines are
25 relevant to assessing penalties for violations, including any history
26 of previous violations, the seriousness of the current violation, and
27 any other factors which the commissioner may establish by
28 regulation] adopted pursuant to subsection a. of this section¹.
- 29 d. The standards and regulations adopted pursuant to
30 subsection a. of this section ³[], to the extent feasible,³ shall be
31 ³[consistent with and not exceed] based on³ ¹the most recent¹
32 recommendations ¹[in the NIOSH 2004 alert entitled “Preventing
33 Occupational Exposures to Antineoplastic and Other Hazardous
34 Drugs in Health Care Settings.” The standards and regulations may
35 incorporate applicable updates and changes to NIOSH guidelines,
36 and shall be reviewed by the commissioner, in consultation with a
37 stakeholder group as defined in section 3 of P.L. ,
38 c. (C.) (pending before the Legislature as this bill), every
39 two years] set forth by the National Institute for Occupational
40 Safety and Health in the federal Centers for Disease Control and
41 Prevention¹.
- 42
- 43 5. Employers of health care personnel shall provide hazardous
44 drugs training to all employees who have or are likely to have
45 occupational exposure to hazardous drugs. This training shall take
46 place at the time of the employee’s initial job assignment and on an
47 annual basis thereafter. Such training shall be consistent with the

1 standards and regulations adopted pursuant to subsection a. of
2 section 4 of P.L. , c. (C.) (pending before the Legislature
3 as this bill).

4
5 ¹[6. a. This act, and its standards and regulations, shall be
6 enforced by the commissioner, who has right-of-entry to all
7 pertinent premises and records for the purposes of inspection and
8 information.

9 b. The commissioner is authorized to assess and collect
10 administrative penalties for violations of the provisions of this act
11 or its rules and regulations, consistent with the schedule of penalties
12 adopted pursuant to section 4 of P.L. , c. (C.) (pending
13 before the Legislature as this bill).

14 c. No administrative penalty shall be levied pursuant to this
15 section unless the commissioner provides the alleged violator with
16 notification by certified mail of the violation and of the amount of
17 the penalty, and an opportunity to request a hearing before the
18 commissioner, or the commissioner's designee, within 15 days
19 following receipt of the notice. If a hearing is requested, the
20 commissioner shall issue a final order upon such hearing and a
21 finding that a violation has occurred. If no hearing is requested, the
22 notice shall become a final order upon expiration of the 15-day
23 period. Payment of the penalty is due when a final order is issued
24 or when the notice becomes a final order.

25 d. Any penalty imposed pursuant to this section may be
26 recovered with costs in a summary proceeding commenced by the
27 commissioner pursuant to the "Penalty Enforcement Law of 1999,"
28 P.L.1999, c.274 (C.2A:58-10 et seq.).¹

29

30 ¹[7.] 6.¹ This act shall take effect immediately.

31

32

33

34

35 Establishes "Hazardous Drug Safe Handling Act;" requires
36 promulgation of standards and regulations concerning safe handling
37 of hazardous drugs by certain health care personnel.

ASSEMBLY, No. 837

STATE OF NEW JERSEY 217th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2016 SESSION

Sponsored by:

Assemblywoman ANGELICA M. JIMENEZ

District 32 (Bergen and Hudson)

Assemblyman JERRY GREEN

District 22 (Middlesex, Somerset and Union)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Assemblywoman SHAVONDA E. SUMTER

District 35 (Bergen and Passaic)

Assemblywoman NANCY F. MUNOZ

District 21 (Morris, Somerset and Union)

Co-Sponsored by:

Assemblymen Eustace and Singleton

SYNOPSIS

Establishes “Hazardous Drug Safe Handling Act;” requires DOLWD to promulgate standards and regulations concerning safe handling of hazardous drugs by health care personnel.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning safe handling of hazardous drugs and
2 supplementing Title 34 of the Revised Statutes.

3

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

6

7 1. This act shall be known and may be cited as the “Hazardous
8 Drug Safe Handling Act.”

9

10 2. a. The Legislature finds and declares that:

11 (1) Health care personnel who work with or near hazardous
12 drugs in health care settings may be exposed to these agents in the
13 air and through contact with work surfaces, clothing, medical
14 equipment, and patients;

15 (2) According to the National Institute for Occupational Safety
16 and Health (NIOSH), which is part of the Centers for Disease
17 Control and Prevention, early concerns about occupational exposure
18 to anticancer drugs first appeared in the 1970s;

19 (3) Antineoplastic and other hazardous drugs have been
20 identified with a number of acute, short-term, and chronic effects,
21 including skin rashes, infertility, miscarriage, birth defects, liver
22 and kidney damage, damage to the bone marrow, damage to the
23 heart and lungs, and various cancers; and

24 (4) In 2004, NIOSH published an alert on preventing
25 occupational exposures to antineoplastic drugs in health care
26 settings. NIOSH urges that all hazardous drugs be universally
27 handled according to standard precautions as outlined in the alert,
28 which includes recommended procedures for assessing workplace
29 hazards, handling hazardous drugs, and using and maintaining
30 equipment, as well as a list of “drugs considered hazardous,” which
31 was updated in 2010, 2012, and 2014.

32 b. The Legislature therefore determines that it is the public
33 policy of the State to provide for the appropriate regulation of the
34 handling of hazardous drugs consistent with the NIOSH alert,
35 regardless of the setting in which health care is provided, in order to
36 protect health care personnel from potentially harmful exposure to
37 antineoplastic and other hazardous drugs.

38

39 3. As used in this act:

40 “Animal or veterinary facility” means an animal or veterinary
41 facility as defined in section 1 of P.L.1983, c.98 (C.45:16-1.1).

42 “Antineoplastic” means inhibiting or preventing the growth and
43 spread of tumors or malignant cells.

44 “Commissioner” means the Commissioner of Labor and
45 Workforce Development.

46 “Hazardous drugs” means drugs that exhibit one or more of the
47 following characteristics in humans or animals: carcinogenicity;
48 teratogenicity or other developmental toxicity; reproductive

1 toxicity; organ toxicity at low doses; genotoxicity; or structure and
2 toxicity profiles that mimic existing hazardous drugs. This term
3 includes, but is not limited to, antineoplastic drugs.

4 “Health care personnel” means any individual in a health care
5 setting or veterinary facility who works with or near, handles,
6 comes in contact with, or otherwise touches a hazardous drug.

7 “Health care setting” means any facility or institution, whether
8 public or private, engaged in medical services, including diagnosis
9 or treatment of human disease, pain, injury, deformity or physical
10 condition, including, but not limited to, a health care facility
11 licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a
12 pharmacy, and a boarding home for the sheltered care of adult
13 persons, but excluding institutions that provide healing solely by
14 prayer.

15 “NIOSH” means the National Institute for Occupational Safety
16 and Health in the Centers for Disease Control and Prevention.

17 “Stakeholder group” means a group of stakeholders in the areas
18 of health care and workplace safety, which shall consist of: a
19 representative of the Cancer Institute of New Jersey; a
20 representative of the New Jersey Hospital Association; practicing
21 physicians from impacted specialties including, but not limited to,
22 oncology; pharmacists; registered nurses, including one
23 representative from the New Jersey Chapters of the Oncology
24 Nursing Society; three representatives from organized labor unions
25 representing health care personnel, two of whom shall serve at the
26 recommendation of the New Jersey State AFL-CIO; and other
27 interested stakeholders.

28

29 4. a. No later than 12 months after the effective date of this
30 act, the commissioner, in consultation with the Commissioner of
31 Health, the Director of the Division of Consumer Affairs in the
32 Department of Law and Public Safety, and a stakeholder group as
33 defined in section 3 of P.L. , c. (C.) (pending before the
34 Legislature as this bill), shall adopt consensus-driven standards and
35 regulations in accordance with the “Administrative Procedure Act,”
36 P.L.1968, c.410 (C.52:14B-1 et seq.) concerning the handling of
37 hazardous drugs by health care personnel in a health care setting or
38 animal or veterinary facility.

39 b. The standards and regulations to be adopted pursuant to
40 subsection a. of this section shall describe the hazardous drugs for
41 which handling is to be regulated, the methods and procedures for
42 handling such drugs, an implementation plan, and such other
43 requirements as may be necessary to protect the health and safety of
44 health care personnel, including, but not limited to:

45 (1) written, site-specific hazardous drug control programs to
46 avoid occupational exposure to hazardous drugs through
47 transporting, compounding, administering, disposing, or other
48 handling of the drugs;

- 1 (2) hazard assessments to determine precautions necessary to
 - 2 protect health care personnel from exposure to hazardous drugs;
 - 3 (3) engineering controls to eliminate or minimize exposure to
 - 4 hazardous drugs;
 - 5 (4) personal protective equipment and the circumstances under
 - 6 which personal protective equipment shall be used by health care
 - 7 personnel;
 - 8 (5) safe handling practices related to hazardous drugs, including
 - 9 handling, receiving, storage, preparing, administering, waste
 - 10 handling, cleaning, housekeeping, labeling and signage, and
 - 11 maintenance practices;
 - 12 (6) spill control and response procedures;
 - 13 (7) training standards and training programs;
 - 14 (8) requirements for recordkeeping, including records related to
 - 15 training sessions, qualifications, incident reports, and other
 - 16 pertinent information; and
 - 17 (9) medical surveillance, which shall include provisions
 - 18 requiring, at a minimum, a medical evaluation for health care
 - 19 personnel who directly handle hazardous drugs, at no cost to the
 - 20 personnel, at the time of hiring, upon exposure to hazardous drugs,
 - 21 and upon request when such request is related to reproductive
 - 22 concerns.
- 23 c. The standards and regulations adopted pursuant to
- 24 subsection a. of this section shall include a schedule of penalties for
- 25 violations of the provisions of this act or its rules and regulations,
- 26 which schedule may incorporate such factors as the commissioner
- 27 determines are relevant to assessing penalties for violations,
- 28 including any history of previous violations, the seriousness of the
- 29 current violation, and any other factors which the commissioner
- 30 may establish by regulation.
- 31 d. The standards and regulations adopted pursuant to
- 32 subsection a. of this section, to the extent feasible, shall be
- 33 consistent with and not exceed recommendations in the NIOSH
- 34 2004 alert entitled "Preventing Occupational Exposures to
- 35 Antineoplastic and Other Hazardous Drugs in Health Care
- 36 Settings." The standards and regulations may incorporate
- 37 applicable updates and changes to NIOSH guidelines, and shall be
- 38 reviewed by the commissioner, in consultation with a stakeholder
- 39 group as defined in section 3 of P.L. , c. (C.) (pending
- 40 before the Legislature as this bill), every two years.
- 41
- 42 5. Employers of health care personnel shall provide hazardous
- 43 drugs training to all employees who have or are likely to have
- 44 occupational exposure to hazardous drugs. This training shall take
- 45 place at the time of the employee's initial job assignment and on an
- 46 annual basis thereafter. Such training shall be consistent with the
- 47 standards and regulations adopted pursuant to subsection a. of

1 section 4 of P.L. , c. (C.) (pending before the Legislature
2 as this bill).

3

4 6. a. This act, and its standards and regulations, shall be
5 enforced by the commissioner, who has right-of-entry to all
6 pertinent premises and records for the purposes of inspection and
7 information.

8 b. The commissioner is authorized to assess and collect
9 administrative penalties for violations of the provisions of this act
10 or its rules and regulations, consistent with the schedule of penalties
11 adopted pursuant to section 4 of P.L. , c. (C.) (pending
12 before the Legislature as this bill).

13 c. No administrative penalty shall be levied pursuant to this
14 section unless the commissioner provides the alleged violator with
15 notification by certified mail of the violation and of the amount of
16 the penalty, and an opportunity to request a hearing before the
17 commissioner, or the commissioner's designee, within 15 days
18 following receipt of the notice. If a hearing is requested, the
19 commissioner shall issue a final order upon such hearing and a
20 finding that a violation has occurred. If no hearing is requested, the
21 notice shall become a final order upon expiration of the 15-day
22 period. Payment of the penalty is due when a final order is issued
23 or when the notice becomes a final order.

24 d. Any penalty imposed pursuant to this section may be
25 recovered with costs in a summary proceeding commenced by the
26 commissioner pursuant to the "Penalty Enforcement Law of 1999,"
27 P.L.1999, c.274 (C.2A:58-10 et seq.).

28

29 7. This act shall take effect immediately.

30

31

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STATEMENT

33

34 This bill establishes the "Hazardous Drug Safe Handling Act,"
35 which would require the Commissioner of Labor and Workforce
36 Development ("commissioner") to promulgate rules and regulations
37 concerning the handling of hazardous drugs by health care
38 personnel. Hazardous drugs, including antineoplastic drugs used in
39 chemotherapy, have been associated with a number of adverse
40 acute, short-term, and chronic effects, including skin rashes,
41 infertility, miscarriage, birth defects, various cancers, and damage
42 to the liver, kidneys, bone marrow, heart, and lungs.

43 Under the bill, no later than 12 months after the effective date,
44 the commissioner, in consultation with the Commissioner of Health,
45 the Director of the Division of Consumer Affairs in the Department
46 of Law and Public Safety, and a stakeholder group comprised of
47 certain members as set forth in the bill, will be required to adopt
48 consensus-driven standards and regulations concerning the handling

1 of hazardous drugs by health care personnel in a health care setting
2 or an animal or veterinary facility. The standards and regulations
3 will describe the hazardous drugs for which handling is to be
4 regulated, the methods and procedures for handling such drugs, an
5 implementation plan, and such other requirements as may be
6 necessary to protect the health and safety of health care personnel.

7 The standards and regulations may include, but are not limited
8 to: (1) written, site-specific hazardous drug control programs to
9 avoid occupational exposure through transporting, compounding,
10 administering, disposing, or other handling of hazardous drugs; (2)
11 hazard assessments to determine precautions necessary to protect
12 health care personnel from exposure; (3) engineering controls to
13 eliminate or minimize exposure; (4) personal protective equipment
14 and the circumstances under which personal protective equipment
15 must be used by health care personnel; (5) safe handling practices,
16 including handling, receiving, storage, preparing, administering,
17 waste handling, cleaning, housekeeping, labeling and signage, and
18 maintenance practices; (6) spill control and response procedures;
19 (7) training standards and practices; (8) requirements for
20 recordkeeping, including records related to training sessions,
21 qualifications, incident reports, and other pertinent information; and
22 (9) medical surveillance, including, at a minimum, a medical
23 evaluation for health care personnel who directly handle hazardous
24 drugs, at no cost to the personnel, at the time of hiring, upon
25 exposure to hazardous drugs, and upon request when such request is
26 related to reproductive concerns.

27 These standards and regulations would also include a schedule of
28 penalties for violations, which may incorporate such factors as the
29 commissioner determines relevant to assessing penalties for
30 violations, including any history of previous violations, the
31 seriousness of the current violation, and any other factors which the
32 commissioner may establish by regulation.

33 In addition, the standards and regulations would, to the extent
34 feasible, be consistent with and not exceed recommendations in the
35 2004 alert by the National Institute for Occupational Safety and
36 Health (NIOSH) in the Centers for Disease Control and Prevention,
37 entitled "Preventing Occupational Exposures to Antineoplastic and
38 Other Hazardous Drugs in Health Care Settings." The standards
39 and regulations may incorporate applicable updates and changes to
40 NIOSH guidelines, and the bill would require the standards and
41 regulations be reviewed by the commissioner, in consultation with a
42 stakeholder group, every two years.

43 Employers of health care personnel will be required to provide
44 hazardous drugs training to all employees who have or are likely to
45 have occupational exposure to hazardous drugs. The training will
46 take place at the time of the employee's initial job assignment, and
47 on an annual basis thereafter.

1 The commissioner will enforce the provisions of the bill, and
2 will have right-of-entry to all pertinent premises and records for the
3 purposes of inspection and information. The commissioner will be
4 authorized to assess and collect administrative penalties for
5 violations of the bill consistent with the schedule of penalties set
6 forth in regulation. The bill would prohibit levying an
7 administrative penalty unless the commissioner provides the alleged
8 violator with notification, by certified mail, of the violation and of
9 the amount of the penalty, and an opportunity to request a hearing
10 before the commissioner, or the commissioner's designee, within 15
11 days following receipt of the notice. If a hearing is requested, the
12 commissioner would issue a final order upon such hearing and a
13 finding that a violation has occurred. If no hearing is requested, the
14 notice would become a final order upon expiration of the 15-day
15 period. Payment of the penalty would be due when a final order is
16 issued or when the notice becomes a final order.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 837

STATE OF NEW JERSEY

DATED: MARCH 7, 2016

The Assembly Health and Senior Services Committee reports favorably Assembly Bill No. 837.

This bill establishes the “Hazardous Drug Safe Handling Act,” which requires the Commissioner of Labor and Workforce Development (“commissioner”) to promulgate rules and regulations concerning the handling of hazardous drugs by health care personnel. Hazardous drugs, including antineoplastic drugs used in chemotherapy, have been associated with a number of adverse acute, short-term, and chronic effects, including skin rashes, infertility, miscarriage, birth defects, various cancers, and damage to the liver, kidneys, bone marrow, heart, and lungs.

Under the bill, no later than 12 months after the effective date, the commissioner, in consultation with the Commissioner of Health, the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, and a stakeholder group comprised of certain members as set forth in the bill, will be required to adopt consensus-driven standards and regulations concerning the handling of hazardous drugs by health care personnel in a health care setting or an animal or veterinary facility. The standards and regulations will describe the hazardous drugs for which handling is to be regulated, the methods and procedures for handling such drugs, an implementation plan, and such other requirements as may be necessary to protect the health and safety of health care personnel.

The standards and regulations may include, but are not limited to: (1) written, site-specific hazardous drug control programs to avoid occupational exposure through transporting, compounding, administering, disposing, or other handling of hazardous drugs; (2) hazard assessments to determine precautions necessary to protect health care personnel from exposure; (3) engineering controls to eliminate or minimize exposure; (4) personal protective equipment and the circumstances under which personal protective equipment must be used by health care personnel; (5) safe handling practices, including handling, receiving, storage, preparing, administering, waste handling, cleaning, housekeeping, labeling and signage, and maintenance practices; (6) spill control and response procedures; (7) training standards and practices; (8) requirements for recordkeeping, including records related to training sessions, qualifications, incident reports, and other pertinent information; and (9) medical surveillance, including, at a minimum, a medical

evaluation for health care personnel who directly handle hazardous drugs, at no cost to the personnel, at the time of hiring, upon exposure to hazardous drugs, and upon request when such request is related to reproductive concerns.

These standards and regulations will also include a schedule of penalties for violations, which may incorporate such factors as the commissioner determines relevant to assessing penalties for violations, including any history of previous violations, the seriousness of the current violation, and any other factors which the commissioner may establish by regulation.

In addition, the standards and regulations will, to the extent feasible, be consistent with and not exceed recommendations in the 2004 alert by the National Institute for Occupational Safety and Health (NIOSH) in the federal Centers for Disease Control and Prevention, entitled "Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings." The standards and regulations may incorporate applicable updates and changes to NIOSH guidelines, and the bill will require the standards and regulations be reviewed by the commissioner, in consultation with a stakeholder group, every two years.

Employers of health care personnel will be required to provide hazardous drugs training to all employees who have or are likely to have occupational exposure to hazardous drugs. The training will take place at the time of the employee's initial job assignment, and on an annual basis thereafter.

The commissioner will enforce the provisions of the bill, and will have right-of-entry to all pertinent premises and records for the purposes of inspection and information. The commissioner will be authorized to assess and collect administrative penalties for violations of the bill consistent with the schedule of penalties set forth in regulation. The bill will prohibit the commissioner from imposing an administrative penalty unless the commissioner provides the alleged violator with notification, by certified mail, of the violation and of the amount of the penalty, and an opportunity to request a hearing before the commissioner, or the commissioner's designee, within 15 days following receipt of the notice. If a hearing is requested, the commissioner may issue a final order after holding the hearing and finding that a violation occurred. If no hearing is requested, the notice will become a final order upon expiration of the 15-day period. Payment of the penalty will be due when a final order is issued or when the notice becomes a final order.

This bill was pre-filed for introduction in the 2016-2017 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 837

with committee amendments

STATE OF NEW JERSEY

DATED: SEPTEMBER 26, 2016

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Assembly Bill No. 837 (1R).

As amended by the committee, this bill, to be known as the “Hazardous Drug Safe Handling Act,” would require the Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in conjunction with a stakeholder group as defined by the bill, to adopt consensus-driven standards and regulations concerning the handling of hazardous drugs by personnel employed by a health care professional, pharmacy practice site, health care facility, or animal or veterinary facility.

The standards and regulations will describe the hazardous drugs for which handling is to be regulated, the methods and procedures for handling such drugs, an implementation plan, and such other requirements as may be necessary to protect the health and safety of health care personnel. The standards and regulations may include, but are not limited to: (1) written, site-specific hazardous drug control programs to avoid occupational exposure through transporting, compounding, administering, disposing, or other handling of hazardous drugs; (2) hazard assessments to determine precautions necessary to protect health care personnel from exposure; (3) engineering controls to eliminate or minimize exposure; (4) personal protective equipment and the circumstances under which personal protective equipment must be used by health care personnel; (5) safe handling practices, including handling, receiving, storage, preparing, administering, waste handling, cleaning, housekeeping, labeling and signage, and maintenance practices; (6) spill control and response procedures; (7) training standards and practices; (8) requirements for recordkeeping, including records related to training sessions, qualifications, incident reports, and other pertinent information; and (9) appropriate medical surveillance for health care personnel who directly handle hazardous drugs.

These standards and regulations will also include requirements for inspections by the appropriate authorities and a schedule of penalties for violations.

In addition, the standards and regulations will, to the extent feasible, be consistent with and not exceed the most recent recommendations set forth by the National Institute for Occupational Safety and Health in the federal Centers for Disease Control and Prevention.

Employers of health care personnel will be required to provide hazardous drugs training to all employees who have or are likely to have occupational exposure to hazardous drugs. The training will take place at the time of the employee's initial job assignment, and on an annual basis thereafter.

The committee amended the bill to require that the stakeholder group include a representative of the New Jersey State Society of Physician Assistants.

As reported, this bill is identical to Senate Bill No. 468 (1R) (Sacco), which the committee also reported favorably on this date.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[Second Reprint]
ASSEMBLY, No. 837

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 30, 2017

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 837 (2R), with committee amendments.

As amended, this bill, the “Hazardous Drug Safe Handling Act,” requires the Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in consultation with a defined group of stakeholders in the areas of health care and workplace safety, to adopt standards and regulations concerning the handling of hazardous drugs by health care personnel employed by a health care professional or employed in a health care facility, pharmacy practice site, or animal or veterinary facility.

The bill requires these standards and regulations to describe the hazardous drugs for which handling is to be regulated, the methods and procedures for handling such drugs, an implementation plan, and such other requirements as may be necessary to protect the health and safety of health care personnel including, but not limited to:

- written, site-specific hazardous drug control programs to avoid occupational exposure through transporting, compounding, administering, disposing, or other handling of hazardous drugs;
- hazard assessments to determine precautions necessary to protect health care personnel from exposure to hazardous drugs;
- engineering controls to eliminate or minimize exposure to hazardous drugs;
- personal protective equipment and the circumstances under which that equipment must be used by health care personnel;
- safe handling practices related to hazardous drugs;
- spill control and response procedures;
- training standards and training programs;
- requirements for recordkeeping; and
- appropriate medical surveillance for health care personnel who directly handle hazardous drugs.

The bill also requires the standards and regulations to include requirements for inspections by the appropriate licensing or inspection authority, to provide a schedule of penalties for violations of the bill (or the rules and regulations adopted pursuant to the bill), and to be

based on the most recent recommendations set forth by the National Institute for Occupational Safety and Health in the federal Centers for Disease Control and Prevention.

In addition, the bill requires employers of health care personnel to provide hazardous drugs training to all employees who have or are likely to have occupational exposure to hazardous drugs. The bill specifies that this training is to take place at the time of the employee's initial job assignment and on an annual basis thereafter.

As amended and reported, this bill is identical to Senate Bill No. 468 (1R), as also amended and reported by the committee.

COMMITTEE AMENDMENTS:

The amendments clarify the role of the stakeholder group in adopting standards and regulations concerning the handling of hazardous drugs by health care personnel as required by the bill, and direct those standards and regulations to be adopted based on the most recent recommendations set forth by the National Institute for Occupational Safety and Health in the federal Centers for Disease Control and Prevention.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates the bill may result in an indeterminate increase in revenues from penalties collected for violations of the bill or its standards and regulations, offset by an indeterminate increase in costs to administer and enforce those provisions. The OLS notes the bill may result in an indeterminate increase in costs due to implementation of standards and regulations promulgated under the bill to: University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark; and Bergen Regional Medical Center, a county-owned entity located in Paramus.

Certain State licensing and inspection authorities within the Department of Health and the Department of Law and Public Safety are expected to incur minimal staff and administrative expenses as the result of increased inspection responsibilities in regard to assessing the compliance of health care professionals, pharmacy practice sites, health care facilities, and animal or veterinary facilities with the provisions of this bill or its standards and regulations.

The OLS is unable to determine the revenues generated by penalties under this bill as the penalty schedule is to be established by the Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in consultation with the stakeholder group, following enactment of the bill. Additionally, the OLS cannot determine the number of infractions that personnel employed by a health care professional, pharmacy practice site, health care facility, or animal or veterinary facility may commit under the bill.

As with the penalty schedule, the OLS cannot determine the costs to University Hospital and Bergen Regional Medical Center resulting from the implementation of the standards and regulations promulgated under the bill as those standards and regulations have not been adopted. Further, the OLS cannot determine how current procedures for the handling of hazardous drugs in these two facilities may differ or align with any future adopted standards and regulations.

STATEMENT TO

ASSEMBLY, No. 837

with Assembly Floor Amendments
(Proposed by Assemblywoman JIMENEZ)

ADOPTED: APRIL 7, 2016

These floor amendments clarify which professionals and facilities will be subject to the safe drug handling requirements established under the bill. Specifically, the bill provides that the requirements will apply to personnel employed by a health care professional, pharmacy practice site, health care facility, or animal or veterinary facility. “Health care facility” is defined to mean a licensed general acute care hospital, satellite emergency department, hospital-based off-site ambulatory care facility at which ambulatory surgical procedures are performed, and ambulatory surgical facility. “Health care professional” is defined under the bill as a physician, physician assistant, advanced practice nurse, registered nurse, licensed practical nurse, pharmacist, or veterinarian. The amendments expressly provide that the safe drug handling requirements will not apply to dentists or dental hygienists. The amendments revise the membership of the stakeholder group established under the bill to include licensed practical nurses, advanced practice nurses, a representative of the New Jersey Veterinary Medical Association, and a representative of the Medical Society of New Jersey.

The amendments eliminate the role of the Department of Labor and Workforce Development (DOLWD) in implementing and enforcing the provisions of the bill and remove certain provisions setting forth express requirements concerning inspections and penalties for violations. Instead, the Commissioner of Health, the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, and the stakeholder group established under the bill will jointly promulgate the required regulations. The provisions of the bill, including any relevant rules and regulations, will be enforced by the licensing authority having oversight over a given health care professional or facility. The amendments eliminate certain specific requirements concerning medical surveillance for health care personnel, which will instead be established in the joint regulations.

The amendments eliminate a requirement that the safe drug handling requirements are to be consistent with, but not exceed, the 2004 National Institute for Occupational Safety and Health (NIOSH) alert titled “Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings,” and instead provide that the standards established under the bill are to be consistent with, but not exceed, current NIOSH recommendations. The amendments eliminate a requirement that the safe drug handling standards be reviewed every two years.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY, No. 837
STATE OF NEW JERSEY
217th LEGISLATURE

DATED: MARCH 28, 2016

SUMMARY

- Synopsis:** Establishes “Hazardous Drug Safe Handling Act;” requires DOLWD to promulgate standards and regulations concerning safe handling of hazardous drugs by health care personnel.
- Type of Impact:** Minimal increase in revenues to the State General Fund, offset by minimal costs.
- Agencies Affected:** Department of Labor and Workforce Development.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Cost	Minimal – See comments below.		
State Revenue	Minimal – See comments below.		

- The Office of Legislative Services (OLS) estimates that this bill may result in a minimal increase in revenues from penalties collected for violations of the provisions of the bill or its rules and regulations, offset by a minimal increase in costs to administer and enforce those provisions.

BILL DESCRIPTION

Assembly Bill, No. 837 of 2016 establishes the “Hazardous Drug Safe Handling Act,” which would require the Commissioner of Labor and Workforce Development to promulgate rules and regulations concerning the handling of hazardous drugs by health care personnel in a healthcare setting or an animal or veterinary facility.

These rules and regulations would also include a schedule of penalties for violations, which may incorporate such factors as the commissioner determines relevant, including any history of previous violations and the seriousness of the current violation.

The commissioner will enforce the provisions of the bill and will be authorized to assess and collect administrative penalties for violations of the bill. The bill would prohibit levying an administrative penalty unless the commissioner provides the alleged violator with

notification and an opportunity to request a hearing within 15 days following receipt of the notice. Payment of the penalty would be due when a final order is issued upon such hearing and a finding that a violation has occurred or when the notice becomes a final order upon expiration of the 15-day period.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that this bill may result in a minimal increase in revenues from penalties collected for violations of the provisions of the bill or its rules and regulations, offset by a minimal increase in costs to administer and enforce those provisions.

The commissioner would be responsible for assessing and collecting all administrative penalties charged to healthcare facilities or institutions and animal or veterinary facilities found to be in violation of the provisions of this bill or its rules and regulations. The OLS is unable to determine the cost of these penalties as the commissioner would have discretion over the penalty schedule. Furthermore, the OLS cannot determine the number of infractions that healthcare facilities or institutions and animal or veterinary facilities may commit under the bill.

Section: Commerce, Labor and Industry

*Analyst: Sarah Schmidt
Assistant Research Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 837

STATE OF NEW JERSEY 217th LEGISLATURE

DATED: MAY 12, 2016

SUMMARY

- Synopsis:** Establishes “Hazardous Drug Safe Handling Act;” requires promulgation of standards and regulations concerning safe handling of hazardous drugs by certain health care personnel.
- Type of Impact:** Minimal increase in revenues to the State General Fund, offset by minimal costs.
- Agencies Affected:** Department of Health and Department of Law and Public Safety.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Cost	Minimal – See comments below.		
State Revenue	Minimal – See comments below.		

- The Office of Legislative Services (OLS) estimates that this bill may result in a minimal increase in revenues from penalties collected for violations of the provisions of the bill or its rules and regulations, offset by a minimal increase in costs to administer and enforce those provisions.

BILL DESCRIPTION

Assembly Bill No. 837 (1R) of 2016 establishes the “Hazardous Drug Safe Handling Act,” which would require the Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in conjunction with a stakeholder group as defined by the bill, to adopt consensus-driven standards and regulations concerning the handling of hazardous drugs by personnel employed by a health care professional, pharmacy practice site, health care facility, or animal or veterinary facility. These standards and regulations would also include requirements for inspections by the appropriate licensing or inspection authority and a schedule of penalties for violations.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that this bill may result in a minimal increase in revenues from penalties collected for violations of the provisions of the bill or its standards and regulations, offset by a minimal increase in costs to administer and enforce those provisions.

Certain State licensing and inspection authorities within the Department of Health and the Department of Law and Public Safety would incur minimal staff and administrative expenses as the result of increased inspection responsibilities in regard to assessing the compliance of health care professionals, pharmacy practice sites, health care facilities, and animal or veterinary facilities with the provisions of this bill or its standards and regulations.

The OLS is unable to determine the revenues generated by penalties under this bill as the penalty schedule is yet to be established by the Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in conjunction with a stakeholder group as defined by the bill. Furthermore, the OLS cannot determine the number of infractions that personnel employed by a health care professional, pharmacy practice site, health care facility, or animal or veterinary facility may commit under the bill.

Section: Commerce, Labor and Industry

Analyst: Sarah Schmidt
Assistant Research Analyst

Approved: Frank W. Haines III
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[Third Reprint]

ASSEMBLY, No. 837

STATE OF NEW JERSEY 217th LEGISLATURE

DATED: FEBRUARY 10, 2017

SUMMARY

- Synopsis:** Establishes “Hazardous Drug Safe Handling Act;” requires promulgation of standards and regulations concerning safe handling of hazardous drugs by certain health care personnel.
- Type of Impact:** Indeterminate increase in revenues to the State General Fund, offset by indeterminate costs; Indeterminate costs to University Hospital and Bergen Regional Medical Center.
- Agencies Affected:** Department of Health, Department of Law and Public Safety, University Hospital, and Bergen Regional Medical Center.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Government Cost – Increase in Staff and Administrative Expenses		Indeterminate – See comments below.	
State Government Cost – Implementation of Standards and Regulations at University Hospital		Indeterminate – See comments below.	
State Government Revenue Increase – Penalty Collection		Indeterminate – See comments below.	
Local Government Cost – Implementation of Standards and Regulations at Bergen Regional Medical Center		Indeterminate – See comments below.	

- The Office of Legislative Services (OLS) concludes that the enactment of Assembly Bill No. 837 (3R) of 2016 may result in an indeterminate increase in State revenues from penalties collected for violations of the provisions of the bill or its rules and regulations, offset by an indeterminate increase in State staff and administrative costs to implement and enforce those provisions. The OLS notes, however, that it is plausible that any expenses associated with

this bill may be absorbed by existing operating and personnel budgets, thereby minimizing or avoiding an increase in cost.

- The OLS notes that the enactment of the bill may result in an indeterminate increase in State and local costs due to the implementation of standards and regulations promulgated under the bill to: a) University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark; and b) Bergen Regional Medical Center, a county-owned entity located in Paramus.

BILL DESCRIPTION

Assembly Bill No. 837 (3R) of 2016 establishes the “Hazardous Drug Safe Handling Act,” which would require the Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in consultation with a stakeholder group as defined by the bill, to adopt standards and regulations concerning the handling of hazardous drugs by personnel employed by a health care professional, pharmacy practice site, health care facility, or animal or veterinary facility. These standards and regulations would also include requirements for inspections by the appropriate licensing or inspection authority and a schedule of penalties for violations.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the enactment of Assembly Bill No. 837 (3R) of 2016 may result in an indeterminate increase in State revenues from penalties collected for violations of the provisions of the bill or its standards and regulations, offset by an indeterminate increase in State staff and administrative costs to implement and enforce those provisions. The OLS notes that the enactment of the bill may result in an indeterminate increase in State and local costs due to the implementation of standards and regulations promulgated under the bill to: a) University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark; and b) Bergen Regional Medical Center, a county-owned entity located in Paramus.

Certain State licensing and inspection authorities within the Department of Health and the Department of Law and Public Safety may incur indeterminate staff and administrative expenses as the result of increased inspection responsibilities in regard to assessing the compliance of health care professionals, pharmacy practice sites, health care facilities, and animal or veterinary facilities with the provisions of this bill or its standards and regulations. The OLS notes, however, that it is plausible that any expenses associated with this bill may be absorbed by such authorities’ existing operating and personnel budgets, thereby minimizing or avoiding an increase in cost.

The OLS is unable to determine the revenues generated by penalties under this bill as the penalty schedule is yet to be established by the Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in consultation

with a stakeholder group as defined by the bill. Furthermore, the OLS cannot determine the number of infractions that personnel employed by a health care professional, pharmacy practice site, health care facility, or animal or veterinary facility may commit under the bill.

As with the penalty schedule, the OLS is unable to determine the costs to University Hospital and Bergen Regional Medical Center resulting from the implementation of standards and regulations promulgated under the bill as such standards and regulations have yet to be adopted. Furthermore, the OLS is not able to determine how the current procedures for the handling of hazardous drugs in these two facilities would differ or align with any standards and regulations adopted following the enactment of this bill.

Section: Commerce, Labor and Industry

*Analyst: Sarah Schmidt
Associate Research Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE, No. 468

STATE OF NEW JERSEY
217th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2016 SESSION

Sponsored by:

Senator NICHOLAS J. SACCO

District 32 (Bergen and Hudson)

SYNOPSIS

Establishes “Hazardous Drug Safe Handling Act;” requires DOLWD to promulgate standards and regulations concerning safe handling of hazardous drugs by health care personnel.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning safe handling of hazardous drugs and
2 supplementing Title 34 of the Revised Statutes.

3

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

6

7 1. This act shall be known and may be cited as the “Hazardous
8 Drug Safe Handling Act.”

9

10 2. a. The Legislature finds and declares that:

11 (1) Health care personnel who work with or near hazardous
12 drugs in health care settings may be exposed to these agents in the
13 air and through contact with work surfaces, clothing, medical
14 equipment, and patients;

15 (2) According to the National Institute for Occupational Safety
16 and Health (NIOSH), which is part of the Centers for Disease
17 Control and Prevention, early concerns about occupational exposure
18 to anticancer drugs first appeared in the 1970s;

19 (3) Antineoplastic and other hazardous drugs have been
20 identified with a number of acute, short-term, and chronic effects,
21 including skin rashes, infertility, miscarriage, birth defects, liver
22 and kidney damage, damage to the bone marrow, damage to the
23 heart and lungs, and various cancers; and

24 (4) In 2004, NIOSH published an alert on preventing
25 occupational exposures to antineoplastic drugs in health care
26 settings. NIOSH urges that all hazardous drugs be universally
27 handled according to standard precautions as outlined in the alert,
28 which includes recommended procedures for assessing workplace
29 hazards, handling hazardous drugs, and using and maintaining
30 equipment, as well as a list of “drugs considered hazardous,” which
31 was updated in 2010, 2012, and 2014.

32 b. The Legislature therefore determines that it is the public
33 policy of the State to provide for the appropriate regulation of the
34 handling of hazardous drugs consistent with the NIOSH alert,
35 regardless of the setting in which health care is provided, in order to
36 protect health care personnel from potentially harmful exposure to
37 antineoplastic and other hazardous drugs.

38

39 3. As used in this act:

40 “Animal or veterinary facility” means an animal or veterinary
41 facility as defined in section 1 of P.L.1983, c.98 (C.45:16-1.1).

42 “Antineoplastic” means inhibiting or preventing the growth and
43 spread of tumors or malignant cells.

44 “Commissioner” means the Commissioner of Labor and
45 Workforce Development.

46 “Hazardous drugs” means drugs that exhibit one or more of the
47 following characteristics in humans or animals: carcinogenicity;
48 teratogenicity or other developmental toxicity; reproductive

1 toxicity; organ toxicity at low doses; genotoxicity; or structure and
2 toxicity profiles that mimic existing hazardous drugs. This term
3 includes, but is not limited to, antineoplastic drugs.

4 “Health care personnel” means any individual in a health care
5 setting or veterinary facility who works with or near, handles,
6 comes in contact with, or otherwise touches a hazardous drug.

7 “Health care setting” means any facility or institution, whether
8 public or private, engaged in medical services, including diagnosis
9 or treatment of human disease, pain, injury, deformity or physical
10 condition, including, but not limited to, a health care facility
11 licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a
12 pharmacy, and a boarding home for the sheltered care of adult
13 persons, but excluding institutions that provide healing solely by
14 prayer.

15 “NIOSH” means the National Institute for Occupational Safety
16 and Health in the Centers for Disease Control and Prevention.

17 “Stakeholder group” means a group of stakeholders in the areas
18 of health care and workplace safety, which shall consist of: a
19 representative of the Cancer Institute of New Jersey; a
20 representative of the New Jersey Hospital Association; practicing
21 physicians from impacted specialties including, but not limited to,
22 oncology; pharmacists; registered nurses, including one
23 representative from the New Jersey Chapters of the Oncology
24 Nursing Society; three representatives from organized labor unions
25 representing health care personnel, two of whom shall serve at the
26 recommendation of the New Jersey State AFL-CIO; and other
27 interested stakeholders.

28

29 4. a. No later than 12 months after the effective date of this
30 act, the commissioner, in consultation with the Commissioner of
31 Health, the Director of the Division of Consumer Affairs in the
32 Department of Law and Public Safety, and a stakeholder group as
33 defined in section 3 of P.L. , c. (C.) (pending before the
34 Legislature as this bill), shall adopt consensus-driven standards and
35 regulations in accordance with the “Administrative Procedure Act,”
36 P.L.1968, c.410 (C.52:14B-1 et seq.) concerning the handling of
37 hazardous drugs by health care personnel in a health care setting or
38 animal or veterinary facility.

39 b. The standards and regulations to be adopted pursuant to
40 subsection a. of this section shall describe the hazardous drugs for
41 which handling is to be regulated, the methods and procedures for
42 handling such drugs, an implementation plan, and such other
43 requirements as may be necessary to protect the health and safety of
44 health care personnel, including, but not limited to:

45 (1) written, site-specific hazardous drug control programs to
46 avoid occupational exposure to hazardous drugs through
47 transporting, compounding, administering, disposing, or other
48 handling of the drugs;

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- 1 (2) hazard assessments to determine precautions necessary to
2 protect health care personnel from exposure to hazardous drugs;
- 3 (3) engineering controls to eliminate or minimize exposure to
4 hazardous drugs;
- 5 (4) personal protective equipment and the circumstances under
6 which personal protective equipment shall be used by health care
7 personnel;
- 8 (5) safe handling practices related to hazardous drugs, including
9 handling, receiving, storage, preparing, administering, waste
10 handling, cleaning, housekeeping, labeling and signage, and
11 maintenance practices;
- 12 (6) spill control and response procedures;
- 13 (7) training standards and training programs;
- 14 (8) requirements for recordkeeping, including records related to
15 training sessions, qualifications, incident reports, and other
16 pertinent information; and
- 17 (9) medical surveillance, which shall include provisions
18 requiring, at a minimum, a medical evaluation for health care
19 personnel who directly handle hazardous drugs, at no cost to the
20 personnel, at the time of hiring, upon exposure to hazardous drugs,
21 and upon request when such request is related to reproductive
22 concerns.
- 23 c. The standards and regulations adopted pursuant to
24 subsection a. of this section shall include a schedule of penalties for
25 violations of the provisions of this act or its rules and regulations,
26 which schedule may incorporate such factors as the commissioner
27 determines are relevant to assessing penalties for violations,
28 including any history of previous violations, the seriousness of the
29 current violation, and any other factors which the commissioner
30 may establish by regulation.
- 31 d. The standards and regulations adopted pursuant to
32 subsection a. of this section, to the extent feasible, shall be
33 consistent with and not exceed recommendations in the NIOSH
34 2004 alert entitled “Preventing Occupational Exposures to
35 Antineoplastic and Other Hazardous Drugs in Health Care
36 Settings.” The standards and regulations may incorporate
37 applicable updates and changes to NIOSH guidelines, and shall be
38 reviewed by the commissioner, in consultation with a stakeholder
39 group as defined in section 3 of P.L. , c. (C.) (pending
40 before the Legislature as this bill), every two years.
- 41
- 42 5. Employers of health care personnel shall provide hazardous
43 drugs training to all employees who have or are likely to have
44 occupational exposure to hazardous drugs. This training shall take
45 place at the time of the employee’s initial job assignment and on an
46 annual basis thereafter. Such training shall be consistent with the
47 standards and regulations adopted pursuant to subsection a. of

1 section 4 of P.L. , c. (C.) (pending before the Legislature
2 as this bill).

3

4 6. a. This act, and its standards and regulations, shall be
5 enforced by the commissioner, who has right-of-entry to all
6 pertinent premises and records for the purposes of inspection and
7 information.

8 b. The commissioner is authorized to assess and collect
9 administrative penalties for violations of the provisions of this act
10 or its rules and regulations, consistent with the schedule of penalties
11 adopted pursuant to section 4 of P.L. , c. (C.) (pending
12 before the Legislature as this bill).

13 c. No administrative penalty shall be levied pursuant to this
14 section unless the commissioner provides the alleged violator with
15 notification by certified mail of the violation and of the amount of
16 the penalty, and an opportunity to request a hearing before the
17 commissioner, or the commissioner's designee, within 15 days
18 following receipt of the notice. If a hearing is requested, the
19 commissioner shall issue a final order upon such hearing and a
20 finding that a violation has occurred. If no hearing is requested, the
21 notice shall become a final order upon expiration of the 15-day
22 period. Payment of the penalty is due when a final order is issued
23 or when the notice becomes a final order.

24 d. Any penalty imposed pursuant to this section may be
25 recovered with costs in a summary proceeding commenced by the
26 commissioner pursuant to the "Penalty Enforcement Law of 1999,"
27 P.L.1999, c.274 (C.2A:58-10 et seq.).

28

29 7. This act shall take effect immediately.

30

31

32

STATEMENT

33

34 This bill establishes the "Hazardous Drug Safe Handling Act,"
35 which would require the Commissioner of Labor and Workforce
36 Development ("commissioner") to promulgate rules and regulations
37 concerning the handling of hazardous drugs by health care
38 personnel. Hazardous drugs, including antineoplastic drugs used in
39 chemotherapy, have been associated with a number of adverse
40 acute, short-term, and chronic effects, including skin rashes,
41 infertility, miscarriage, birth defects, various cancers, and damage
42 to the liver, kidneys, bone marrow, heart, and lungs.

43 Under the bill, no later than 12 months after the effective date,
44 the commissioner, in consultation with the Commissioner of Health,
45 the Director of the Division of Consumer Affairs in the Department
46 of Law and Public Safety, and a stakeholder group comprised of
47 certain members as set forth in the bill, will be required to adopt
48 consensus-driven standards and regulations concerning the handling

1 of hazardous drugs by health care personnel in a health care setting
2 or an animal or veterinary facility. The standards and regulations
3 will describe the hazardous drugs for which handling is to be
4 regulated, the methods and procedures for handling such drugs, an
5 implementation plan, and such other requirements as may be
6 necessary to protect the health and safety of health care personnel.

7 The standards and regulations may include, but are not limited
8 to: (1) written, site-specific hazardous drug control programs to
9 avoid occupational exposure through transporting, compounding,
10 administering, disposing, or other handling of hazardous drugs; (2)
11 hazard assessments to determine precautions necessary to protect
12 health care personnel from exposure; (3) engineering controls to
13 eliminate or minimize exposure; (4) personal protective equipment
14 and the circumstances under which personal protective equipment
15 must be used by health care personnel; (5) safe handling practices,
16 including handling, receiving, storage, preparing, administering,
17 waste handling, cleaning, housekeeping, labeling and signage, and
18 maintenance practices; (6) spill control and response procedures;
19 (7) training standards and practices; (8) requirements for
20 recordkeeping, including records related to training sessions,
21 qualifications, incident reports, and other pertinent information; and
22 (9) medical surveillance, including, at a minimum, a medical
23 evaluation for health care personnel who directly handle hazardous
24 drugs, at no cost to the personnel, at the time of hiring, upon
25 exposure to hazardous drugs, and upon request when such request is
26 related to reproductive concerns.

27 These standards and regulations would also include a schedule of
28 penalties for violations, which may incorporate such factors as the
29 commissioner determines relevant to assessing penalties for
30 violations, including any history of previous violations, the
31 seriousness of the current violation, and any other factors which the
32 commissioner may establish by regulation.

33 In addition, the standards and regulations would, to the extent
34 feasible, be consistent with and not exceed recommendations in the
35 2004 alert by the National Institute for Occupational Safety and
36 Health (NIOSH) in the Centers for Disease Control and Prevention,
37 entitled "Preventing Occupational Exposures to Antineoplastic and
38 Other Hazardous Drugs in Health Care Settings." The standards
39 and regulations may incorporate applicable updates and changes to
40 NIOSH guidelines, and the bill would require the standards and
41 regulations be reviewed by the commissioner, in consultation with a
42 stakeholder group, every two years.

43 Employers of health care personnel will be required to provide
44 hazardous drugs training to all employees who have or are likely to
45 have occupational exposure to hazardous drugs. The training will
46 take place at the time of the employee's initial job assignment, and
47 on an annual basis thereafter.

S468 SACCO

1 The commissioner will enforce the provisions of the bill, and
2 will have right-of-entry to all pertinent premises and records for the
3 purposes of inspection and information. The commissioner will be
4 authorized to assess and collect administrative penalties for
5 violations of the bill consistent with the schedule of penalties set
6 forth in regulation. The bill would prohibit levying an
7 administrative penalty unless the commissioner provides the alleged
8 violator with notification, by certified mail, of the violation and of
9 the amount of the penalty, and an opportunity to request a hearing
10 before the commissioner, or the commissioner's designee, within 15
11 days following receipt of the notice. If a hearing is requested, the
12 commissioner would issue a final order upon such hearing and a
13 finding that a violation has occurred. If no hearing is requested, the
14 notice would become a final order upon expiration of the 15-day
15 period. Payment of the penalty would be due when a final order is
16 issued or when the notice becomes a final order.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 468

with committee amendments

STATE OF NEW JERSEY

DATED: SEPTEMBER 26, 2016

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 468.

As amended by the committee, this bill, to be known as the “Hazardous Drug Safe Handling Act,” would require the Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in conjunction with a stakeholder group as defined by the bill, to adopt consensus-driven standards and regulations concerning the handling of hazardous drugs by personnel employed by a health care professional, pharmacy practice site, health care facility, or animal or veterinary facility.

The standards and regulations will describe the hazardous drugs for which handling is to be regulated, the methods and procedures for handling such drugs, an implementation plan, and such other requirements as may be necessary to protect the health and safety of health care personnel. The standards and regulations may include, but are not limited to: (1) written, site-specific hazardous drug control programs to avoid occupational exposure through transporting, compounding, administering, disposing, or other handling of hazardous drugs; (2) hazard assessments to determine precautions necessary to protect health care personnel from exposure; (3) engineering controls to eliminate or minimize exposure; (4) personal protective equipment and the circumstances under which personal protective equipment must be used by health care personnel; (5) safe handling practices, including handling, receiving, storage, preparing, administering, waste handling, cleaning, housekeeping, labeling and signage, and maintenance practices; (6) spill control and response procedures; (7) training standards and practices; (8) requirements for recordkeeping, including records related to training sessions, qualifications, incident reports, and other pertinent information; and (9) appropriate medical surveillance for health care personnel who directly handle hazardous drugs.

These standards and regulations will also include requirements for inspections by the appropriate authorities and a schedule of penalties for violations.

In addition, the standards and regulations will, to the extent feasible, be consistent with and not exceed the most recent recommendations set forth by the National Institute for Occupational Safety and Health in the federal Centers for Disease Control and Prevention.

Employers of health care personnel will be required to provide hazardous drugs training to all employees who have or are likely to have occupational exposure to hazardous drugs. The training will take place at the time of the employee's initial job assignment, and on an annual basis thereafter.

The committee amended the bill to clarify which professionals and facilities will be subject to the safe drug handling requirements established under the bill. Specifically, the bill provides that the requirements will apply to personnel employed by a health care professional, pharmacy practice site, health care facility, or animal or veterinary facility. "Health care facility" is defined to mean a licensed general acute care hospital, satellite emergency department, hospital-based off-site ambulatory care facility at which ambulatory surgical procedures are performed, and ambulatory surgical facility. "Health care professional" is defined under the bill as a physician, physician assistant, advanced practice nurse, registered nurse, licensed practical nurse, pharmacist, or veterinarian. The amendments expressly provide that the safe drug handling requirements will not apply to dentists or dental hygienists. The amendments revise the membership of the stakeholder group established under the bill to include licensed practical nurses, advanced practice nurses, a representative of the New Jersey Veterinary Medical Association, a representative of the Medical Society of New Jersey, and a representative of the New Jersey State Society of Physician Assistants.

The amendments eliminate the role of the Department of Labor and Workforce Development (DOLWD) in implementing and enforcing the provisions of the bill and remove certain provisions setting forth express requirements concerning inspections and penalties for violations. Instead, the Commissioner of Health, the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, and the stakeholder group established under the bill will jointly promulgate the required regulations. The provisions of the bill, including any relevant rules and regulations, will be enforced by the licensing authority having oversight over a given health care professional or facility. The amendments eliminate certain specific requirements concerning medical surveillance for health care personnel, which will instead be established in the joint regulations.

The amendments eliminate a requirement that the safe drug handling requirements are to be consistent with, but not exceed, the

2004 National Institute for Occupational Safety and Health (NIOSH) alert titled “Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings,” and instead provide that the standards established under the bill are to be consistent with, but not exceed, current NIOSH recommendations. The amendments eliminate a requirement that the safe drug handling standards be reviewed every two years.

As reported, this bill is identical to Assembly Bill No. 837 (2R) (Jimenez/Green/Mukherji/Sumter/Munoz), which the committee also reported favorably on this date.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 468

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 30, 2017

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 468 (1R), with committee amendments.

As amended, this bill, the “Hazardous Drug Safe Handling Act,” requires the Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in consultation with a defined group of stakeholders in the areas of health care and workplace safety, to adopt standards and regulations concerning the handling of hazardous drugs by health care personnel employed by a health care professional or employed in a health care facility, pharmacy practice site, or animal or veterinary facility.

The bill requires these standards and regulations to describe the hazardous drugs for which handling is to be regulated, the methods and procedures for handling such drugs, an implementation plan, and such other requirements as may be necessary to protect the health and safety of health care personnel including, but not limited to:

- written, site-specific hazardous drug control programs to avoid occupational exposure through transporting, compounding, administering, disposing, or other handling of hazardous drugs;
- hazard assessments to determine precautions necessary to protect health care personnel from exposure to hazardous drugs;
- engineering controls to eliminate or minimize exposure to hazardous drugs;
- personal protective equipment and the circumstances under which that equipment must be used by health care personnel;
- safe handling practices related to hazardous drugs;
- spill control and response procedures;
- training standards and training programs;
- requirements for recordkeeping; and
- appropriate medical surveillance for health care personnel who directly handle hazardous drugs.

The bill also requires the standards and regulations to include requirements for inspections by the appropriate licensing or inspection authority, to provide a schedule of penalties for violations of the bill

(or the rules and regulations adopted pursuant to the bill), and to be based on the most recent recommendations set forth by the National Institute for Occupational Safety and Health in the federal Centers for Disease Control and Prevention.

In addition, the bill requires employers of health care personnel to provide hazardous drugs training to all employees who have or are likely to have occupational exposure to hazardous drugs. The bill specifies that this training is to take place at the time of the employee's initial job assignment and on an annual basis thereafter.

As amended and reported, this bill is identical to Assembly Bill No. 837 (2R), as also amended and reported by the committee.

COMMITTEE AMENDMENTS:

The amendments clarify the role of the stakeholder group in adopting standards and regulations concerning the handling of hazardous drugs by health care personnel as required by the bill, and direct those standards and regulations to be adopted based on the most recent recommendations set forth by the National Institute for Occupational Safety and Health in the federal Centers for Disease Control and Prevention.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates the bill may result in an indeterminate increase in revenues from penalties collected for violations of the bill or its standards and regulations, offset by an indeterminate increase in costs to administer and enforce those provisions. The OLS notes the bill may result in an indeterminate increase in costs due to implementation of standards and regulations promulgated under the bill to: University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark; and Bergen Regional Medical Center, a county-owned entity located in Paramus.

Certain State licensing and inspection authorities within the Department of Health and the Department of Law and Public Safety are expected to incur minimal staff and administrative expenses as the result of increased inspection responsibilities in regard to assessing the compliance of health care professionals, pharmacy practice sites, health care facilities, and animal or veterinary facilities with the provisions of this bill or its standards and regulations.

The OLS is unable to determine the revenues generated by penalties under this bill as the penalty schedule is to be established by the Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in consultation with the stakeholder group, following enactment of the bill. Additionally, the OLS cannot determine the number of infractions that personnel employed by a health care professional,

pharmacy practice site, health care facility, or animal or veterinary facility may commit under the bill.

As with the penalty schedule, the OLS cannot determine the costs to University Hospital and Bergen Regional Medical Center resulting from the implementation of the standards and regulations promulgated under the bill as those standards and regulations have not been adopted. Further, the OLS cannot determine how current procedures for the handling of hazardous drugs in these two facilities may differ or align with any future adopted standards and regulations.

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

SENATE, No. 468

STATE OF NEW JERSEY 217th LEGISLATURE

DATED: FEBRUARY 10, 2017

SUMMARY

- Synopsis:** Establishes “Hazardous Drug Safe Handling Act;” requires promulgation of standards and regulations concerning safe handling of hazardous drugs by certain health care personnel.
- Type of Impact:** Indeterminate increase in revenues to the State General Fund, offset by indeterminate costs; Indeterminate costs to University Hospital and Bergen Regional Medical Center.
- Agencies Affected:** Department of Health, Department of Law and Public Safety, University Hospital, and Bergen Regional Medical Center.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Government Cost – Increase in Staff and Administrative Expenses		Indeterminate – See comments below.	
State Government Cost – Implementation of Standards and Regulations at University Hospital		Indeterminate – See comments below.	
State Government Revenue Increase – Penalty Collection		Indeterminate – See comments below.	
Local Government Cost – Implementation of Standards and Regulations at Bergen Regional Medical Center		Indeterminate – See comments below.	

- The Office of Legislative Services (OLS) concludes that the enactment of Senate Bill No. 468 (2R) of 2016 may result in an indeterminate increase in State revenues from penalties collected for violations of the provisions of the bill or its rules and regulations, offset by an indeterminate increase in State staff and administrative costs to implement and enforce those provisions. The OLS notes, however, that it is plausible that any expenses associated with

this bill may be absorbed by existing operating and personnel budgets, thereby minimizing or avoiding an increase in cost.

- The OLS notes that the enactment of the bill may result in an indeterminate increase in State and local costs due to the implementation of standards and regulations promulgated under the bill to: a) University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark; and b) Bergen Regional Medical Center, a county-owned entity located in Paramus.

BILL DESCRIPTION

Senate Bill No. 468 (2R) of 2016 establishes the “Hazardous Drug Safe Handling Act,” which would require the Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in consultation with a stakeholder group as defined by the bill, to adopt standards and regulations concerning the handling of hazardous drugs by personnel employed by a health care professional, pharmacy practice site, health care facility, or animal or veterinary facility. These standards and regulations would also include requirements for inspections by the appropriate licensing or inspection authority and a schedule of penalties for violations.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the enactment of Senate Bill No. 468 (2R) of 2016 may result in an indeterminate increase in State revenues from penalties collected for violations of the provisions of the bill or its standards and regulations, offset by an indeterminate increase in State staff and administrative costs to implement and enforce those provisions. The OLS notes that the enactment of the bill may result in an indeterminate increase in State and local costs due to the implementation of standards and regulations promulgated under the bill to: a) University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark; and b) Bergen Regional Medical Center, a county-owned entity located in Paramus.

Certain State licensing and inspection authorities within the Department of Health and the Department of Law and Public Safety may incur indeterminate staff and administrative expenses as the result of increased inspection responsibilities in regard to assessing the compliance of health care professionals, pharmacy practice sites, health care facilities, and animal or veterinary facilities with the provisions of this bill or its standards and regulations. The OLS notes, however, that it is plausible that any expenses associated with this bill may be absorbed by such authorities’ existing operating and personnel budgets, thereby minimizing or avoiding an increase in cost.

The OLS is unable to determine the revenues generated by penalties under this bill as the penalty schedule is yet to be established by the Commissioner of Health and the Director of the

Division of Consumer Affairs in the Department of Law and Public Safety, in consultation with a stakeholder group as defined by the bill. Furthermore, the OLS cannot determine the number of infractions that personnel employed by a health care professional, pharmacy practice site, health care facility, or animal or veterinary facility may commit under the bill.

As with the penalty schedule, the OLS is unable to determine the costs to University Hospital and Bergen Regional Medical Center resulting from the implementation of standards and regulations promulgated under the bill as such standards and regulations have yet to be adopted. Furthermore, the OLS is not able to determine how the current procedures for the handling of hazardous drugs in these two facilities would differ or align with any standards and regulations adopted following the enactment of this bill.

Section: Commerce, Labor and Industry

*Analyst: Sarah Schmidt
Associate Research Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

Governor Christie Takes Action On Pending Legislation

Thursday, May 11, 2017 Tags: [Bill Action](#)



Trenton, NJ - Governor Chris Christie today signed into law additional bills to support New Jersey's military members, veterans, and their families and show pride in the state's military history. On May 1, he signed a number of bills impacting veterans and the military, including a law creating a program to divert certain veterans accused of non-violent offenses from the criminal justice system and into appropriate mental health and substance use services.

Today, Governor Christie signed A450/S750 (Mazzeo, Andrzejczak, Mukherji, Moriarty, Benson, Daniels, Houghtaling/Beach, Van Drew) creating the Wounded Warrior Caregivers Relief Act, which provides a gross income tax credit of up to \$675 to family caregivers of totally disabled veterans whose injuries occurred as a result of serving on active duty on or after September 11, 2001.

"We must do all we can do to make it easier for military members who have been left with debilitating injuries in the line of duty and their family members who now care for them," said Governor Christie. "This compassionate new law provides a tax credit to ease some of the financial burden on those families and show our appreciation for the many sacrifices they have made to keep their loved ones safe and at home."

Other military and veterans bills signed by Governor Christie allow active duty members of the U.S. Armed Forces who have completed basic training to wear their dress uniform at their high school graduation and require the Department of Military and Veterans' Affairs to work with the Division of Travel and Tourism and the New Jersey Historical Commission to develop an online list with a historic tour of war battles fought and places of historical military significance in New Jersey and its State waters.

Governor Christie also took action on the following bills:

BILL SIGNINGS:

ACS for A-815/ACS for S-1088 (Land, Andrzejczak, Mosquera, Vainieri Huttle, Bramnick/Van Drew, T. Kean) - Concerns Code Blue alert plans to shelter at-risk individuals

A-837/S-468 (Jimenez, Green, Mukherji, Sumter, Munoz/Sacco, Greenstein) - Establishes "Hazardous Drug Safe Handling Act;" requires promulgation of standards and regulations concerning safe handling of hazardous drugs by certain health care personnel

A-1256/S-1381 (Caride, Singleton, Jasey, Wimberly/Bateman) - Requires State Board of Education regulations regarding school nurse certification to include certain minimum eligibility requirements

A-1649/S-853 (Schaer, Pintor Marin, Wimberly, Mukherji/Stack) - Requires local governments and authorities to obtain financing cost estimate from NJ Environmental Infrastructure Trust for certain projects

ACS for A-1973/SCS for S-2401 (Prieto, Handlin/Diegnan, Stack) - "Appraisal Management Company Registration and Regulation Act"

A-1991/S-2722 (Prieto, Jimenez, Oliver/Stack, Cunningham) - Provides two elected members of pension commission of closed Hudson County Employees' Pension Fund may be active or retired county employees

ACS for A-2004/SCS for S-731 (Green, Benson, Moriarty, Mukherji, Pintor Marin/Cruz-Perez, Beach) - Establishes certain penalties for operating or participating in pyramid promotional schemes

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[GOVERNOR'S STATEMENT UPON SIGNING ASSEMBLY BILL NO. 4146](#)

A-2087/SCS for S-2792 (Mukherji, Schaer, Downey, Quijano/Greenstein, Turner) - Grants drivers additional time to resolve parking violations prior to license or registration suspension

A-2340/S-2108 (Benson, Muoio, Gusciora/Greenstein, Diegnan) - Authorizes students in Marie H. Katzenbach school for the deaf to operate State vehicle for driver education and provides protection for such activity under tort claims act

A-2512/S-1899 (DeAngelo, Pintor Marin, Houghtaling/Whelan, Turner) - Requires BPU to render decision on case within 12 months of final public hearing or hold another public hearing prior to deciding case

A-2805/S-2726 (Caputo, Houghtaling, McKeon, Chiaravalloti/Codey, Pou) - Requires DMVA to develop online historic tour identifying locations of war battles and places of significance to war efforts in State

A-3011/S-2796 (Conaway, Singleton/Allen) - Modifies charter of Board of Island Managers of Burlington Island to move elections to November

AS for A-3351/S-2570 (Lampitt, Andrzejczak, Quijano, Holley, Jones, Space/Cruz-Perez, Oroho) - Creates license to manufacturer and sell hard cider and mead

A-3581/SCS for S-2582, 2092 (Downey, Mosquera, Danielsens, Houghtaling, Van Drew, Turner, Moriarty) - Requires Internet-connected baby monitors to include security features

A-3601/S-2209 (Schaer/Vitale, Gill) - Concerns regulation of guaranteed asset protection waivers by DOBI

A-3785/S-2396 (Downey, Houghtaling, Jasey, Singleton, Holley, Caride, Wimberly/Ruiz, Turner) - Requires State to pay educational costs of students who reside in homeless shelter outside district of residence for more than one year

A-4019/S-2491 (Mazzeo, Mukherji, Andrzejczak, Land, DeCroce, McKnight, Danielsens/Cruz-Perez, Madden) - Permits eligible students who are members of United States Armed Forces to wear military uniform at high school graduation

A-4146/S-2521 (Vainieri Huttie, Benson, Lampitt, Johnson, McKnight, Sumter/Vitale, Gordon) – STATEMENT UPON SIGNING - Provides for monitoring and evaluation of transition of mental health and substance use disorder treatment service system and developmental disability system to fee-for-service reimbursement model; makes appropriation

A-4284/S-2675 (Quijano, Benson, Muoio, Caride, Vainieri Huttie, McKnight, Wimberly, Sumter/Diegnan, Beach) - Provides that school districts and nonpublic schools may receive reimbursement for costs incurred on or after January 1, 2016 for testing school drinking water for lead

A-4344/S-2729 (Karabinchak, Pinkin, Coughlin, Wisniewski/Diegnan, Vitale) - Designates portion of Route 18 in East Brunswick as "State Trooper Werner Foerster Memorial Interchange"

AJR-76/SJR-16 (Vainieri Huttie, Holley, McKnight, Jasey/Gill) - Designates September "Affordable Housing Awareness Month"

AJR-130/SJR-92 (Vainieri Huttie, Lampitt/Vitale, Singer) - Designates January 23 of each year as "Maternal Health Awareness Day" in New Jersey

BILLS VETOED:

A-1850/S-2606 (Giblin, DeAngelo, Mukherji, Holley/Diegnan) – ABSOLUTE - Extends by two months seasonal retail consumption alcoholic beverage license

A-1869/S-668 (Wimberly, Vainieri Huttie, Oliver, Tucker, Quijano, Johnson/Rice, Cruz-Perez) - CONDITIONAL - Establishes Division of Minority and Women Business Development and State Chief Disparity Officer to monitor efforts to promote participation by minority-owned and women-owned businesses in State contracting

A-2353/S-367 (Vainieri Huttie, Jasey, Mukherji, Benson, Quijano/Codey, Turner) – CONDITIONAL - Establishes measures to deter steroid use among students; appropriates \$45,000 to DOE for New Jersey State Interscholastic Athletic Association testing of student-athletes for steroids and other performance enhancing substances

A-3091/S-2528 (Munoz, Gusciora, O'Scanlon, Oliver, Lagana, Lampitt, Mukherji, Sumter/Pou, Weinberg, Cunningham) - CONDITIONAL - Bars persons under age 18 from marrying or entering into a civil union

###

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