

A1464

SPONSOR'S STATEMENT: (Begins on page 50 of introduced bill)	Yes	
COMMITTEE STATEMENT:	ASSEMBLY:	Yes Health Appropriations
	SENATE:	No
FLOOR AMENDMENT STATEMENT:		No
LEGISLATIVE FISCAL ESTIMATE:		No
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REPORTS:	No
HEARINGS:	Yes
NEWSPAPER ARTICLES:	Yes

Committee meeting of Senate Health, Human Services and Senior Citizens Committee: the Committee will hear testimony from invited guests regarding the current and potential applications of telemedicine services in New Jersey [November 9, 2015, Trenton, New Jersey]
<http://hdl.handle.net/10929/37689>
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"Christie puts signature to 72 new laws, 14 vetoes before heading west," The Star-Ledger, 7-25-17
"Christie signs bill raising NJs smoking age to 21," Burlington County Times, 7-23-17
"N.J. seeks standards for virtual doc visits," The Star-Ledger, 6-30-17
"News," The Star-Ledger, 6-24-17
"Jersey seeks standards for virtual doc visits," South Jersey Times, 6-14-17

LAW/RWH

Title 45.
Subtitle 1.
Chapter 1.
Article 6. (New)
Telemedicine and
Telehealth
§§1-6 -
C.45:1-61 to
45:1-66
§7 - C.30:4D-6k
§8 - C.26:2S-29
§9 – C.52:14-17.29w
§10 – C.52:14-17.46.6h
§11 - Note

(CORRECTED COPY)

P.L.2017, CHAPTER 117, approved July 21, 2017
Senate Substitute for Senate Committee Substitute for
Senate, Nos. 291 SCS, 652, and 1954

1 **AN ACT** authorizing the provision of health care services through
2 telemedicine and telehealth, and supplementing various parts of
3 the statutory law.

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

7
8 1. As used in P.L. , c. (C.) (pending before the
9 Legislature as this bill):

10 “Asynchronous store-and-forward” means the acquisition and
11 transmission of images, diagnostics, data, and medical information
12 either to, or from, an originating site or to, or from, the health care
13 provider at a distant site, which allows for the patient to be
14 evaluated without being physically present.

15 “Cross-coverage service provider” means a health care provider,
16 acting within the scope of a valid license or certification issued
17 pursuant to Title 45 of the Revised Statutes, who engages in a
18 remote medical evaluation of a patient, without in-person contact, at
19 the request of another health care provider who has established a
20 proper provider-patient relationship with the patient.

21 “Distant site” means a site at which a health care provider, acting
22 within the scope of a valid license or certification issued pursuant to
23 Title 45 of the Revised Statutes, is located while providing health
24 care services by means of telemedicine or telehealth.

25 “Health care provider” means an individual who provides a
26 health care service to a patient, and includes, but is not limited to,
27 licensed physician, nurse, nurse practitioner, psychologist,
28 psychiatrist, psychoanalyst, clinical social worker, physician
29 assistant, professional counselor, respiratory therapist, speech
30 pathologist, audiologist, optometrist, or any other health care

1 professional acting within the scope of a valid license or
2 certification issued pursuant to Title 45 of the Revised Statutes.

3 “On-call provider” means a licensed or certified health care
4 provider who is available, where necessary, to physically attend to
5 the urgent and follow-up needs of a patient for whom the provider
6 has temporarily assumed responsibility, as designated by the
7 patient’s primary care provider or other health care provider of
8 record.

9 “Originating site” means a site at which a patient is located at the
10 time that health care services are provided to the patient by means
11 of telemedicine or telehealth.

12 “Telehealth” means the use of information and communications
13 technologies, including telephones, remote patient monitoring
14 devices, or other electronic means, to support clinical health care,
15 provider consultation, patient and professional health-related
16 education, public health, health administration, and other services in
17 accordance with the provisions of P.L. , c. (C.) (pending
18 before the Legislature as this bill).

19 “Telemedicine” means the delivery of a health care service using
20 electronic communications, information technology, or other
21 electronic or technological means to bridge the gap between a
22 health care provider who is located at a distant site and a patient
23 who is located at an originating site, either with or without the
24 assistance of an intervening health care provider, and in accordance
25 with the provisions of P.L. , c. (C.) (pending before the
26 Legislature as this bill). “Telemedicine” does not include the use,
27 in isolation, of audio-only telephone conversation, electronic mail,
28 instant messaging, phone text, or facsimile transmission.

29 “Telemedicine or telehealth organization” means a corporation,
30 sole proprietorship, partnership, or limited liability company that is
31 organized for the primary purpose of administering services in the
32 furtherance of telemedicine or telehealth.

33

34 2. a. Unless specifically prohibited or limited by federal or
35 State law, a health care provider who establishes a proper provider-
36 patient relationship with a patient may remotely provide health care
37 services to a patient through the use of telemedicine. A health care
38 provider may also engage in telehealth as may be necessary to
39 support and facilitate the provision of health care services to
40 patients.

41 b. Any health care provider who uses telemedicine or engages
42 in telehealth while providing health care services to a patient, shall:
43 (1) be validly licensed, certified, or registered, pursuant to Title 45
44 of the Revised Statutes, to provide such services in the State of New
45 Jersey; (2) remain subject to regulation by the appropriate New
46 Jersey State licensing board or other New Jersey State professional
47 regulatory entity; (3) act in compliance with existing requirements
48 regarding the maintenance of liability insurance; and (4) remain

1 subject to New Jersey jurisdiction if either the patient or the
2 provider is located in New Jersey at the time services are provided.

3 c. (1) Telemedicine services shall be provided using
4 interactive, real-time, two-way communication technologies.

5 (2) A health care provider engaging in telemedicine or
6 telehealth may use asynchronous store-and-forward technology to
7 allow for the electronic transmission of images, diagnostics, data,
8 and medical information; except that the health care provider may
9 use interactive, real-time, two-way audio in combination with
10 asynchronous store-and-forward technology, without video
11 capabilities, if, after accessing and reviewing the patient's medical
12 records, the provider determines that the provider is able to meet the
13 same standard of care as if the health care services were being
14 provided in person.

15 (3) The identity, professional credentials, and contact
16 information of a health care provider providing telemedicine or
17 telehealth services shall be made available to the patient during and
18 after the provision of services. The contact information shall enable
19 the patient to contact the health care provider, or a substitute health
20 care provider authorized to act on behalf of the provider who
21 provided services, for at least 72 hours following the provision of
22 services.

23 (4) A health care provider engaging in telemedicine or
24 telehealth shall review the medical history and any medical records
25 provided by the patient. For an initial encounter with the patient,
26 the provider shall review the patient's medical history and medical
27 records prior to initiating contact with the patient, as required
28 pursuant to paragraph (3) of subsection a. of section 3 of P.L. , c.
29 (C.) (pending before the Legislature as this bill). In the case of
30 a subsequent telemedicine or telehealth encounter conducted
31 pursuant to an ongoing provider-patient relationship, the provider
32 may review the information prior to initiating contact with the
33 patient or contemporaneously with the telemedicine or telehealth
34 encounter.

35 (5) Following the provision of services using telemedicine or
36 telehealth, the patient's medical information shall be made available
37 to the patient upon the patient's request, and, with the patient's
38 affirmative consent, forwarded directly to the patient's primary care
39 provider or health care provider of record, or, upon request by the
40 patient, to other health care providers. For patients without a
41 primary care provider or other health care provider of record, the
42 health care provider engaging in telemedicine or telehealth may
43 advise the patient to contact a primary care provider, and, upon
44 request by the patient, assist the patient with locating a primary care
45 provider or other in-person medical assistance that, to the extent
46 possible, is located within reasonable proximity to the patient. The
47 health care provider engaging in telemedicine or telehealth shall
48 also refer the patient to appropriate follow up care where necessary,

1 including making appropriate referrals for emergency or
2 complimentary care, if needed. Consent may be oral, written, or
3 digital in nature, provided that the chosen method of consent is
4 deemed appropriate under the standard of care.

5 d. (1) Any health care provider providing health care services
6 using telemedicine or telehealth shall be subject to the same
7 standard of care or practice standards as are applicable to in-person
8 settings. If telemedicine or telehealth services would not be
9 consistent with this standard of care, the health care provider shall
10 direct the patient to seek in-person care.

11 (2) Diagnosis, treatment, and consultation recommendations,
12 including discussions regarding the risk and benefits of the patient's
13 treatment options, which are made through the use of telemedicine
14 or telehealth, including the issuance of a prescription based on a
15 telemedicine or telehealth encounter, shall be held to the same
16 standard of care or practice standards as are applicable to in-person
17 settings. Unless the provider has established a proper provider-
18 patient relationship with the patient, a provider shall not issue a
19 prescription to a patient based solely on the responses provided in
20 an online questionnaire.

21 e. The prescription of Schedule II controlled dangerous
22 substances through the use of telemedicine or telehealth shall be
23 authorized only after an initial in-person examination of the patient,
24 as provided by regulation, and a subsequent in-person visit with the
25 patient shall be required every three months for the duration of time
26 that the patient is being prescribed the Schedule II controlled
27 dangerous substance. However, the provisions of this subsection
28 shall not apply, and the in-person examination or review of a patient
29 shall not be required, when a health care provider is prescribing a
30 stimulant which is a Schedule II controlled dangerous substance for
31 use by a minor patient under the age of 18, provided that the health
32 care provider is using interactive, real-time, two-way audio and
33 video technologies when treating the patient and the health care
34 provider has first obtained written consent for the waiver of these
35 in-person examination requirements from the minor patient's parent
36 or guardian.

37 f. A mental health screener, screening service, or screening
38 psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-
39 27.1 et seq.):

40 (1) shall not be required to obtain a separate authorization in
41 order to engage in telemedicine or telehealth for mental health
42 screening purposes; and

43 (2) shall not be required to request and obtain a waiver from
44 existing regulations, prior to engaging in telemedicine or telehealth.

45 g. A health care provider who engages in telemedicine or
46 telehealth, as authorized by P.L. , c. (C.) (pending before
47 the Legislature as this bill), shall maintain a complete record of the
48 patient's care, and shall comply with all applicable State and federal

1 statutes and regulations for recordkeeping, confidentiality, and
2 disclosure of the patient's medical record.

3 h. A health care provider shall not be subject to any
4 professional disciplinary action under Title 45 of the Revised
5 Statutes solely on the basis that the provider engaged in
6 telemedicine or telehealth pursuant to P.L. , c. (C.)
7 (pending before the Legislature as this bill).

8 i. (1) In accordance with the "Administrative Procedure Act,"
9 P.L.1968, c.410 (C.52:14B-1 et seq.), the State boards or other
10 entities that, pursuant to Title 45 of the Revised Statutes, are
11 responsible for the licensure, certification, or registration of health
12 care providers in the State, shall each adopt rules and regulations
13 that are applicable to the health care providers under their
14 respective jurisdictions, as may be necessary to implement the
15 provisions of this section and facilitate the provision of
16 telemedicine and telehealth services. Such rules and regulations
17 shall, at a minimum:

18 (a) include best practices for the professional engagement in
19 telemedicine and telehealth;

20 (b) ensure that the services patients receive using telemedicine
21 or telehealth are appropriate, medically necessary, and meet current
22 quality of care standards;

23 (c) include measures to prevent fraud and abuse in connection
24 with the use of telemedicine and telehealth, including requirements
25 concerning the filing of claims and maintaining appropriate records
26 of services provided; and

27 (d) provide substantially similar metrics for evaluating quality
28 of care and patient outcomes in connection with services provided
29 using telemedicine and telehealth as currently apply to services
30 provided in person.

31 (2) In no case shall the rules and regulations adopted pursuant to
32 paragraph (1) of this subsection require a provider to conduct an
33 initial in-person visit with the patient as a condition of providing
34 services using telemedicine or telehealth.

35 (3) The failure of any licensing board to adopt rules and
36 regulations pursuant to this subsection shall not have the effect of
37 delaying the implementation of this act, and shall not prevent health
38 care providers from engaging in telemedicine or telehealth in
39 accordance with the provisions of this act and the practice act
40 applicable to the provider's professional licensure, certification, or
41 registration.

42

43 3. a. Any health care provider who engages in telemedicine or
44 telehealth shall ensure that a proper provider-patient relationship is
45 established. The establishment of a proper provider-patient
46 relationship shall include, but shall not be limited to:

47 (1) properly identifying the patient using, at a minimum, the
48 patient's name, date of birth, phone number, and address. When

- 1 properly identifying the patient, the provider may additionally use
2 the patient's assigned identification number, social security number,
3 photo, health insurance policy number, or other appropriate patient
4 identifier associated directly with the patient;
- 5 (2) disclosing and validating the provider's identity and
6 credentials, such as the provider's license, title, and, if applicable,
7 specialty and board certifications;
- 8 (3) prior to initiating contact with a patient in an initial
9 encounter for the purpose of providing services to the patient using
10 telemedicine or telehealth, reviewing the patient's medical history
11 and any available medical records; and
- 12 (4) prior to initiating contact with a patient for the purpose of
13 providing services to the patient using telemedicine or telehealth,
14 determining whether the provider will be able to provide the same
15 standard of care using telemedicine or telehealth as would be
16 provided if the services were provided in person. The provider
17 shall make this determination prior to each unique patient
18 encounter.
- 19 b. Telemedicine or telehealth may be practiced without a
20 proper provider-patient relationship, as defined in subsection a. of
21 this section, in the following circumstances:
- 22 (1) during informal consultations performed by a health care
23 provider outside the context of a contractual relationship, or on an
24 irregular or infrequent basis, without the expectation or exchange of
25 direct or indirect compensation;
- 26 (2) during episodic consultations by a medical specialist located
27 in another jurisdiction who provides consultation services, upon
28 request, to a properly licensed or certified health care provider in
29 this State;
- 30 (3) when a health care provider furnishes medical assistance in
31 response to an emergency or disaster, provided that there is no
32 charge for the medical assistance; or
- 33 (4) when a substitute health care provider, who is acting on
34 behalf of an absent health care provider in the same specialty,
35 provides health care services on an on-call or cross-coverage basis,
36 provided that the absent health care provider has designated the
37 substitute provider as an on-call provider or cross-coverage service
38 provider.
- 39
- 40 4. a. Each telemedicine or telehealth organization operating in
41 the State shall annually register with the Department of Health.
- 42 b. Each telemedicine or telehealth organization operating in the
43 State shall submit an annual report to the Department of Health in a
44 manner as determined by the commissioner. The annual report
45 shall include de-identified encounter data including, but not limited
46 to: the total number of telemedicine and telehealth encounters
47 conducted; the type of technology utilized to provide services using
48 telemedicine or telehealth; the category of medical condition for

1 which services were sought; the geographic region of the patient
2 and the provider; the patient's age and sex; and any prescriptions
3 issued. The commissioner may require the reporting of any
4 additional information as the commissioner deems necessary and
5 appropriate, subject to all applicable State and federal laws, rules,
6 and regulations for recordkeeping and privacy. Commencing six
7 months after the effective date of P.L. , c. (C.) (pending
8 before the Legislature as this bill), telemedicine and telehealth
9 organizations shall include in the annual report, for each
10 telemedicine or telehealth encounter: the patient's race and
11 ethnicity; the diagnostic codes; the evaluation management codes;
12 and the source of payment for the encounter.

13 c. The Department of Health shall compile the information
14 provided in the reports submitted by telemedicine and telehealth
15 organizations pursuant to subsection b. of this section to generate
16 Statewide data concerning telemedicine and telehealth services
17 provided in the State. The department shall annually share the
18 Statewide data with the Department of Human Services, the
19 Department of Banking and Insurance, the Telemedicine and
20 Telehealth Review Commission established pursuant to section 5 of
21 P.L. , c. (C.) (pending before the Legislature as this bill),
22 State boards and other entities that, under Title 45 of the Revised
23 Statutes, are responsible for the professional licensure, certification,
24 or registration of health care providers in the State who provide
25 health care services using telemedicine or telehealth pursuant to
26 P.L. , c. (C.) (pending before the Legislature as this bill),
27 and the Legislature pursuant section 2 of P.L.1991, c.164 (C.52:14-
28 19.1). The department shall also transmit a report to the Legislature
29 and the Telemedicine and Telehealth Review Commission that
30 includes: an analysis of each rule and regulation adopted pursuant
31 to subsection i. of section 2 of P.L. , c. (C.) (pending
32 before the Legislature as this bill) by a State board or other entity
33 responsible for the professional licensure, certification, or
34 registration of health care providers in the State who provide health
35 care services using telemedicine or telehealth; and an assessment of
36 the effect that telemedicine and telehealth is having on health care
37 delivery, health care outcomes, population health, and in-person
38 health care services provided in facility-based and office-based
39 settings.

40 d. A telemedicine or telehealth organization that fails to
41 register with the Department of Health pursuant to subsection a. of
42 this section or that fails to submit the annual report required
43 pursuant to subsection b. of this section shall be liable to such
44 disciplinary actions as the Commissioner of Health may prescribe
45 by regulation.

46
47 5. a. Six months after the effective date of P.L. , c. (C.)
48 (pending before the Legislature as this bill), there shall be

1 established in the Department of Health the Telemedicine and
2 Telehealth Review Commission, which shall review the information
3 reported by telemedicine and telehealth organizations pursuant to
4 subsection b. of section 4 of P.L. , c. (C.) (pending before
5 the Legislature as this bill) and make recommendations for such
6 executive, legislative, regulatory, administrative, and other actions
7 as may be necessary and appropriate to promote and improve the
8 quality, efficiency, and effectiveness of telemedicine and telehealth
9 services provided in this State.

10 b. The commission shall consist of seven members, as follows:
11 the Commissioner of Health, or a designee, who shall serve ex
12 officio, and six public members, with two members each to be
13 appointed by the Governor, the Senate President, and the Speaker of
14 the General Assembly. The public members shall be health care
15 professionals with a background in the provision of health care
16 services using telemedicine and telehealth. The public members
17 shall serve at the pleasure of the appointing authority, and vacancies
18 in the membership shall be filled in the same manner as the original
19 appointments.

20 c. Members of the commission shall serve without
21 compensation but may be reimbursed for necessary travel expenses
22 incurred in the performance of their duties within the limits of funds
23 made available for that purpose.

24 d. The members shall select a chairperson and a vice
25 chairperson from among the members. The chairperson may
26 appoint a secretary, who need not be a member of the commission.
27 The Department of Health shall provide staff and administrative
28 support to the commission.

29 e. The commission shall meet at least twice a year and at such
30 other times as the chairperson may require. The commission shall
31 be entitled to call to its assistance and avail itself of the services of
32 the employees of any State, county, or municipal department, board,
33 bureau, commission, or agency as it may require and as may be
34 available for its purposes.

35 f. The commission shall report its findings and
36 recommendations to the Governor, the Commissioner of Health, the
37 State boards or other entities that, pursuant to Title 45 of the
38 Revised Statutes, are responsible for the licensure, certification, or
39 registration of health care providers in the State who provide health
40 care services using telemedicine or telehealth pursuant to P.L. , c.
41 (C.) (pending before the Legislature as this bill), and, pursuant
42 to section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature no
43 later than two years after the date the commission first meets. The
44 commission shall expire upon submission of its report.

45
46 6. If any provision of P.L. , c. (C.) (pending before the
47 Legislature as this bill) or its application to any person or
48 circumstance is held to be invalid, the invalidity shall not affect any

1 other provision or application of P.L. , c. (C.) (pending
2 before the Legislature as this bill) which can be given effect without
3 the invalid provision or application, and, to this end, the provisions
4 of P.L. , c. (C.) (pending before the Legislature as this bill)
5 are severable.
6

7 7. a. The State Medicaid and NJ FamilyCare programs shall
8 provide coverage and payment for health care services delivered to
9 a benefits recipient through telemedicine or telehealth, on the same
10 basis as, and at a provider reimbursement rate that does not exceed
11 the provider reimbursement rate that is applicable, when the
12 services are delivered through in-person contact and consultation in
13 New Jersey. Reimbursement payments under this section may be
14 provided either to the individual practitioner who delivered the
15 reimbursable services, or to the agency, facility, or organization that
16 employs the individual practitioner who delivered the reimbursable
17 services, as appropriate.

18 b. The State Medicaid and NJ FamilyCare programs may limit
19 coverage to services that are delivered by participating health care
20 providers, but may not charge any deductible, copayment, or
21 coinsurance for a health care service, delivered through
22 telemedicine or telehealth, in an amount that exceeds the deductible,
23 copayment, or coinsurance amount that is applicable to an in-person
24 consultation.

25 c. Nothing in this section shall be construed to:

26 (1) prohibit the State Medicaid or NJ FamilyCare programs
27 from providing coverage for only those services that are medically
28 necessary, subject to the terms and conditions of the recipient's
29 benefits plan; or

30 (2) allow the State Medicaid or NJ FamilyCare programs to
31 require a benefits recipient to use telemedicine or telehealth in lieu
32 of obtaining an in-person service from a participating health care
33 provider.

34 d. The Commissioner of Human Services, in consultation with
35 the Commissioner of Children and Families, shall apply for such
36 State plan amendments or waivers as may be necessary to
37 implement the provisions of this section and to secure federal
38 financial participation for State expenditures under the federal
39 Medicaid program and Children's Health Insurance Program.

40 e. As used in this section:

41 "Benefits recipient" or "recipient" means a person who is
42 eligible for, and who is receiving, hospital or medical benefits under
43 the State Medicaid program established pursuant to P.L.1968, c.413
44 (C.30:4D-1 et seq.), or under the NJ FamilyCare program
45 established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), as
46 appropriate.

47 "Participating health care provider" means a licensed or certified
48 health care provider who is registered to provide health care

1 services to benefits recipients under the State Medicaid or NJ
2 FamilyCare programs, as appropriate.

3 “Telehealth” means the same as that term is defined by section 1
4 of P.L. , c. (C.) (pending before the Legislature as this
5 bill).

6 “Telemedicine” means the same as that term is defined by
7 section 1 of P.L. , c. (C.) (pending before the Legislature
8 as this bill).

9
10 8. a. A carrier that offers a health benefits plan in this State
11 shall provide coverage and payment for health care services
12 delivered to a covered person through telemedicine or telehealth, on
13 the same basis as, and at a provider reimbursement rate that does
14 not exceed the provider reimbursement rate that is applicable, when
15 the services are delivered through in-person contact and
16 consultation in New Jersey. Reimbursement payments under this
17 section may be provided either to the individual practitioner who
18 delivered the reimbursable services, or to the agency, facility, or
19 organization that employs the individual practitioner who delivered
20 the reimbursable services, as appropriate.

21 b. A carrier may limit coverage to services that are delivered
22 by health care providers in the health benefits plan’s network, but
23 may not charge any deductible, copayment, or coinsurance for a
24 health care service, delivered through telemedicine or telehealth, in
25 an amount that exceeds the deductible, copayment, or coinsurance
26 amount that is applicable to an in-person consultation.

27 c. Nothing in this section shall be construed to:

28 (1) prohibit a carrier from providing coverage for only those
29 services that are medically necessary, subject to the terms and
30 conditions of the covered person’s health benefits plan; or

31 (2) allow a carrier to require a covered person to use
32 telemedicine or telehealth in lieu of receiving an in-person service
33 from an in-network provider.

34 d. The Commissioner of Banking and Insurance shall adopt
35 rules and regulations, pursuant to the “Administrative Procedure
36 Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the
37 provisions of this section.

38 e. As used in this section:

39 “Carrier” means the same as that term is defined by section 2 of
40 P.L.1997, c.192 (C.26:2S-2).

41 “Covered person” means the same as that term is defined by
42 section 2 of P.L.1997, c.192 (C.26:2S-2).

43 “Health benefits plan” means the same as that term is defined by
44 section 2 of P.L.1997, c.192 (C.26:2S-2).

45 “Telehealth” means the same as that term is defined by section 1
46 of P.L. , c. (C.) (pending before the Legislature as this
47 bill).

1 “Telemedicine” means the same as that term is defined by
2 section 1 of P.L. , c. (C.) (pending before the Legislature
3 as this bill).

4
5 9. a. The State Health Benefits Commission shall ensure that
6 every contract purchased thereby, which provides hospital and
7 medical expense benefits, additionally provides coverage and
8 payment for health care services delivered to a covered person
9 through telemedicine or telehealth, on the same basis as, and at a
10 provider reimbursement rate that does not exceed the provider
11 reimbursement rate that is applicable, when the services are
12 delivered through in-person contact and consultation in New Jersey.
13 Reimbursement payments under this section may be provided either
14 to the individual practitioner who delivered the reimbursable
15 services, or to the agency, facility, or organization that employs the
16 individual practitioner who delivered the reimbursable services, as
17 appropriate.

18 b. A health benefits contract purchased by the State Health
19 Benefits Commission may limit coverage to services that are
20 delivered by health care providers in the health benefits plan’s
21 network, but may not charge any deductible, copayment, or
22 coinsurance for a health care service, delivered through
23 telemedicine or telehealth, in an amount that exceeds the deductible,
24 copayment, or coinsurance amount that is applicable to an in-person
25 consultation.

26 c. Nothing in this section shall be construed to:

27 (1) prohibit a health benefits contract from providing coverage
28 for only those services that are medically necessary, subject to the
29 terms and conditions of the covered person’s health benefits plan;
30 or

31 (2) allow the State Health Benefits Commission, or a contract
32 purchased thereby, to require a covered person to use telemedicine
33 or telehealth in lieu of receiving an in-person service from an in-
34 network provider.

35 d. The State Health Benefits Commission shall adopt rules and
36 regulations, pursuant to the “Administrative Procedure Act,”
37 P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions
38 of this section.

39 e. As used in this section:

40 “Telehealth” means the same as that term is defined by section 1
41 of P.L. , c. (C.) (pending before the Legislature as this
42 bill).

43 “Telemedicine” means the same as that term is defined by
44 section 1 of P.L. , c. (C.) (pending before the Legislature
45 as this bill).

46
47 10. a. The School Employees’ Health Benefits Commission
48 shall ensure that every contract purchased thereby, which provides

1 hospital and medical expense benefits, additionally provides
2 coverage and payment for health care services delivered to a
3 covered person through telemedicine or telehealth, on the same
4 basis as, and at a provider reimbursement rate that does not exceed
5 the provider reimbursement rate that is applicable, when the
6 services are delivered through in-person contact and consultation in
7 New Jersey. Reimbursement payments under this section may be
8 provided either to the individual practitioner who delivered the
9 reimbursable services, or to the agency, facility, or organization that
10 employs the individual practitioner who delivered the reimbursable
11 services, as appropriate.

12 b. A health benefits contract purchased by the State Health
13 Benefits Commission may limit coverage to services that are
14 delivered by health care providers in the health benefits plan's
15 network, but may not charge any deductible, copayment, or
16 coinsurance for a health care service, delivered through
17 telemedicine or telehealth, in an amount that exceeds the deductible,
18 copayment, or coinsurance amount that is applicable to an in-person
19 consultation.

20 c. Nothing in this section shall be construed to:

21 (1) prohibit a health benefits contract from providing coverage
22 for only those services that are medically necessary, subject to the
23 terms and conditions of the covered person's health benefits plan;
24 or

25 (2) allow the School Employees' Health Benefits Commission,
26 or a contract purchased thereby, to require a covered person to use
27 telemedicine or telehealth in lieu of receiving an in-person service
28 from an in-network provider.

29 d. The School Employees' Health Benefits Commission shall
30 adopt rules and regulations, pursuant to the "Administrative
31 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement
32 the provisions of this section.

33 e. As used in this section:

34 "Telehealth" means the same as that term is defined by section 1
35 of P.L. , c. (C.) (pending before the Legislature as this
36 bill).

37 "Telemedicine" means the same as that term is defined by
38 section 1 of P.L. , c. (C.) (pending before the Legislature
39 as this bill).

40

41 11. This act shall take effect immediately, and section 5 of this
42 act shall expire upon submission of the commission's report.

43

44

45

STATEMENT

46

47 This Senate floor substitute authorizes health care providers,
48 including, but not limited to, licensed physicians, nurses, nurse

1 practitioners, psychologists, psychiatrists, psychoanalysts, clinical
2 social workers, physician assistants, professional counselors,
3 respiratory therapists, speech pathologists, audiologists, and
4 optometrists, to remotely provide health care services to patients
5 through the use of telemedicine and telehealth.

6 “Telehealth” is defined to mean the use of information and
7 communications technologies, including telephones, remote patient
8 monitoring devices, or other electronic means, to support clinical
9 health care, provider consultation, patient and professional health-
10 related education, public health, health administration, and other
11 services as described in regulation.

12 “Telemedicine” is defined to mean means the delivery of a health
13 care service using electronic communications, information
14 technology, or other electronic or technological means to bridge the
15 gap between a health care provider who is located at a distant site
16 and a patient who is located at an originating site, either with or
17 without the assistance of an intervening health care provider.
18 “Telemedicine” would not include the use, in isolation, of audio-
19 only telephone conversation, electronic mail, instant messaging,
20 phone text, or facsimile transmission.

21 Specifically, a health care provider will be permitted to remotely
22 provide health care services to a patient through the use of
23 telemedicine, and will be permitted to engage in telehealth as may
24 be necessary to support and facilitate the provision of health care
25 services to patients.

26 The substitute bill requires any health care provider who uses
27 telemedicine or engages in telehealth while providing health care
28 services to a patient to: (1) be validly licensed, certified, or
29 registered to provide such services in the State of New Jersey; (2)
30 remain subject to regulation by the appropriate New Jersey State
31 licensing board or professional regulatory entity; (3) act in
32 compliance with existing requirements regarding the maintenance
33 of liability insurance; and (4) remain subject to New Jersey
34 jurisdiction if either the patient or the provider is located in New
35 Jersey at the time services are provided.

36 The bill requires telemedicine services to be provided using
37 interactive, real-time, two-way communication technologies. A
38 health care provider engaging in telemedicine or telehealth may use
39 asynchronous store-and-forward technology to allow for the
40 electronic transmission of images, diagnostics, data, and medical
41 information; except that the health care provider may use
42 interactive, real-time, two-way audio in combination with
43 asynchronous store-and-forward technology, without video
44 capabilities, if, after accessing and reviewing the patient’s medical
45 records, the provider determines that the provider is able to meet the
46 same standard of care as if the health care services were being
47 provided in person. The provider’s identity, professional
48 credentials, and contact information are to be made available to the

1 patient during and after the provision of services. The substitute
2 bill requires the contact information to enable the patient to contact
3 the health care provider, or a substitute health care provider
4 authorized to act on the provider's behalf, for at least 72 hours
5 following the provision of services.

6 A health care provider engaging in telemedicine or telehealth
7 will be required to review the medical history and any medical
8 records provided by the patient. In the case of an initial encounter
9 with the patient, the provider is to conduct the review before
10 initiating contact with the patient; in the case of a subsequent
11 encounter pursuant to an ongoing provider-patient relationship, the
12 provider may conduct the review prior to initiating contact or
13 contemporaneously with the telemedicine or telehealth encounter.

14 Health care providers who engage in telemedicine or telehealth
15 will be required to maintain a complete record of the patient's care
16 and comply with all applicable State and federal statutes and
17 regulations for recordkeeping, confidentiality, and disclosure of the
18 patient's medical record. Health care providers will not be subject
19 to any professional disciplinary action under Title 45 of the Revised
20 Statutes solely on the basis that the provider engaged in
21 telemedicine or telehealth pursuant to the substitute bill.

22 Following the provision of services using telemedicine or
23 telehealth, the patient's medical information is to be made available
24 to the patient upon the patient's request, and, with the patient's
25 affirmative consent, forwarded directly to the patient's primary care
26 provider or health care provider of record, or, upon request by the
27 patient, to other health care providers. For patients without a
28 primary care provider or other health care provider of record, the
29 health care provider engaging in telemedicine or telehealth may
30 advise the patient to contact a primary care provider, and, upon
31 request by the patient, may assist the patient with locating a primary
32 care provider or other in-person medical assistance that, to the
33 extent possible, is located within reasonable proximity to the
34 patient. The health care provider engaging in telemedicine or
35 telehealth will also be required to refer the patient to appropriate
36 follow up care where necessary, including making appropriate
37 referrals for emergency or complimentary care, if needed. The
38 patient's consent may be oral, written, or digital in nature, provided
39 it is appropriate under the standard of care.

40 Health care providers providing health care services using
41 telemedicine or telehealth will be subject to the same standard of
42 care or practice standards as are applicable to in-person settings. If
43 telemedicine services would not be consistent with this standard of
44 care, the health care provider is to direct the patient to seek in-
45 person care. Similarly, diagnosis, treatment, and consultation
46 recommendations made through the use of telemedicine or
47 telehealth, including the issuance of a prescription based on a
48 telemedicine encounter, are to be held to the same standard of care

1 or practice standards as are applicable to in-person settings. A
2 provider may not issue a prescription to a patient based solely on
3 the responses provided in an online questionnaire, unless the
4 provider has established a proper provider-patient relationship with
5 the patient.

6 Schedule II controlled dangerous substances may be prescribed
7 through the use of telemedicine only after the provider conducts an
8 initial in-person examination of the patient. Subsequent in-person
9 visits with the patient will be required every three months for the
10 duration of time that the patient is being prescribed the Schedule II
11 controlled dangerous substance. However, these restrictions do not
12 apply when a health care provider is prescribing a stimulant which
13 is a Schedule II controlled dangerous substance for use by a minor
14 patient under the age of 18, provided that the health care provider is
15 using interactive, real-time, two-way audio and video technologies
16 when treating the patient, and the provider has first obtained written
17 consent for the waiver of these in-person examination requirements
18 from the minor patient's parent or guardian.

19 The substitute bill provides that mental health screeners,
20 screening services, and screening psychiatrists subject to the
21 provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.) will not be
22 required to obtain a separate authorization in order to engage in
23 telemedicine or telehealth for mental health screening purposes, and
24 will not be required to request and obtain a waiver from existing
25 regulations prior to engaging in telemedicine or telehealth.

26 Professional licensing and certification boards will be required to
27 adopt rules and regulations, which will be applicable to the health
28 care providers under their respective jurisdictions, in order to
29 implement the provisions of the bill and facilitate the provision of
30 telemedicine and telehealth services. The rules and regulations are
31 to, at a minimum: include best practices for the professional
32 engagement in telemedicine and telehealth; ensure that the services
33 patients receive using telemedicine or telehealth are appropriate,
34 medically necessary, and meet current quality of care standards;
35 include measures to prevent fraud and abuse in connection with the
36 use of telemedicine and telehealth, including requirements
37 concerning the filing of claims and maintaining appropriate records
38 of services provided; and provide substantially similar metrics for
39 evaluating quality of care and patient outcomes in connection with
40 services provided using telemedicine and telehealth as currently
41 apply to services provided in person. The rules and regulations may
42 not include any provision requiring an initial in-person visit with a
43 patient before providing services using telemedicine or telehealth.

44 In order to engage in telemedicine or telehealth, a health care
45 provider will be required to establish a proper patient-provider
46 relationship with the patient. Establishing this relationship
47 includes, but is not be limited to: (1) properly identifying the patient
48 using certain patient identifiers, including, at a minimum, the

1 patient's name, date of birth, phone number, address, and social
2 security number, whenever possible; (2) disclosing and validating
3 the provider's identity and credentials; (3) prior to initiating contact
4 with a patient during an initial encounter, reviewing the patient's
5 medical history and any available medical records; and (4) prior to
6 initiating contact with the patient, determining whether the provider
7 will be able to provide the appropriate standard of care using
8 telemedicine and telehealth as would be provided in an inpatient
9 setting.

10 Telemedicine may be practiced without establishing a proper
11 provider-patient relationship during informal consultations without
12 compensation; during episodic consultations by a medical specialist
13 located in another jurisdiction; when a health care provider
14 furnishes medical assistance in response to an emergency or
15 disaster, provided that there is no charge for the medical assistance;
16 and when a substitute health care provider acting on behalf of an
17 absent health care provider in the same specialty provides health
18 care services on an on-call or cross-coverage basis, provided that
19 the absent health care provider has designated the substitute
20 provider as an on-call provider or cross-coverage service provider.

21 The substitute bill requires each telemedicine or telehealth
22 organization operating in the State to annually register with the
23 Department of Health (DOH) and to submit an annual report to
24 DOH in a manner as determined by the commissioner. A
25 telemedicine or telehealth organization that fails to register or that
26 fails to submit the annual report will be subject to disciplinary
27 action.

28 The annual report submitted by each telemedicine and telehealth
29 organization is to include de-identified encounter data setting forth
30 the total number of telemedicine encounters conducted; the type of
31 technology utilized to provide services using telemedicine or
32 telehealth; the category of medical condition for which services
33 were sought; the geographic region of the patient and the provider;
34 the patient's age and sex; and any prescriptions issued. The
35 commissioner may require the reporting of any additional
36 information as the commissioner deems necessary and appropriate,
37 subject to all applicable State and federal laws, rules, and
38 regulations for recordkeeping and privacy. Commencing six
39 months after the effective date of the bill, the annual report
40 submitted by telemedicine and telehealth organizations is to
41 additionally, include, for each telemedicine or telehealth encounter:
42 the patient's race and ethnicity; the diagnostic code; the encounter
43 management code; and the source of payment for the encounter.
44 DOH will be required to share the reported information with the
45 Legislature, the Department of Human Services, the Department of
46 Banking and Insurance, the Telemedicine and Telehealth Review
47 Commission established under the bill, and the appropriate boards

1 and entities that license or certify professionals who provide health
2 care services in the State using telemedicine or telehealth.

3 Additionally, DOH will be required to compile the reported
4 information to generate Statewide data concerning telemedicine and
5 telehealth services provided in New Jersey, and report the Statewide
6 data to the Legislature and the Telemedicine and Telehealth Review
7 Commission on an annual basis. The report is to include an
8 analysis of each rule and regulation adopted by State boards and
9 entities responsible for the licensure or certification of health care
10 providers using telemedicine and telehealth, and an assessment of
11 the effect that the provision of health care services using
12 telemedicine and telehealth is having in New Jersey on health care
13 delivery, health care outcomes, population health, and in-person
14 health care services provided in facility-based and office-based
15 settings.

16 Six months after the effective date of the substitute bill, the
17 Telemedicine and Telehealth Review Commission will be
18 established in DOH. The commission will be required to review the
19 information reported by telemedicine and telehealth organizations
20 and make recommendations for such executive, legislative,
21 regulatory, administrative, and other actions as may be necessary
22 and appropriate to promote and improve the quality, efficiency, and
23 effectiveness of telemedicine and telehealth services provided in
24 New Jersey. The commission will consist of seven members: the
25 Commissioner of Health, or a designee, who will serve ex officio,
26 and six public members, with two members each to be appointed by
27 the Governor, the Senate President, and the Speaker of the General
28 Assembly. The public members are to be health care professionals
29 with a background in the provision of health care services using
30 telemedicine and telehealth. The public members will serve at the
31 pleasure of the appointing authority, and vacancies in the
32 membership shall be filled in the same manner as the original
33 appointments. Members of the commission will serve without
34 compensation but may be reimbursed for necessary travel expenses
35 incurred in the performance of their duties within the limits of funds
36 made available for that purpose. The commission will meet at least
37 twice a year and at such other times as the chairperson may require.
38 The commission will be entitled to call to its assistance and avail
39 itself of the services of the employees of any State, county, or
40 municipal department, board, bureau, commission, or agency as it
41 may require and as may be available for its purposes. The
42 commission will be required to report its findings and
43 recommendations to the Governor, the Commissioner of Health, the
44 State boards or other entities which are responsible for the
45 licensure, certification, or registration of health care providers in
46 the State who provide health care services using telemedicine or
47 telehealth, and the Legislature no later than two years after the date

1 the commission first meets, and will expire upon submission of the
2 report.

3 The substitute bill specifies that Medicaid, NJ FamilyCare, and
4 certain health insurance providers, including the carriers of health
5 benefits plans, the State Health Benefits Commission, and the
6 School Employees' Health Benefits Commission, are each to
7 provide coverage and payment for services provided through
8 telemedicine and telehealth on the same basis as, and at a provider
9 reimbursement rate that does not exceed the provider
10 reimbursement rate that is applicable, when the services are
11 delivered in-person in New Jersey. Reimbursement payments may
12 be made to the individual practitioner who delivered the
13 reimbursable services, or to the telemedicine or telehealth
14 organization that employs the practitioner.

15 Each such carrier or insurance provider will be authorized to
16 charge a deductible, copayment, or coinsurance for a health care
17 service delivered through telemedicine or telehealth, provided that
18 the amount charged does not exceed the charge for an in-person
19 consultation. Where applicable, each carrier or insurance provider
20 will be limited in its ability to impose annual or lifetime dollar
21 maximum amounts on the coverage of services provided through
22 telemedicine. Nothing in the substitute bill will prohibit a carrier or
23 other insurance provider from providing coverage only for services
24 deemed to be medically necessary, and nothing will allow a carrier
25 or other insurance provider to coerce a covered person to use
26 telehealth or telemedicine in lieu of receiving an in-person service.

27

28

29 _____
30 Authorizes health care providers to engage in telemedicine and
telehealth.

SENATE, No. 291

STATE OF NEW JERSEY 217th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2016 SESSION

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator JIM WHELAN

District 2 (Atlantic)

Senator DIANE B. ALLEN

District 7 (Burlington)

Co-Sponsored by:

Senators Codey and Addiego

SYNOPSIS

Authorizes health care practitioners to provide health care services through telemedicine.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 9/27/2016)

1 AN ACT authorizing the provision of health care services through
2 telemedicine, supplementing and amending various parts of the
3 statutory law, and repealing R.S.45:9-18 and R.S.45:9-18.1.
4

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

7
8 1. (New section) a. Unless specifically prohibited or limited
9 by federal or State law, a health care practitioner may remotely
10 provide health care services to a patient in the State, and a bona fide
11 relationship between health care practitioner and patient may be
12 established, through the use of telemedicine.

13 b. A health care practitioner who provides a health care service
14 to a patient through the use of telemedicine shall be subject to the
15 same standards of care and rules of practice as are applicable to
16 traditional in-person practice, and the use of telemedicine shall not
17 alter or diminish any existing duty or responsibility of the health
18 care practitioner, or any assistant thereof, including, but not limited
19 to, any duty or responsibility related to recordkeeping, or the
20 maintenance of patient confidentiality. Any health care practitioner
21 who engages in telemedicine in a manner that does not comply with
22 the ordinary standards of care or rules of practice applicable to in-
23 person practice, shall be subject to discipline by the respective
24 licensing board, as provided by law.

25 c. A health care practitioner is authorized to engage in
26 consultations with an out-of-state peer professional, including, but
27 not limited to, a sub-specialist, using electronic or other means, and
28 shall not be required to obtain an additional license or separate
29 authorization in order to do so.

30 d. Notwithstanding any other provision of law to the contrary,
31 and in order to facilitate the increased use of telemedicine as
32 authorized by this section, when a health care practitioner proposes
33 to engage in telemedicine with patients in a hospital, the governing
34 body of the hospital, as necessary and appropriate, shall verify and
35 approve the credentials of, and grant telemedicine practice
36 privileges to, such practitioner, based solely upon the
37 recommendations of the hospital's medical staff, which
38 recommendations have been derived from information provided by
39 the originating site employer.

40 e. In accordance with the "Administrative Procedure Act,"
41 P.L.1968, c.410 (C.52:14B-1 et seq.), the State boards or other
42 entities that, pursuant to Title 45 of the Revised Statutes, are
43 responsible for the licensure of health care practitioners in the State,
44 shall each adopt rules and regulations that are applicable to the
45 health care practitioners under their respective jurisdictions, as may

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.

1 be necessary to clarify that such practitioners, when engaged in
2 telemedicine, will be subject to the same rules of practice and
3 standards of care as are applicable to health care practitioners who
4 are engaged in the provision of health care services to patients
5 through the use of traditional in-person means or methods. Such
6 rules and regulations may require an applicant for an initial or
7 renewed practice license to provide proof of their successful
8 completion of training in the effective use of technology and the
9 maintenance of records and patient confidentiality when engaging
10 in telemedicine.

11 f. As used in this section:

12 “Health care practitioner” means an individual who provides a
13 health care service to a patient in the State, and includes, but is not
14 limited to, a physician, nurse practitioner, psychologist,
15 psychiatrist, psychoanalyst, licensed clinical social worker,
16 physician assistant, or any other health care professional acting
17 within the scope of a valid license or certification issued pursuant to
18 Title 45 of the Revised Statutes.

19 “Health care service” means any health-related service,
20 including, but not limited to, diagnosis, testing, or treatment of
21 physical or mental human disease or dysfunction; consultation
22 related to such diagnosis, testing, or treatment; and any other
23 service which is rendered for the purpose of determining the status
24 of, or maintaining or restoring, an individual’s physical or mental
25 health, and for which a license or certification is required, as a pre-
26 condition to the rendering thereof, pursuant to Title 45 of the
27 Revised Statutes.

28 “Originating site employer” means the person or entity that
29 employs a health care practitioner at the site where the practitioner
30 originates and renders services, through the use of telemedicine, to
31 a patient who is located at a remote site.

32 “Telemedicine” means the delivery of a health care service using
33 electronic communications, information technology, or other
34 electronic or technological means to bridge the gap between the
35 health care practitioner who is located at one site, and a patient who
36 is located at a different, remote site, either with or without the
37 assistance of an intervening health care provider, and which
38 typically involves the provision of health care services through the
39 application of secure, two-way videoconferencing or store-and-
40 forward technology that is designed to replicate the traditional in-
41 person encounter and interaction between health care practitioner
42 and patient by allowing for interactive, real-time visual and auditory
43 communication, and the electronic transmission of images,
44 diagnostics, and medical records. “Telemedicine” does not include
45 the use of audio-only telephone conversation, electronic mail,
46 instant messaging, phone text, or facsimile transmission.

1 2. (New section) The Board of Medical Examiners shall
2 evaluate the Telemedicine Licensure Compact currently being
3 promoted by the Federation of State Medical Boards, and shall
4 determine what State actions and legislation are necessary to allow
5 the State to participate in the compact. Within 180 days after the
6 effective date of P.L. , c. (C.) (pending before the
7 Legislature as this bill), the board shall submit a report to the
8 Governor, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-
9 19.1), to the Legislature, containing its findings on the matter, and
10 providing recommendations for legislation or other State action that
11 may be necessary to implement the Telemedicine Licensure
12 Compact in this State.

13

14 3. (New section) a. Unless specifically prohibited or limited
15 by federal or State law, health care services that are delivered to a
16 patient through the use of telemedicine shall be covered, under the
17 State Medicaid and NJ FamilyCare programs, to the same extent
18 that such services would be covered if they were delivered through
19 traditional in-person means or methods. In-person contact between
20 a health care practitioner and a patient shall not be required as a
21 condition of provider reimbursement under the Medicaid or NJ
22 FamilyCare programs for: (1) health care services that are
23 delivered through the use of telemedicine, so long as the use of
24 telemedicine in the particular case is not medically contraindicated,
25 and the services would otherwise be eligible for reimbursement
26 under such programs if delivered in person; and (2) professional
27 fees and facility fees associated with the delivery of health care
28 services through the use of telemedicine, as authorized by section 1
29 of P.L. , c. (C.) (pending before the Legislature as this
30 bill), so long as the fees would otherwise be eligible for
31 reimbursement under such programs in the case of in-person service
32 delivery. Health care services delivered through telemedicine shall
33 be reimbursed at a rate that is equal to the reimbursement rate
34 provided for in-person services.

35 b. Unless expressly required by federal or State law, the
36 Commissioner of Human Services shall not establish any siting or
37 location restrictions on a patient or health care practitioner as a
38 condition of reimbursement under the Medicaid or NJ FamilyCare
39 programs, and shall authorize reimbursement for health care
40 services that are provided through telemedicine, as required by this
41 section, even if the patient is located in his or her own home or in
42 another non-medical facility at the time of the patient's receipt of
43 such services.

44 c. The Commissioner of Human Services, in consultation with
45 the Commissioner of Children and Families, shall apply for such
46 State plan amendments or waivers as may be necessary to
47 implement the provisions of this section, and shall secure federal

1 financial participation for State expenditures under the federal
2 Medicaid program and Children’s Health Insurance Program.

3 d. The Commissioner of Human Services, in consultation with
4 the Commissioner of Children and Families, shall adopt rules and
5 regulations, pursuant to the “Administrative Procedure Act,”
6 P.L.1968, c.410 (C.52:14B-1 et seq.), as may be necessary to
7 implement the provisions of this section.

8 e. As used in this section:

9 “Health care practitioner” means an individual who provides a
10 health care service to a patient in the State, and includes, but is not
11 limited to, a physician, nurse practitioner, psychologist,
12 psychiatrist, psychoanalyst, licensed clinical social worker,
13 physician assistant, or any other health care professional acting
14 within the scope of a valid license or certification issued pursuant to
15 Title 45 of the Revised Statutes.

16 “Health care service” means any health-related service,
17 including, but not limited to, diagnosis, testing, or treatment of
18 physical or mental human disease or dysfunction; consultation
19 related to such diagnosis, testing, or treatment; and any other
20 service which is rendered for the purpose of determining the status
21 of, or maintaining or restoring, an individual’s physical or mental
22 health, and for which a license or certification is required, as a pre-
23 condition to the rendering thereof, pursuant to Title 45 of the
24 Revised Statutes.

25 “Medicaid” means the Medicaid program established pursuant to
26 P.L.1968, c.413 (C.30:4D-1 et seq.).

27 “NJ FamilyCare” means the NJ FamilyCare Program established
28 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

29 “Telemedicine” means the same as that term is defined by
30 section 1 of P.L. , c. (C.) (pending before the Legislature
31 as this bill).

32
33 4. (New section) a. Unless specifically prohibited or limited
34 by federal or State law, any carrier that offers a managed care plan
35 in this State shall provide coverage for health care services that are
36 delivered to a covered person through the use of telemedicine, to
37 the same extent that the services would be covered if they were
38 delivered through in-person means or methods. In-person contact
39 between a health care practitioner and a patient shall not be required
40 as a condition of carrier reimbursement under a managed care plan
41 for: (1) covered services that are delivered through the use of
42 telemedicine, so long as the use of telemedicine in the particular
43 case is not medically contraindicated, and the services would
44 otherwise be eligible for reimbursement if delivered in person; and
45 (2) professional fees and facility fees associated with the delivery of
46 covered services through the use of telemedicine, so long as the fees
47 would otherwise be eligible for reimbursement in the case of in-
48 person service delivery. Covered services delivered through the use

1 of telemedicine shall be reimbursed at a rate that is equal to the
2 reimbursement rate provided for in-person services.

3 b. Unless expressly required by federal or State law, a carrier
4 shall not establish any siting or location restrictions on a patient or
5 health care practitioner as a condition of reimbursement under a
6 managed care plan, and shall authorize reimbursement for health
7 care services that are delivered through telemedicine, as required by
8 this section, even if the patient is located in his or her own home or
9 in another non-medical facility at the time of the patient's receipt of
10 such services.

11 c. A carrier may:

12 (1) charge a deductible, co-payment, or coinsurance for a
13 covered service delivered through telemedicine, so long as it does
14 not exceed the deductible, co-payment, or coinsurance applicable to
15 such service when delivered in person;

16 (2) limit coverage to services that are delivered by health care
17 providers in the health benefits plan's network; and

18 (3) require originating site health care providers to document the
19 reasons the services are being delivered through the use of
20 telemedicine rather than in person.

21 d. Nothing in this section shall be construed to:

22 (1) prohibit a carrier from providing coverage for only those
23 health care services that are medically necessary, subject to the
24 terms and conditions of the covered person's health benefits plan;
25 or

26 (2) require a carrier to reimburse a remote site health care
27 provider if the remote site health care provider has insufficient
28 information to render an opinion.

29 e. As used in this section:

30 "Carrier" means the same as that term is defined by section 2 of
31 P.L.1997, c.192 (C.26:2S-2).

32 "Covered person" means the same as that term is defined by
33 section 2 of P.L.1997, c.192 (C.26:2S-2).

34 "Covered service" means the same as that term is defined by
35 section 2 of P.L.1997, c.192 (C.26:2S-2).

36 "Health care practitioner" means an individual who provides a
37 health care service to a patient in the State, and includes, but is not
38 limited to, a physician, nurse practitioner, psychologist,
39 psychiatrist, psychoanalyst, licensed clinical social worker,
40 physician assistant, or any other health care professional acting
41 within the scope of a valid license or certification issued pursuant to
42 Title 45 of the Revised Statutes.

43 "Health care provider" means the same as that term is defined by
44 section 2 of P.L.1997, c.192 (C.26:2S-2).

45 "Managed care plan" means the same as that term is defined by
46 section 2 of P.L.1997, c.192 (C.26:2S-2).

1 “Originating site” means the site at which a health care
2 practitioner originates and renders services, through the use of
3 telemedicine, to a patient who is located at a remote site.

4 “Remote site” means the distant site at which a patient receives
5 health care services that are being rendered thereto, through the use
6 of telemedicine, by a health care practitioner located at an
7 originating site.

8 “Telemedicine” means the same as that term is defined by
9 section 1 of P.L. , c. (C.) (pending before the Legislature
10 as this bill).

11

12 5. (New section) a. The State Health Benefits Commission
13 shall ensure that every contract purchased thereby, which provides
14 hospital and medical expense benefits, also provides coverage for
15 health care services that are delivered to a covered person through
16 the use of telemedicine, to the same extent that the services would
17 be covered if they were delivered through in-person means or
18 methods. In-person contact between a health care practitioner and a
19 patient shall not be required as a condition of carrier reimbursement
20 under a health benefits contract for: (1) health care services that are
21 delivered through the use of telemedicine, so long as the use of
22 telemedicine in the particular case is not medically contraindicated,
23 and the services would otherwise be eligible for reimbursement if
24 delivered in person; and (2) professional fees and facility fees
25 associated with the delivery of health care services through the use
26 of telemedicine, so long as the fees would otherwise be eligible for
27 reimbursement in the case of in-person service delivery. A contract
28 purchased by the State Health Benefits Commission shall provide
29 for the reimbursement of health care services delivered through the
30 use of telemedicine at a rate that is equal to the reimbursement rate
31 provided for in-person services.

32 b. Unless expressly required by federal or State law, a health
33 benefits contract purchased by the State Health Benefits
34 Commission shall not establish any siting or location restrictions on
35 a patient or health care practitioner as a condition of reimbursement
36 thereunder, and shall authorize reimbursement for health care
37 services that are delivered through telemedicine, as required by this
38 section, even if the patient is located in his or her own home or in
39 another non-medical facility at the time of the patient’s receipt of
40 such services.

41 c. A contract purchased by the State Health Benefits
42 Commission may:

43 (1) provide for a deductible, co-payment, or coinsurance for a
44 health care service delivered through telemedicine, so long as it
45 does not exceed the deductible, co-payment, or coinsurance
46 applicable to such service when delivered in person;

47 (2) limit coverage to services that are delivered by health care
48 providers in the health benefits plan’s network; and

1 (3) require originating site health care providers to document the
2 reasons the services are being delivered through the use of
3 telemedicine rather than in person.

4 d. Nothing in this section shall be construed to:

5 (1) prohibit the State Health Benefits Commission from
6 purchasing a contract that provides coverage for only those health
7 care services that are medically necessary, subject to the terms and
8 conditions of the covered person's health benefits plan; or

9 (2) require the contract purchased by the State Health Benefits
10 Commission to provide for the reimbursement of a remote site
11 health care provider if the remote site health care provider has
12 insufficient information to render an opinion.

13 e. As used in this section:

14 "Health care practitioner" means an individual who provides a
15 health care service to a patient in the State, and includes, but is not
16 limited to, a physician, nurse practitioner, psychologist,
17 psychiatrist, psychoanalyst, licensed clinical social worker,
18 physician assistant, or any other health care professional acting
19 within the scope of a valid license or certification issued pursuant to
20 Title 45 of the Revised Statutes.

21 "Health care provider" means and includes a health care
22 practitioner, and a hospital or other health care facility licensed
23 pursuant to Title 26 of the Revised Statutes.

24 "Health care service" means any health-related service,
25 including, but not limited to, diagnosis, testing, or treatment of
26 physical or mental human disease or dysfunction; consultation
27 related to such diagnosis, testing, or treatment; and any other
28 service which is rendered for the purpose of determining the status
29 of, or maintaining or restoring, an individual's physical or mental
30 health, and for which a license or certification is required, as a pre-
31 condition to the rendering thereof, pursuant to Title 45 of the
32 Revised Statutes.

33 "Originating site" means the site at which a health care
34 practitioner originates and renders health care services, through the
35 use of telemedicine, to a patient who is located at a remote site.

36 "Remote site" means the distant site at which a patient receives
37 health care services that are being rendered thereto, through the use
38 of telemedicine, by a health care practitioner who is located at an
39 originating site.

40 "Telemedicine" means the same as that term is defined by
41 section 1 of P.L. , c. (C.) (pending before the Legislature
42 as this bill).

43

44 6. (New section) a. The School Employees' Health Benefits
45 Commission shall ensure that every contract purchased thereby,
46 which provides hospital and medical expense benefits, also provides
47 coverage for health care services that are delivered to a covered
48 person through the use of telemedicine, to the same extent that the

1 services would be covered if they were provided through in-person
2 means or methods. In-person contact between a health care
3 practitioner and a patient shall not be required as a condition of
4 reimbursement under such a contract for: (1) health care services
5 that are delivered through the use of telemedicine, so long as the
6 use of telemedicine in the particular case is not medically
7 contraindicated, and the services would otherwise be eligible for
8 reimbursement if delivered in person; and (2) professional fees and
9 facility fees associated with the delivery of health care services
10 through the use of telemedicine, so long as the fees would otherwise
11 be eligible for reimbursement in the case of in-person service
12 delivery. A contract purchased by the School Employees' Health
13 Benefits Commission shall provide for the reimbursement of health
14 care services delivered through the use of telemedicine at a rate that
15 is equal to the reimbursement rate provided for in-person services.

16 b. Unless expressly required by federal or State law, a health
17 benefits contract purchased by the School Employees' Health
18 Benefits Commission shall not establish any siting or location
19 restrictions on a patient or health care practitioner as a condition of
20 reimbursement thereunder, and shall authorize reimbursement for
21 health care services that are delivered through telemedicine, as
22 required by this section, even if the patient is located in his or her
23 own home or in another non-medical facility at the time of the
24 patient's receipt of such services.

25 c. A contract purchased by the School Employees' Health
26 Benefits Commission may:

27 (1) provide for a deductible, co-payment, or coinsurance for a
28 health care service delivered through telemedicine, so long as it
29 does not exceed the deductible, co-payment, or coinsurance
30 applicable to such service when delivered in person;

31 (2) limit coverage to services that are delivered by health care
32 providers in the health benefits plan's network; and

33 (3) require originating site health care providers to document the
34 reasons the services are being delivered through the use of
35 telemedicine rather than in person.

36 d. Nothing in this section shall be construed to:

37 (1) prohibit the School Employees' Health Benefits Commission
38 from purchasing a contract that provides coverage for only those
39 health care services that are medically necessary, subject to the
40 terms and conditions of the covered person's health benefits plan;

41 or

42 (2) require the contract purchased by the School Employees'
43 Health Benefits Commission to provide for the reimbursement of a
44 remote site health care provider if the remote site health care
45 provider has insufficient information to render an opinion.

46 e. As used in this section:

47 "Health care practitioner" means an individual who provides a
48 health care service to a patient in the State, and includes, but is not

1 limited to, a physician, nurse practitioner, psychologist,
2 psychiatrist, psychoanalyst, licensed clinical social worker,
3 physician assistant, or any other health care professional acting
4 within the scope of a valid license or certification issued pursuant to
5 Title 45 of the Revised Statutes.

6 "Health care provider" means and includes a health care
7 practitioner, and a hospital or other health care facility licensed
8 pursuant to Title 26 of the Revised Statutes.

9 "Health care service" means any health-related service,
10 including, but not limited to, diagnosis, testing, or treatment of
11 physical or mental human disease or dysfunction; consultation
12 related to such diagnosis, testing, or treatment; and any other
13 service which is rendered for the purpose of determining the status
14 of, or maintaining or restoring, an individual's physical or mental
15 health, and for which a license or certification is required, as a pre-
16 condition to the rendering thereof, pursuant to Title 45 of the
17 Revised Statutes.

18 "Originating site" means the site at which a health care
19 practitioner originates and renders health care services, through the
20 use of telemedicine, to a patient who is located at a remote site.

21 "Remote site" means the distant site at which a patient receives
22 health care services that are being rendered thereto, through the use
23 of telemedicine, by a health care practitioner who is located at an
24 originating site.

25 "Telemedicine" means the same as that term is defined by
26 section 1 of P.L. , c. (C.) (pending before the Legislature
27 as this bill).

28

29 7. Section 5 of P.L.1987, c.116 (C.30:4-27.5) is amended to
30 read as follows:

31 5. a. The commissioner shall adopt rules and regulations ,
32 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
33 (C.52:14B-1 et seq.) , regarding a screening service and its staff
34 **[that]** , as may be necessary to effectuate the following purposes
35 and procedures:

36 **[a. A]** (1) Except when mental health screening services are
37 provided remotely, through the use of telemedicine, a screening
38 service shall serve as the facility in the public mental health care
39 treatment system wherein a person believed to be in need of
40 involuntary commitment to outpatient treatment, a short-term care
41 facility, a psychiatric facility , or a special psychiatric hospital
42 **[undergoes]** will undergo an assessment to determine what mental
43 health services are appropriate for the person and where those
44 services may be most appropriately provided in the least restrictive
45 environment.

46 The screening service may provide emergency and consensual
47 treatment to the person receiving the assessment , and may transport

1 the person or detain the person up to 24 hours for the purposes of
2 providing the treatment and conducting the assessment.

3 **【b.】** (2) When a person is assessed by a mental health
4 screener , either directly, through traditional in-person means or
5 methods, or remotely, through the use of telemedicine, and the
6 mental health screener determines that the person's involuntary
7 commitment to treatment seems necessary, the screener shall
8 provide, on a screening document prescribed by the division,
9 information regarding the person's history and available alternative
10 facilities and services that are deemed inappropriate for the person.
11 When appropriate and available, and as permitted by law, the
12 screener shall make reasonable efforts to gather information from
13 the person's family or significant others for the purposes of
14 preparing the screening document. If a psychiatrist, in
15 consideration of this document and in conjunction with the
16 psychiatrist's own complete assessment, concludes that the person is
17 in need of commitment to treatment, the psychiatrist shall complete
18 the screening certificate. The screening certificate shall be
19 completed by a psychiatrist except in those circumstances where the
20 division's contract with the screening service provides that another
21 physician may complete the certificate.

22 Upon completion of the screening certificate, screening service
23 staff shall determine, in consultation with the psychiatrist or another
24 physician, as appropriate, the least restrictive environment for the
25 appropriate treatment to which the person shall be assigned or
26 admitted, taking into account the person's prior history of
27 hospitalization and treatment and the person's current mental health
28 condition. Screening service staff shall designate:

29 **【(1)】** (a) inpatient treatment for the person if he is immediately
30 or imminently dangerous , or if outpatient treatment is deemed
31 inadequate to render the person unlikely to be dangerous to self,
32 others , or property within the reasonably foreseeable future; and

33 **【(2)】** (b) outpatient treatment for the person when outpatient
34 treatment is deemed sufficient to render the person unlikely to be
35 dangerous to self, others , or property within the reasonably
36 foreseeable future.

37 If the screening service staff determines that the person is in
38 need of involuntary commitment to outpatient treatment, the
39 screening service staff shall consult with an outpatient treatment
40 provider to arrange, if possible, for an appropriate interim plan of
41 outpatient treatment in accordance with section 9 of P.L.2009, c.112
42 (C.30:4-27.8a).

43 If a person has been admitted three times or has been an inpatient
44 for 60 days at a short-term care facility during the preceding 12
45 months, consideration shall be given to not placing the person in a
46 short-term care facility.

47 The person shall be admitted to the appropriate facility or
48 assigned to the appropriate outpatient treatment provider, as

1 appropriate for treatment, as soon as possible. Screening service
2 staff are authorized to coordinate the initiation of outpatient
3 treatment , or to transport **【the person】** , or arrange for
4 transportation of , the person to the appropriate facility.

5 **【c.】** (3) If the mental health screener determines that the
6 person is not in need of assignment or commitment to an outpatient
7 treatment provider, or admission or commitment to a short-term
8 care facility, psychiatric facility , or special psychiatric hospital, the
9 screener shall refer the person to an appropriate community mental
10 health or social services agency or appropriate professional or
11 inpatient care in a psychiatric unit of a general hospital.

12 **【d.】** (4) A mental health screener shall make a screening
13 outreach visit , or shall conduct a mental health screening through
14 the use of telemedicine, if the screener determines, based on
15 clinically relevant information provided by an individual with
16 personal knowledge of the person subject to screening, that the
17 person may need involuntary commitment to treatment and **【the**
18 **person】** is unwilling or unable to come to the screening service for
19 an assessment.

20 **【e.】** (5) If the mental health screener **【pursuant to this**
21 **assessment】** determines that there is reasonable cause to believe
22 that **【a】** the person is in need of involuntary commitment to
23 treatment, the screener shall so certify the need on a form prepared
24 by the division.

25 b. (1) The rules and regulations adopted pursuant to this
26 section shall authorize the initiation and completion of mental
27 health screening through the use of telemedicine, subject only to the
28 existing rules and regulations that are applicable to in-person
29 mental health screening processes. A mental health screener shall
30 not be required to obtain a separate license or authorization in order
31 to engage in telemedicine for mental health screening purposes, and
32 shall not be required to request and obtain a waiver from existing
33 rules, as provided in N.J.A.C.10:31-11.1 et seq., prior to engaging
34 in the mental health screening process by means of telemedicine.

35 c. As used in this section, "telemedicine" means the same as
36 that term is defined by section 1 of P.L. , c. (C.) (pending
37 before the Legislature as this bill).

38 (cf: P.L.2009, c.112, s.5)

39

40 8. Section 5 of P.L.1939, c.115 (C.45:9-5.1) is amended to read
41 as follows:

42 5. **【Within the meaning of this chapter (45:9-1 et seq.), except】**

43 a. Except as **【herein】** may be otherwise expressly provided by
44 law , **【and except for the purposes of the exemptions hereinafter**
45 contained in sections 45:9-14.1 to 45:9-14.10, inclusive, the phrase
46 "the practice of medicine or surgery" and the phrase "the practice of

1 medicine and surgery" shall include **】** as used in Chapter 9 of Title
2 45 of the Revised Statutes:

3 “Board” means the Board of Medical Examiners established
4 pursuant to R.S.45:9-1.

5 “Medical practice license” means a board-issued license that
6 authorizes the holder thereof to engage in the practice of medicine
7 with patients in this State, and includes a license that is issued to an
8 in-State applicant, following an examination thereof, as provided by
9 R.S.45:9-6, and a reciprocal license that is issued to an out-of-State
10 applicant, without an examination thereof, as provided by R.S.45:9-
11 13.

12 “Physician” means a person who possesses a current and valid
13 license to engage in the practice of medicine.

14 “Practice of medicine” means the practice of any branch of
15 medicine **【and/or】** or surgery, including, but not limited to, the
16 practice of osteopathy, as defined by section 17 of P.L.1939, c.115
17 (C.45:9-14.3), and **【any method of】** the diagnosis or treatment of
18 any human ailment, disease, pain, injury, deformity, or mental or
19 physical condition **【**, and the term "physician and surgeon" or
20 "physician or surgeon" shall be deemed to include practitioners in
21 any branch of medicine and/or surgery or method of treatment of
22 human ailment, disease, pain, injury, deformity, mental or physical
23 condition. Within the meaning of this act, except as herein
24 otherwise specifically provided, and except for the purposes of the
25 exemptions hereinafter contained in sections 45:9-14.1 to 45:9-
26 14.10, inclusive, the practice of medicine and/or surgery shall be
27 deemed to include, inter alia, the practice of osteopathy, and
28 nothing herein contained shall be construed to exempt the holder of
29 a license issued under or validated by the provisions contained in
30 sections 45:9-14.1 to 45:9-14.10, inclusive, from the operation of
31 the provisions contained in section 45:9-16 of this Title. A
32 professional **】** using any means or method, including, but not limited
33 to, telemedicine. “Practice of medicine” does not include the
34 practice of healing through spiritual, religious, or mental means
35 alone, such as through prayer, provided that no material medicine is
36 prescribed or used, and no physical manipulation or material means
37 are employed, for healing purposes.

38 “Professional school or **【college shall be taken to mean】**
39 college” means a medical school or college , or any other school or
40 college having purposes similar to a medical school or college **【**;
41 provided, however, that as to any applicant for a license under the
42 provisions of this chapter who, prior to October first, one thousand
43 nine hundred and thirty-five, matriculated in such a school or
44 college, a professional school or college shall, for the purposes of
45 the provisions contained in sections 45:9-6 to 45:9-11, inclusive, be
46 taken to mean a medical school or college which required the study
47 of medicine and surgery in all of its branches. In all instances,

1 unless] , which, except as otherwise provided, [such school or
2 college shall be] has been approved by the board.

3 “Telemedicine” means the same as that term is defined by
4 section 1 of P.L. , c. (C.) (pending before the Legislature
5 as this bill).

6 b. Notwithstanding any other law, rule, or regulation to the
7 contrary:

8 (1) Whenever, in any law, rule, or regulation, reference is made
9 to “a physician or surgeon,” “a physician and surgeon,” “a person
10 licensed to practice medicine or surgery,” “a person licensed to
11 practice medicine and surgery,” “a physician licensed to practice
12 medicine or surgery,” or “a physician licensed to practice medicine
13 and surgery,” the same shall be deemed to mean a “physician,” as
14 defined by subsection a. of this section.

15 (2) Whenever, in any law, rule, or regulation, reference is made
16 to the “practice of medicine or surgery” or the “practice of medicine
17 and surgery,” the same shall be deemed to mean the “practice of
18 medicine,” as defined by subsection a. of this section.

19 (3) Whenever, in any law, rule, or regulation, reference is made
20 to a “license to practice medicine or surgery” or a “license to
21 practice medicine and surgery,” the same shall be deemed to mean a
22 “medical practice license,” as defined by subsection a. of this
23 section.

24 (4) Whenever, in any law, rule, or regulation, reference is made
25 to a “permit to practice medicine or surgery” or a “permit to
26 practice medicine and surgery,” the same shall be deemed to mean a
27 permit or certificate of registration that is issued, pursuant to
28 section 12 of P.L.1989, c.300 (C.45:9-19.12), to a person who is
29 engaging in the practice of medicine while in training.

30 (cf: P.L.1953, c.233, s.2)

31

32 9. R.S.45:9-6 is amended to read as follows:

33 45:9-6. **【All persons commencing the】** a. (1) No person shall
34 engage in the unauthorized practice of medicine 【or surgery】 in this
35 State . Any person who proposes to commence the practice of
36 medicine with any patient in the State shall first apply to the board
37 for a license 【so】 to do so, in accordance with the provisions of
38 subsection b. of this section, or the provisions of R.S.45:9-13, as
39 appropriate.

40 (2) A person shall be regarded as engaging in the unauthorized
41 practice of medicine in this State if the person, despite not being
42 licensed under this section or R.S.45:9-13: (a) holds himself or
43 herself out to the public as being able to diagnose, treat, issue
44 prescriptions for, or engage in physical operations to address, any
45 human ailment, disease, pain, injury, deformity, or mental or
46 physical condition, whether through the use of traditional in-person
47 means or methods, or through telemedicine; (b) holds himself or

1 herself out to the public as being able to diagnose or treat any
 2 human ailment, disease, pain, injury, deformity, or mental or
 3 physical condition through the use of quasi-medical processes, such
 4 as faithcurism, faith healing, mind healing, laying on of hands, or
 5 similar non-traditional healing systems; or (c) actively engages in
 6 any of the activities described in subparagraphs (a) and (b) of this
 7 paragraph.

8 (3) Except as otherwise provided by section 3 of P.L.1989,
 9 c.153 (C.45:9-41.19), or by any other law, the association of a
 10 person's name with a medical abbreviation or designation, such as
 11 "doctor," "physician," "surgeon," "Dr.," "M.D.," "M.B.,"
 12 "professor of medicine," "professor of surgery," or any other title
 13 intended or designed to identify the person as a physician, shall
 14 constitute evidence of the person's engagement in the practice of
 15 medicine. [The board shall, except]

16 b. Except as [herein] otherwise provided by R.S.45:9-13, the
 17 board shall examine all [qualified] applicants for [such] a medical
 18 practice license. Every license applicant shall present to the board
 19 secretary [of the board], at least 20 days before [the
 20 commencement of] the examination at which [he desires] the
 21 applicant wishes to be examined, a written application for
 22 admission to the examination on a form provided by the board,
 23 together with satisfactory proof that [he] the applicant is more than
 24 21 years of age, is of good moral character, and is either a citizen of
 25 the United States or has declared his intention to become [such] a
 26 U.S. citizen. [He] The applicant shall also present [to] the board
 27 with a certificate [of] from the Commissioner of Education of this
 28 State showing that [, before entering a professional school or
 29 college, he had] the applicant has obtained an academic education
 30 consisting of a [4 years'] four year course of study in an approved
 31 public or private high school , or [the] an equivalent [thereof]
 32 course of study, prior to commencing training at a professional
 33 school or college, and shall additionally submit to the board, any
 34 other information and proofs required by R.S.45:9-7 and R.S.45:9-
 35 8.

36 c. Any license issued to an applicant [prior to becoming] who
 37 is not yet a citizen of the United States shall be treated as a
 38 temporary license , and shall be subject to the provisions of
 39 [Revised Statutes 45:9-14] R.S.45:9-14.

40 (cf: P.L.1968, c.16, s.1)

41

42 10. Section 1 of P.L.1971, c.236 (C.45:9-6.1) is amended to read
 43 as follows:

44 1. a. All [persons who are licensed to practice medicine and
 45 surgery] physicians engaging in the practice of medicine with
 46 patients in this State shall be required , on or before July 1

1 biennially, to register on ~~the~~ a form prescribed by the board and
2 furnished by the executive director ~~of the board~~ thereof, and to
3 pay a biennial registration fee to be determined by the board. Upon
4 receipt of a physician's biennial registration form and fee payment,
5 the board shall provide the physician with a biennial certificate of
6 registration, which confirms the physician's compliance with this
7 section.

8 b. The license of any ~~licensee~~ physician who fails to procure
9 ~~any~~ a biennial certificate of registration, pursuant to subsection a.
10 of this section, shall be automatically suspended on July 1. It shall
11 be the duty of the executive director of the board, on June 1 of each
12 year, to send a written notice to the last known address of each
13 ~~licensee~~ physician practicing in the State whose license is
14 expiring that year, regardless of whether the physician is a State
15 resident or not, [at his last address on file with the board,]
16 reminding the physician that [his] the biennial registration fee is
17 due on or before July 1, and that [his] the physician's license to
18 practice in this State will be suspended if [he does not procure
19 said] the fee is not paid and the certificate procured by July 1 of
20 that year.

21 c. Any ~~licensee~~ person whose medical practice license has
22 been suspended under this section may ~~be~~ have their license
23 reinstated by the payment of all past due annual registration fees
24 and, in addition thereto, a fee to be determined by the board to
25 cover cost of reinstatement.

26 d. Any ~~person~~ physician who ~~desires~~ intends to retire from
27 the practice of medicine ~~and surgery,~~ and refrain, during the
28 period of retirement [to refrain], from practicing under the terms
29 of ~~his~~ their medical practice license, may, upon application to the
30 executive director of the board, ~~may~~ be registered biennially as a
31 retired physician, without the payment of ~~any~~ the registration fee
32 required by subsection a. of this section [, as a retired physician].
33 The certificate of registration ~~which shall be~~ issued to a retired
34 physician shall state, among other things, that the holder has been
35 licensed to practice in New Jersey, but ~~that~~, during ~~his~~ the
36 period of retirement [he], shall not so practice. The holder of such
37 a certificate of registration ~~as a retired licensee~~ shall be entitled
38 to resume the practice of medicine at any time; provided ~~[, he]~~ that
39 the retired physician first [shall have obtained] obtains, from the
40 executive director, a biennial certificate of registration for
41 practicing physicians, as [herein before] provided in subsection a.
42 of this section. Any person who holds a certificate of registration as
43 a retired physician shall, during the period of such retirement, be
44 regarded as an unlicensed person, and any such person who
45 commences or continues the practice of medicine under the terms of

1 their medical practice license, without first having obtained a
2 biennial certificate of registration authorizing the physician to
3 resume such practice, shall be liable to the penalties prescribed by
4 R.S.45:9-22.

5 e. If an applicant for reinstatement of licensure has not engaged
6 in the practice of medicine in any jurisdiction for a period of more
7 than five years, or the board's review of the reinstatement
8 application establishes a basis for concluding that there may be
9 clinical deficiencies in need of remediation, **【before reinstatement】**
10 the board may require the applicant , prior to reinstatement, to
11 submit to, and successfully pass, an examination or **【an】** skills
12 assessment **【of skills】**. If that examination or skills assessment
13 identifies clinical deficiencies or educational needs, the board may
14 require the **【licensee】** applicant, as a condition of reinstatement of
15 licensure, to take and successfully complete any educational
16 training, or to submit to any supervision, monitoring , or limitations
17 **【, as】** that the board determines are necessary to assure that the
18 **【licensee practices】** applicant, once reinstated, will practice with
19 reasonable skill and safety.

20 f. The license to practice medicine **【and surgery of】** , which is
21 held by any person who fails to procure **【any】** a biennial certificate
22 of registration **【, or in lieu thereof a biennial certificate of**
23 registration】 **either** as a practicing physician or a retired 【licensee】
24 physician, shall , at the time and in the manner required by this act
25 **【shall】** , be automatically suspended. Any person whose license
26 **【shall have been】** is automatically suspended shall, during the
27 period of such suspension, be regarded as an unlicensed person ,
28 and **【, in case he shall continue or engage in】** any such person who
29 commences or continues the practice of medicine under the terms of
30 **【his】** their medical practice license during such period **【,】** shall be
31 liable to the penalties prescribed by R.S.45:9-22. **【Any person to**
32 whom a certificate of registration as a retired licensee shall have
33 been issued who shall continue or engage in practice under the
34 terms of his license without first having obtained a certificate of
35 registration authorizing him to resume such practice, shall be liable
36 to the penalties prescribed by R.S.45:9-22 for practicing without a
37 license. It shall be the duty of each such licensee holding】

38 g. Each physician who holds a biennial certificate of
39 registration 【to practice medicine and surgery in this State】 that has
40 been issued under this section , whether a State resident or not, **【to】**
41 shall notify the executive director of the board , in writing , of any
42 change in **【his】** the physician's office address or **【his】** employment
43 within ten days after such change **【shall have】** has taken place.

44 h. This section shall not be construed so as to render
45 inoperative the provisions of R.S.45:9-17.

46 (cf: P.L.2001, c.307, s.5)

1 11. R.S.45:9-7 is amended to read as follows:

2 45:9-7. Except as otherwise provided in this chapter **[9 of**
3 **Title 45 of the Revised Statutes]** and in addition to any other
4 requirements provided thereby , every applicant for admission to an
5 examination for a medical practice license **[to practice medicine**
6 **and surgery]** shall **[also]** present proof acceptable to the board
7 demonstrating that , in addition **[to]**, and subsequent , to **[,]**
8 obtaining the preliminary education specified in R.S.45:9-6, and
9 prior to commencing **[his]** study in a professional school or
10 college, **[he]** the applicant had completed a satisfactory course of
11 study in a college or school of arts and science accredited by an
12 agency recognized by the board, the duration of **[such]** which
13 course **[to have been]** was at least two years in length, **[during**
14 **which period he had earned no]** and resulted in the accrual of not
15 less than 60 course-hour credits, **[which credits include one three-**
16 **credit course]** including three credits each in chemistry, physics ,
17 and biology.

18 An applicant whose premedical education does not meet the
19 requirements set forth in this section may, at the discretion of the
20 board, be permitted to remediate the substantive deficiencies in a
21 manner determined by rules adopted by the board, and be deemed
22 eligible for licensure. The board may waive the educational
23 requirements of this section for any applicant who demonstrates that
24 he has attained the substantial equivalent of these requirements
25 through his post-secondary education, competency,
26 accomplishments , and achievements in the practice of medicine
27 **[and surgery]**.

28 (cf: P.L.1993, c.145, s.1)

29

30 12. R.S.45:9-8 is amended to read as follows:

31 45:9-8. a. Except as otherwise provided in **[R.S.45:9-1 et seq.]**
32 this chapter, and in addition to any other requirements provided
33 thereby, every applicant for admission to **[licensure by]** an
34 examination **[to]** for a medical practice **[medicine and surgery]**
35 license shall **[, in addition to the requirements set forth in R.S.45:9-
36 1 et seq.]**:

37 **[a.]** (1) Prove to the board that the applicant has received (a) a
38 diploma from some legally incorporated professional school or
39 college of the United States, Canada , or other foreign country,
40 which school or college, in the opinion of the board, was in good
41 standing at the time of the issuance of the diploma, or (b) a license
42 conferring the full right to practice all of the branches of medicine
43 and surgery in some foreign country; **[and]**

44 (2) **[Shall further prove]** Prove to the board that, prior to the
45 receipt of such diploma or license, as aforesaid, the applicant had
46 studied not less than **[4]** four full school years, including four

1 satisfactory courses of lectures of at least eight months each, either
2 consecutively or in four different calendar years, in some legally
3 incorporated and registered American or foreign professional school
4 or schools, college or colleges in good standing in the opinion of
5 the board, which courses shall have included a thorough and
6 satisfactory course of instruction in medicine and surgery; and

7 **【b. (1) The】** (3) (a) If the applicant **【, if he has】** graduated
8 from a professional school or college **【after July 1, 1916 and】**
9 before July 1, 2003, **【shall further】** prove to the board that, **【after**
10 **receiving such】** following graduation and receipt of a diploma or
11 license, 【he】 the applicant has completed **【an】** at least a one-year
12 internship acceptable to the board **【for at least one year】** in a
13 hospital approved **【by the board】** thereby , or in lieu thereof **【he】** ,
14 has completed one year of post-graduate work acceptable to the
15 board in a school or hospital approved by the board, unless
16 required by regulation to complete additional post-graduate work;
17 or

18 **【(2) The】** (b) If the applicant **【, if he has】** graduated from a
19 **【medical】** professional school or college after July 1, 2003, **【shall**
20 **further】** prove to the board that, **【after receiving his】** following
21 graduation and receipt of a diploma, 【he】 the applicant has
22 completed and received academic credit for at least two years of
23 post-graduate training in an accredited program and has signed a
24 contract for a third year of post-graduate training in an accredited
25 program, and moreover, that at least two years of that training are
26 in the same field or would, when considered together, be credited
27 toward the criteria for certification by a single specialty board
28 recognized by the American Board of Medical Specialties **【or】** the
29 American Osteopathic Association or another certification entity
30 **【with】** having comparable standards **【that】** , and which is
31 acceptable to the board.

32 **【c.】** b. If an applicant for licensure has not engaged in practice
33 for a period of more than five years, or the board's review of the
34 application establishes a basis for concluding that there may be
35 clinical deficiencies in need of remediation, the board may require
36 the applicant to submit to, and successfully pass, an examination or
37 an assessment of skills. If that examination or assessment identifies
38 clinical deficiencies or educational needs, the board may require an
39 applicant, as a condition of licensure, to take and successfully
40 complete any educational training, or to submit to any supervision,
41 monitoring or limitations, as the board determines are necessary to
42 assure that the applicant will practice with reasonable skill and
43 safety.

44 (cf: P.L.2001, c.307, s.6)

45

46 13. R.S.45:9-13 is amended to read as follows:

1 45:9-13. **【Any】** a. (1) Whenever an applicant for a medical
 2 practice license 【to practice medicine and surgery, upon proving】
 3 submits evidence to the board showing that 【he】 the applicant has
 4 been examined and licensed by the examining and licensing board
 5 of another 【State】 state of the United States , or by the National
 6 Board of Medical Examiners , or 【by certificates of】 has received a
 7 certificate from the National Board of Examiners for Osteopathic
 8 Physicians and Surgeons, the board shall issue a reciprocal medical
 9 practice license to the applicant, without conducting an examination
 10 as required by R.S.45:9-6, provided that the criteria identified in
 11 section 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been
 12 satisfied.

13 (2) If a person applies for reciprocal medical practice licensure,
 14 pursuant to subsection a. of this section, and the board finds that the
 15 criteria in section 3 of P.L.2013, c.182 (C.45:1-7.5) are not
 16 satisfied, the board may still elect, in 【the】 its discretion 【of the
 17 board of medical examiners of this State, be granted】 , to issue a
 18 reciprocal medical practice license 【to practice medicine and
 19 surgery】 to such applicant, without further examination 【upon
 20 payment to the treasurer of the board of a license fee of \$150.00;】
 21 thereof, provided 【,】 that such applicant 【shall furnish proof】
 22 establishes that he or she can fulfill the requirements 【demanded in
 23 the other sections】 of this article relating to applicants for
 24 【admission】 licensure by examination. 【In any such application for
 25 a license without examination, all】

26 b. For the purposes of this section, any questions 【of】 related
 27 to the academic requirements of other 【States】 states shall be
 28 determined by the Commissioner of Education of this State.

29 c. The board is authorized to impose a licensing fee of \$150 in
 30 association with the issuance of a reciprocal medical practice
 31 license under this section.

32 (cf: P.L.1973, c.166, s.3)

33

34 14. R.S.45:9-15 is amended to read as follows:

35 45:9-15. **【All examinations】** Any examination that is provided
 36 in association with the issuance or reinstatement of a medical
 37 practice license shall be written in the English language, and, except
 38 as otherwise provided in 【the exemptions contained in】 this chapter
 39 【(45:9-1, et seq.), the questions】 , shall 【be】 include such questions
 40 as can be answered in common by all schools of practice. The
 41 examinations shall 【be】 test applicants in the following subjects:
 42 Pharmacology and therapeutics; obstetrics and gynecology;
 43 diagnosis, including diseases of the skin, nose and throat; surgery,
 44 including surgical anatomy and diseases of the eye, ear and genito-
 45 urinary organs; anatomy; physiology; chemistry; histology;
 46 pathology; bacteriology; hygiene; medical jurisprudence; and such

1 other subjects as the board may decide. If any applicant has
2 completed a course of four full school years of study in , and has
3 **【been regularly】** graduated from , a school of homeopathy or
4 eclecticism, the member or members of the board of those schools,
5 respectively, shall examine such applicant in the pharmacology and
6 therapeutics of the school from which such applicant has **【been】** so
7 graduated. All examinations shall be both scientific and practical,
8 and of sufficient severity to test the candidate's fitness to engage in
9 the practice of medicine **【and surgery】**. If the applicant passes the
10 examination **【is satisfactory】**, the board shall issue or reinstate, as
11 appropriate, a medical practice license entitling the applicant to
12 engage in the practice of medicine **【and/or surgery】** with patients in
13 this State. **【Said】** The application and examination papers shall be
14 retained in the files of the board for a period of five years, and shall
15 be prima facie evidence of all matters therein contained. All
16 licenses shall be signed by the president and secretary of the board
17 and attested by the seal thereof. All licenses granted under the
18 exemptions contained in this chapter **【(45:9-1, et seq.)】** shall bear
19 indication of the **【school of】** practice area in which the licensee is
20 limited to practice, by virtue of **【said】** the license **【to practice】**.
21 (cf: P.L.1939, c.115, s.25)

22
23 15. R.S.45:9-19 is amended to read as follows:

24 45:9-19. The clerk of every court wherein **【any person licensed**
25 **to practice medicine and surgery in this state】** a physician is
26 convicted of a crime shall **【make】** submit a written report thereof
27 **【in writing】** to the board , upon blanks provided **【by the board】**
28 thereby. The report shall state the name and address of the person
29 so convicted, the date thereof, the nature of the crime of which **【he】**
30 the person was convicted , and the sentence imposed by the court.
31 (cf: R.S.45:9-19)

32
33 16. Section 12 of P.L.1989, c.300 (C.45:9-19.12) is amended to
34 read as follows:

35 12. The State Board of Medical Examiners shall, by regulation,
36 provide for the issuance of permits to, or the registration of, persons
37 engaging in either the practice of medicine **【or surgery】** or the
38 practice of podiatric medicine while in training, and shall establish
39 the scope of permissible practice by **【these】** such persons , within
40 the context of an accredited graduate medical education program
41 conducted at a hospital licensed by the Department of Health. **【A】**
42 The holder of a permit **【holder】** or certificate of registration issued
43 pursuant to this section shall be **【permitted】** authorized to engage in
44 practice outside the context of a graduate medical education
45 program , for additional remuneration , only if that practice **【is】**:

1 a. **【Approved】** is approved by the director of the graduate
2 medical education program in which the permit holder is
3 participating; and

4 b. **【With respect to any practice】** (1) when conducted at or
5 through a health care facility licensed by the Department of Health,
6 is supervised by a plenary licensee who shall either remain on the
7 premises of the health care facility or be available through
8 electronic communications; or

9 **【c. With respect to any practice】** (2) when conducted outside of
10 a health care facility licensed by the Department of Health, is
11 supervised by a plenary licensee who shall remain on the premises.
12 (cf: P.L.2012, c.17, s.409)

13

14 17. Section 16 of P.L.1989, c.300 (C.45:9-19.14) is amended to
15 read as follows:

16 16. A physician or podiatrist whose federal or State privilege to
17 purchase, dispense , or prescribe controlled substances has been
18 revoked, suspended , or otherwise limited shall not be permitted to
19 administer , dispense, or prescribe controlled substances in a health
20 care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et
21 seq.) **【or】** , a health maintenance organization operating pursuant to
22 P.L.1973, c.337 (C.26:2J-1 et seq.), or a telemedicine situation,
23 unless **【the administration】** such action has been approved by the
24 State Board of Medical Examiners. The board may condition its
25 approval on the physician's or podiatrist's participation in a licensed
26 health care practitioner treatment program recognized by the board.
27 (cf: P.L.1989, c.300, s.16)

28

29 18. Section 25 of P.L.1989, c.300 (C.45:9-19.15) is amended to
30 read as follows:

31 25. a. The State Board of Medical Examiners shall increase the
32 licensing fee of physicians and podiatrists in an amount sufficient to
33 fund the costs of establishing and operating the Medical Practitioner
34 Review Panel and the position of medical director, established
35 pursuant to P.L.1989, c.300 (C.45:9-19.4 et al.).

36 b. The board shall establish a reduced licensing fee for
37 physicians and podiatrists who are 65 years of age or older and who
38 have no affiliation status with a licensed health care facility or a
39 health maintenance organization.

40 c. The board shall charge the following licensing fees to a
41 physician whose professional practice is limited to providing patient
42 care exclusively without compensation or the expectation or
43 promise of compensation and in a facility or through a program
44 conducted under the supervision of a physician licensed by and in
45 good standing with the State: \$150 for the license application fee;
46 \$125 each for the initial and biennial registration fees, respectively;
47 and \$100 for the endorsement fee.

1 Nothing in this subsection, except for the licensing fee, shall be
2 construed to exempt any person from , or abrogate any provision
3 in , Title 45 of the Revised Statutes **[or]** , any other **[Title]** law
4 applicable to the practice of medicine **[or surgery and]** , or any
5 regulations adopted pursuant thereto , including, but not limited to,
6 requirements for licensure or coverage by medical malpractice
7 liability insurance.

8 (cf: P.L.2001, c.410, s.1)

9
10 19. Section 1 of P.L.2005, c.257 (C.45:9-19.16a) is amended to
11 read as follows:

12 1. Notwithstanding the provisions of section 8 of P.L.1978,
13 c.73 (C.45:1-21) or any other law to the contrary, in any case in
14 which **[it]** the board receives documentation demonstrating that a
15 physician's authority to engage in the practice of medicine **[and**
16 **surgery is]** has been revoked by another state or by an out-of-State
17 agency or authority, or is currently subject to a final or interim
18 order of active suspension or other bar to clinical practice , which
19 has been imposed by **[any other state, agency or authority]** such
20 State or entity, the **[State Board of Medical Examiners]** board shall
21 immediately suspend the physician's medical practice license when
22 the action of the other state, agency , or authority is grounded on
23 facts that demonstrate that the physician's continued practice would
24 endanger or pose a risk to the public health or safety pending a
25 determination of findings by the board. Otherwise, when such an
26 action of another state, or out-of-State agency or authority , is
27 grounded on facts which would provide a basis for disciplinary
28 sanction in this State **[for reasons]** , consistent with section 8 of
29 P.L.1978, c.73 (C.45:1-21) , for actions or inactions involving gross
30 or repeated negligence, fraud , or other professional misconduct
31 adversely affecting the public health, safety or welfare, the board
32 may immediately suspend the physician's license, pending a
33 determination of findings by the board. The documentation from
34 the other state, or from the out-of-state agency or authority , shall
35 be a part of the record , and shall establish conclusively the facts
36 upon which the board rests its determination in any disciplinary
37 proceeding or action undertaken pursuant to this section. The
38 **[State Board of Medical Examiners]** board shall provide written
39 notification to the physician whose license is suspended pursuant to
40 the requirements of this section **[. The board]** , and shall provide
41 the physician with an opportunity to submit relevant evidence in
42 mitigation , or, for good cause shown, an opportunity for oral
43 argument , but only as to the discipline imposed by this State.
44 **[That relevant]** Relevant evidence in mitigation **[or oral argument]**
45 may be submitted to **[or]** , and oral argument conducted before , the
46 board or a committee **[to which it is has]** that has been delegated
47 the authority to hear argument and make **[a recommendation]**

1 recommendations to the board. A final determination as to
2 discipline shall be made within 60 days **[of]** after the date **[of]**
3 mailing or personal service of the notice **[on which the written**
4 notification is mailed to or served on the physician in accordance
5 with this section.

6 (cf: P.L.2005, c.257, s.1)

7

8 20. R.S.45:9-21 is amended to read as follows:

9 45:9-21. The prohibitory provisions of Article II of this
10 chapter , which relate to medical practice licensure and the practice
11 of medicine in this State, shall not apply to the following:

12 a. A person who is commissioned **[surgeon or physician of]** by
13 the regular United States Army, Navy, or Marine hospital service to
14 engage in the practice of medicine while so commissioned , and
15 who engages in such practice while actively engaged in the
16 performance of his official duties. This exemption shall not apply
17 to reserve officers of the United States Army, Navy or Marine
18 Corps, or to any officer of the National Guard of any state or of the
19 United States;

20 b. A **[lawfully qualified]** physician **[or surgeon of]** from
21 another state [taking] who temporarily takes charge **[temporarily,**
22 on written permission of the board,] of the practice of a **[lawfully**
23 qualified] physician **[or surgeon of]** in this State during **[his]** the
24 latter physician's temporary absence from the State [, upon written
25 request to the board for permission so to do. Before such
26 permission is granted by the board and before any person may enter
27 upon such practice he must submit] ; provided that: (1) the out-of-
28 State physician receives written permission from the board to do so,
29 following submission of a written request and \$50 fee thereto; (2)
30 the out-of-State physician has submitted proof to the board showing
31 that [he] the physician can fulfill the requirements [demanded in
32 the other sections] of this article relating to applicants for
33 **[admission]** medical practice licensure by examination or
34 **[indorsement from another state. Such permission may be granted]**
35 applicants for reciprocal medical practice licensure; and (3) the
36 temporary placement will last for a total period of not less than two
37 weeks , nor more than four months **[upon payment of a fee of \$50.**
38 The board] , or, in **[its]** the discretion **[may extend such**
39 permission for further] of the board, for additional periods of two
40 weeks to four months , but **[not to exceed in the]** , in no case, for a
41 period that exceeds an aggregate of one year;

42 c. A physician **[or surgeon of]** located in another state of the
43 United States **[and]** who is duly authorized under the laws thereof
44 to engage in the practice of medicine [or surgery] therein, **[if]** so
45 long as such **[practitioner]** physician does not **[open an office or**

- 1 place for] engage in the practice of [his profession] medicine,
2 including telemedicine, with patients in this State;
- 3 d. A person [while actually] who is actively serving as a
4 member of the resident medical staff of any legally incorporated
5 charitable or municipal hospital or asylum approved by the board [. Hereafter] , except that such exemption [of any such resident
6 physician] shall not apply with respect to any [individual after he
7 shall have] person who has served as a resident physician for a total
8 period of five years;
- 9 e. The practice of dentistry by any legally qualified and
10 registered dentist;
- 11 f. The ministration to, or treatment or healing of, the sick or
12 suffering by [prayer or] spiritual , religious, or mental means alone,
13 including through the use of prayer, whether gratuitously or for
14 compensation, [and without] , provided that such ministration,
15 treatment, or healing does not involve the use of any [drug material
16 remedy] drugs or medicine, physical manipulation, or material
17 means of healing;
- 18 g. The practice of optometry by any legally qualified and
19 registered optometrist;
- 20 h. The practice of podiatric medicine by any legally licensed
21 podiatrist;
- 22 i. The practice of pharmacy by a legally licensed and
23 registered pharmacist of this State, [but] except that this
24 [exception] exemption shall not be extended to give [to said] a
25 licensed pharmacist the right and authority to carry on the business
26 of a dispensary, unless the dispensary [shall be] is in charge of a
27 [legally licensed and registered] physician [and surgeon] of this
28 State;
- 29 j. [A person claiming the right to practice medicine and
30 surgery in this State who has been practicing therein since before
31 July 4, 1890, if said right or title was obtained upon a duly
32 registered diploma, of which the holder and applicant was the
33 lawful possessor, issued by a legally chartered medical institution
34 which, in the opinion of the board, was in good standing at the time
35 the diploma was issued;] (deleted by amendment, P.L. _____,
36 c. (pending before the Legislature as this bill).
- 37 k. A professional nurse, [or] a registered physical therapist, or
38 a masseur, while operating , in each particular case , under the
39 specific direction of a [regularly licensed] physician [or surgeon.
40 This] in this State, except that this exemption shall not apply to
41 such assistants of persons who are licensed as osteopaths,
42 chiropractors, optometrists , or other practitioners holding limited
43 licenses;
- 44 l. A person [while giving] who engages in the provision of
45 aid, assistance , or relief in an emergency or accident [cases]
- 46

1 situation, either under the direction of a physician, or pending the
 2 arrival of , or transport of the patient to, a [regularly licensed]
 3 physician [, or surgeon or under the direction thereof];

4 m. The operation of a bio-analytical laboratory by a licensed
 5 bio-analytical laboratory director, or by any person working under
 6 the direct and constant supervision of a licensed bio-analytical
 7 laboratory director;

8 n. Any [employee of a State or county institution holding]
 9 person who holds the degree of M.D. or D.O., and is regularly
 10 employed , on a [salary] salaried basis , on [its] the medical staff
 11 of a State or county agency or institution, or as a member of the
 12 teaching or scientific staff of a State agency, [may apply] and who,
 13 following application to [the State Board of Medical Examiners of
 14 New Jersey] , and [may], in the discretion of [said] , the board,
 15 [be] is granted an exemption from the provisions of this chapter;
 16 provided [said employee] that such person continues to be
 17 employed as a member of the medical staff of a State agency or
 18 county institution , or as a member of the teaching or scientific staff
 19 of a State agency , and does not [conduct any type of] engage in
 20 the private [medical] practice of medicine;

21 o. The practice of chiropractic by any legally licensed
 22 chiropractor; or

23 p. The practice of a physician assistant in compliance with the
 24 provisions of P.L.1991, c.378 (C.45:9-27.10 et al.).
 25 (cf: P.L.2005, c.259, s.16)

26
 27 21. R.S.45:9-22 is amended to read as follows:

28 45:9-22. a. Any person [commencing or continuing] who
 29 commences or continues the practice of medicine [and surgery] in
 30 this State without first having obtained a medical practice license,
 31 as provided in [this chapter or any supplement thereto] R.S.45:9-6
 32 or R.S.45:9-13, or without having obtained a certificate of biennial
 33 registration, as provided in section 1 of P.L.1971, c.236 (C.45:9-
 34 6.1), or in any other manner that is contrary to [any of] the
 35 provisions of this chapter [or any supplement thereto,] ; or who
 36 [practices] commences or continues the practice of medicine [and
 37 surgery] under a false or assumed name, or [falsely impersonates]
 38 while impersonating another practitioner of a like or different name
 39 [,] ; or who buys, sells , or fraudulently obtains a medical practice
 40 license, any record or registration pertaining thereto, or a diploma
 41 [as a doctor of medicine and surgery or any branch thereof, or
 42 method of treatment of human ailment, disease, pain, injury,
 43 deformity, mental or physical condition] indicating that the person
 44 has successfully completed training at a professional school or
 45 college in the practice of medicine; [or a license to practice
 46 medicine and surgery, record or registration pertaining to the same,

1 or] ; and any person , company , or association who [shall employ
2 for a stated salary or otherwise,] employs an unlicensed person, on
3 a paid or unpaid basis, in a job that entails the practice of medicine,
4 or [aid or assist] who aids or assists any such person [not regularly
5 licensed to practice medicine and surgery in this State, to] in the
6 practice of medicine [and surgery therein] with patients in the
7 State, or who violates any of the provisions of Article II of this
8 chapter [or any supplement thereto], shall be liable to a penalty of
9 [two hundred dollars (\$200.00), for the first offense] \$200.

10 b. Every person [practicing] engaged in the practice of
11 medicine [and surgery] under a firm name , and every person
12 [practicing] engaged in the practice of medicine [and surgery or]
13 as an employee of another , shall cause [his] the person's name to
14 be conspicuously displayed and kept in a conspicuous place at the
15 entrance of the place where such practice [shall be] is conducted [,
16 and any] . Any person who [shall neglect to cause his name to be
17 displayed as herein required,] fails to comply with this requirement
18 shall be liable to a penalty of [one hundred dollars (\$100.00)]
19 \$100.

20 c. The penalties provided for by this section shall be sued for
21 and recovered in a summary manner, by and in the name of the
22 [State Board of Medical Examiners of New Jersey] board, [in a
23 summary manner,] pursuant to ["the penalty enforcement law"
24 (N.J.S.2A:58-1 et seq.)] the "Penalty Enforcement Law of 1999,"
25 P.L.1999, c.274 (C.2A:58-10 et seq.) [and the Rules Governing the
26 Courts of the State of New Jersey]. [Process] The Superior Court
27 and the municipal court shall have jurisdiction to enforce the
28 provisions of the "Penalty Enforcement Law of 1999" in connection
29 with this section, and process shall be either in the nature of a
30 summons or warrant.

31 (cf: P.L.1989, c.153, s.21)

32

33 22. Section 1 of P.L.1975, c.297 (C.45:9-22.1) is amended to
34 read as follows:

35 1. No physician and no professional service corporation
36 engaged in the practice of medicine [and surgery] in this State shall
37 charge a patient an extra fee for services rendered in completing a
38 medical claim form in connection with a health insurance policy.
39 Any person violating the provisions of this [act] section shall be
40 subject to a fine of [\$100.00] \$100 for each offense.

41 Such penalty shall be [collected and enforced by summary
42 proceedings pursuant to "the penalty enforcement law"
43 (N.J.S.2A:58-1 et seq.)] sued for and recovered in a summary
44 manner, by and in the name of the board, pursuant to the "Penalty
45 Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).

1 The Superior Court and the municipal court shall have jurisdiction
2 **【within its territory of such proceedings. Process】** to enforce the
3 provisions of the “Penalty Enforcement Law of 1999” in connection
4 with this section, and process shall be either in the nature of a
5 summons or warrant **【and shall issue in the name of the State, upon**
6 **the complaint of the State Board of Medical Examiners】**.
7 (cf: P.L.1991, c.91, s.453)

8
9 23. Section 1 of P.L.1997, c.249 (C.45:9-22.19) is amended to
10 read as follows.

11 1. a. A physician may prescribe, dispense, or administer a
12 medication or drug, including a controlled or non-controlled
13 substance, to a patient in this State, provided that:

14 (1) the physician has first engaged in a face-to-face examination
15 of the patient, either directly, through traditional in-person means or
16 methods, or remotely, through the use of telemedicine, as defined in
17 section 1 of P.L. , c. (C.) (pending before the Legislature
18 as this bill), in a manner that conforms to the accepted standards of
19 care and rules of practice; and

20 (2) the prescription, dispensation, or administration of the
21 medication or drug is done in compliance with any laws, rules, or
22 regulations, including, but not limited to, the provisions of
23 subsection b. and c. of this section, which are applicable to the
24 particular substance being prescribed, dispensed, or administered.

25 b. A physician **【licensed pursuant to chapter 9 of Title 45 of**
26 **the Revised Statutes】** may prescribe a Schedule II controlled
27 dangerous substance for **【the】** use **【of】** by a patient , in any
28 quantity which does not exceed a 30-day supply, as defined by
29 regulations adopted by the **【State Board of Medical Examiners】**
30 board, in consultation with the Department of Health and Senior
31 Services **【. The】** , provided that the physician 【shall document】
32 documents the diagnosis and the medical need for the prescription
33 in the patient's medical record, in accordance with guidelines
34 established by the **【State Board of Medical Examiners】** board.

35 **【b.】** c. A physician may issue multiple prescriptions
36 authorizing **【the】** a patient to receive a total of up to a 90-day
37 supply of a Schedule II controlled dangerous substance, provided
38 that the following conditions are met:

39 (1) each separate prescription is issued for a legitimate medical
40 purpose by the physician acting in the usual course of professional
41 practice;

42 (2) the physician provides written instructions on each
43 prescription, other than the first prescription if it is to be filled
44 immediately, indicating the earliest date on which a pharmacy may
45 fill each prescription;

1 (3) the physician determines that providing the patient with
2 multiple prescriptions in this manner does not create an undue risk
3 of diversion or abuse; and

4 (4) the physician complies with all other applicable State and
5 federal laws and regulations.

6 (cf: P.L.2009, c.165, s.1)

7
8 24. Section 3 of P.L.2003, c.96 (C.45:9-22.23) is amended to
9 read as follows:

10 3. a. The following information shall be included **【for】** in each
11 profile of a physician, podiatrist , or optometrist, as applicable:

12 (1) Name of all **【medical】** professional schools or colleges
13 attended by the physician or podiatrist, or optometry schools
14 attended by the optometrist, as the case may be, and the dates of
15 graduation;

16 (2) Graduate medical or optometry education, including all
17 internships, residencies , and fellowships;

18 (3) Year first licensed;

19 (4) Year first licensed in New Jersey;

20 (5) Location or locations of the **【physician's, podiatrist's or**
21 **optometrist's】** practitioner's office practice **【site or sites, as**
22 **applicable】** , if any, and an indication as to whether the practitioner
23 is available to provide health care services remotely, through the
24 use of telemedicine;

25 (6) A description of any criminal convictions for crimes of the
26 first, second, third , or fourth degree within the most recent 10
27 years. For the purposes of this paragraph, a person shall be deemed
28 to be convicted of a crime if the individual pleaded guilty or was
29 found or adjudged guilty by a court of competent jurisdiction. The
30 description of criminal convictions shall not include any
31 convictions that have been expunged. The following statement
32 shall be included with the information about criminal convictions:
33 "Information provided in this section may not be comprehensive.
34 Courts in New Jersey are required by law to provide information
35 about criminal convictions to the State Board of Medical Examiners
36 (or the New Jersey State Board of Optometrists).";

37 (7) A description of any final board disciplinary actions within
38 the most recent 10 years, except that any such disciplinary action
39 that is being appealed shall be identified;

40 (8) A description of any final disciplinary actions by appropriate
41 licensing boards in other states within the most recent 10 years,
42 except that any such disciplinary action that is being appealed shall
43 be identified. The following statement shall be included with the
44 information about disciplinary actions in other states: "Information
45 provided in this section may not be comprehensive. The State
46 Board of Medical Examiners (or the New Jersey State Board of
47 Optometrists) receives information about disciplinary actions in

1 other states from physicians (or optometrists) themselves and
2 outside sources.";

3 (9) In the case of physicians and podiatrists, a description of the
4 circumstances surrounding: (a) any revocation or involuntary
5 restriction of the practitioner's privileges at a health care facility by
6 the governing body or another official thereof, which has been
7 imposed, in accordance with rules of procedural due process, for
8 reasons related to the practitioner's competence **[or]** , misconduct ,
9 or impairment **[taken by a health care facility's governing body or**
10 **any other official of the health care facility after procedural due**
11 **process has been afforded]**; (b) the practitioner's resignation from ,
12 or nonrenewal of medical staff membership at **[the] , a** health care
13 facility for reasons related to the practitioner's competence **[or]** ,
14 misconduct , or impairment; or (c) the restriction of the
15 practitioner's privileges at a health care facility **[taken]** in lieu of ,
16 or **[in] as** settlement **[of] for,** a pending disciplinary case related to
17 the practitioner's competence **[or]** , misconduct , or impairment.
18 Only those cases that have occurred within the most recent 10 years
19 and that were reported by the health care facility pursuant to section
20 2 of P.L.2005, c.83 (C.26:2H-12.2b) shall be included in the profile;
21 and

22 (10) All medical malpractice court judgments and all medical
23 malpractice arbitration awards reported to the applicable board, in
24 which a payment has been awarded to the complaining party during
25 the most recent five years, and all settlements of medical
26 malpractice claims reported to the board, in which a payment is
27 made to the complaining party within the most recent five years, as
28 follows:

29 (a) Pending medical malpractice claims shall not be included in
30 the profile , and information on pending medical malpractice claims
31 shall not be disclosed to the public;

32 (b) A medical malpractice judgment that is being appealed shall
33 be so identified;

34 (c) The context in which the payment of a medical malpractice
35 claim occurs shall be identified by categorizing the number of
36 judgments, arbitration awards , and settlements against the
37 **[physician, podiatrist or optometrist] practitioner** into three
38 graduated categories: average, above average , and below average
39 **[number of judgments, arbitration awards and settlements]**. These
40 groupings shall be arrived at by **[comparing] determining** the
41 number of **[an individual physician's, podiatrist's or optometrist's]**
42 medical malpractice judgments, arbitration awards , and settlements
43 **[to] associated with the particular practitioner, and comparing**
44 these values with the experience of other **[physicians, podiatrists ,**
45 **or optometrists] practitioners** within the same **[speciality]**
46 specialty. In addition to any information provided by a physician,

1 podiatrist , or optometrist, an insurer or insurance association
2 authorized to issue medical malpractice liability insurance in the
3 State shall, at the request of the division, provide data and
4 information necessary to effectuate this subparagraph; and

5 (d) The following statement shall be included with the
6 information concerning medical malpractice judgments, arbitration
7 awards , and settlements: "Settlement of a claim and, in particular,
8 the dollar amount of the settlement may occur for a variety of
9 reasons, which do not necessarily reflect negatively on the
10 professional competence or conduct of the physician (or podiatrist
11 or optometrist). A payment in settlement of a medical malpractice
12 action or claim should not be construed as creating a presumption
13 that medical malpractice has occurred."

14 b. If requested by a physician, podiatrist , or optometrist, the
15 following information shall be included in **【a physician's,**
16 **podiatrist's or optometrist's】** the practitioner's profile:

17 (1) Names of the hospitals where the **【physician, podiatrist or**
18 **optometrist】** practitioner has practice privileges;

19 (2) Appointments of the physician or podiatrist to **【medical】**
20 professional school or college faculties, or of the optometrist to
21 optometry school faculties, within the most recent 10 years;

22 (3) Information regarding any board certification granted by a
23 specialty board or other certifying entity recognized by the
24 American Board of Medical Specialties, the American Osteopathic
25 Association or the American Board of Podiatric Medicine, or by
26 any other national professional organization that has been
27 demonstrated to have comparable standards;

28 (4) Information regarding any translating services that may be
29 available at the **【physician's, podiatrist's or optometrist's】**
30 practitioner's office practice **【site or sites, as applicable, or】**
31 locations, any translating services that may be available to a patient
32 who is receiving health care services remotely, through the use of
33 telemedicine, and any languages , other than English , that are
34 spoken by the **【physician, podiatrist or optometrist】** practitioner;

35 (5) Information regarding whether the **【physician, podiatrist or**
36 **optometrist】** practitioner participates in the Medicaid program or
37 accepts **【assignment】** assignments under the Medicare program;

38 (6) Information regarding the medical insurance plans in which
39 the **【physician, podiatrist or optometrist】** practitioner is a
40 participating provider;

41 (7) Information concerning the hours during which the
42 **【physician, podiatrist or optometrist conducts his】** practitioner
43 engages in traditional in-person practice , and the hours during
44 which the practitioner is available to engage in remote practice,
45 through the use of telemedicine; and

1 (8) Information concerning the accessibility of the practitioner's
2 office practice **【site or sites】** locations **【, as applicable,】** to persons
3 with disabilities.

4 The following disclaimer shall be included with the information
5 supplied by the **【physician, podiatrist or optometrist】** practitioner
6 pursuant to this subsection: "This information has been provided by
7 the physician (or podiatrist or optometrist) but has not been
8 independently verified by the State Board of Medical Examiners (or
9 the New Jersey State Board of Optometrists) or the Division of
10 Consumer Affairs."

11 If the **【physician, podiatrist or optometrist】** practitioner includes
12 information regarding medical insurance plans in which the
13 practitioner is a participating provider, the following disclaimer
14 shall be included with that information: "This information may be
15 subject to change. Contact your health benefits plan to verify if the
16 physician (or podiatrist or optometrist) currently participates in the
17 plan."

18 c. Before a profile is made available to the public, each
19 **【physician, podiatrist or optometrist】** practitioner shall be provided
20 with a copy of **【his】** their respective profile. The **【physician,**
21 **podiatrist or optometrist】** practitioner shall be given 30 calendar
22 days to correct a factual inaccuracy that may appear in the profile
23 and **【so】** advise the Division of Consumer Affairs ₂ or its
24 designated agent ₂ thereof; however, upon receipt of a written
25 request that the division or its designated agent deems reasonable,
26 the **【physician, podiatrist or optometrist】** practitioner may be
27 granted an extension of up to 15 calendar days to correct a factual
28 inaccuracy and **【so】** advise the division or its designated agent.

29 d. If new information or a change in existing information is
30 received by the division concerning a **【physician, podiatrist or**
31 **optometrist】** practitioner, the **【physician, podiatrist or optometrist】**
32 practitioner shall be provided with a copy of the proposed profile
33 revision ₂ and shall be given 30 calendar days to correct a factual
34 inaccuracy and **【to】** return the corrected information to the division
35 or its designated agent.

36 e. The profile and any revisions thereto shall not be made
37 available to the public until after the review period provided for in
38 this section has lapsed.

39 (cf: P.L.2005, c.83, s.18)

40

41 25. Section 1 of P.L.1975, c.240 (C.45:9-27.5) is amended to
42 read as follows:

43 1. As used in **【this act】** P.L.1975, c.240 (C.45:9-27.5 et seq.):

44 a. **【"Physician or surgeon"】** "Physician" means a person
45 **【licensed or permitted】** who possesses a current and valid license or

1 permit, which authorizes the person to engage in the practice of
2 medicine [or surgery] with patients in this State.

3 b. "Contingent fee arrangement" means an agreement for
4 medical services of one or more physicians [or surgeons],
5 including any associated or forwarding medical practitioners, under
6 which compensation in whole or in part is contingent upon the
7 successful accomplishment or disposition of the legal claim to
8 which such medical services are related.

9 (cf: P.L.1975, c.240, s.1)

10

11 26. Section 2 of P.L.1975, c.240 (C.45:9-27.6) is amended to
12 read as follows:

13 2. Any physician [or surgeon] who renders treatment which
14 [he] the physician knows or reasonably should know is or will be
15 related to, or is or will be the basis of, a legal claim for workmen's
16 compensation or damages in negligence shall provide [his] the
17 patient with a true, accurate and itemized copy of the bill for
18 treatment rendered. Such physician [or surgeon should] shall
19 certify and attest by his signature on all originals and copies of such
20 bills to the actuality and accuracy of the examinations and
21 treatments rendered and the amounts charged for them.

22 (cf: P.L.1975, c.240, s.2)

23

24 27. Section 4 of P.L.1975, c.240 (C.45:9-27.8)

25 4. In any matter where medical services rendered to a client
26 form any part of the basis of a legal claim for damages or
27 workmen's compensation, a physician [or surgeon] shall not
28 contract for, charge, or collect a contingent fee.

29 (cf: P.L.1975, c.240, s.4)

30

31 28. Section 4 of P.L.1991, c.378 (C.45:9-27.13) is amended to
32 read as follows:

33 4. a. The board shall issue a license as a physician assistant to
34 an applicant who has fulfilled the following requirements:

- 35 (1) Is at least 18 years of age;
36 (2) Is of good moral character;
37 (3) Has successfully completed an approved program; and
38 (4) Has passed the national certifying examination administered
39 by the National Commission on Certification of Physician
40 Assistants, or its successor.

41 b. In addition to the requirements of subsection a. of this
42 section, an applicant for renewal of a license as a physician
43 assistant shall:

- 44 (1) Execute and submit a sworn statement made on a form
45 provided by the board that neither the license for which renewal is
46 sought nor any similar license or other authority issued by another
47 jurisdiction has been revoked, suspended or not renewed; and

1 (2) Present satisfactory evidence that any continuing education
2 requirements have been completed as required by this act.

3 c. **【The】** Whenever an applicant for a license under this section
4 submits evidence to the board showing that the applicant has been
5 examined and licensed as a physician assistant by the examining
6 and licensing board of another state of the United States, the board
7 shall issue a reciprocal practice license to the applicant based on
8 such evidence, and in lieu of the examination required by paragraph
9 (4) of subsection a. of this section, provided that the criteria
10 identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed
11 to have been satisfied. If the board determines that the criteria in
12 section 3 of P.L.2013, c.182 (C.45:1-7.5) are not satisfied, the board,
13 in consultation with the committee, may **【accept】** still elect, in its
14 discretion, to issue a reciprocal license to the applicant, in lieu of
15 the examination required by paragraph (4) of subsection a. of this
16 section, provided that the applicant submits proof showing that
17 **【an】** the applicant **【for licensure】** holds a current license in **【a】**
18 another state which has standards substantially equivalent to those
19 of this State.

20 d. The board shall issue a temporary license to an applicant
21 who meets the requirements of paragraphs (1), (2) and (3) of
22 subsection a. of this section and who is either waiting to take the
23 first scheduled examination following completion of an approved
24 program ₂ or is awaiting the results of the examination. The
25 temporary license shall expire upon the applicant's receipt of
26 notification of failure to pass the examination.

27 (cf: P.L.1993, c.337, s.1)

28

29 29. Section 6 of P.L.1991, c.378 (C.45:9-27.15) is amended to
30 read as follows:

31 6. a. A physician assistant may practice in all medical care
32 settings, including, but not limited to, a physician's office, a health
33 care facility, an institution, a veterans' home ₂ or a private home, or
34 may practice through the use of telemedicine, as defined by section
35 1 of P.L. ₂, c. (C. ₂) (pending before the Legislature as this
36 bill), provided that:

37 (1) the physician assistant is under the direct supervision of a
38 physician **【pursuant to】** , as provided by section 9 of **【this act】**
39 P.L.1991, c.378 (C.45:9-27.18) ;

40 (2) the practice of the physician assistant is limited to those
41 procedures authorized under section 7 of **【this act】** P.L.1991, c.378
42 (C.45:9-27.16) ;

43 (3) an appropriate notice of employment has been filed with the
44 board pursuant to subsection b. of section 5 of **【this act】** P.L.1991,
45 c.378 (C.45:9-27.14) ;

1 (4) the supervising physician or physician assistant advises the
2 patient at the time that services are rendered that they are to be
3 performed by the physician assistant;

4 (5) the physician assistant conspicuously wears an identification
5 tag using the term "physician assistant" whenever acting in that
6 capacity; and

7 (6) any entry by a physician assistant in a clinical record is
8 appropriately signed and followed by the designation, "PA-C."

9 b. Any physician assistant who practices in violation of any of
10 the conditions specified in subsection a. of this section shall be
11 deemed to have engaged in professional misconduct in violation of
12 subsection f. of section 8 of P.L.1978, c.73 (C.45:1-21).

13 (cf: P.L.1992, c.102, s.4)

14

15 30. Section 1 of P.L.1947, c.262 (C.45:11-23) is amended to
16 read as follows:

17 1. a. As used in **[this act]** P.L.1947, c.262 (C.45:11-23 et
18 seq.):

19 **[a. The words "the board" mean]** "Advanced practice nurse"
20 means a person who holds a certification in accordance with section
21 8 or 9 of P.L.1991, c.377 (C.45:11-47 or C.45:11-48).

22 "Board" means the New Jersey Board of Nursing created by
23 **[this act]** section 2 of P.L.1947, c.262 (C.45:11-24).

24 **[b. The practice of nursing as a registered professional nurse is**
25 **defined as diagnosing and treating human]**

26 "Collaborating physician" means a person who is licensed to
27 practice medicine, pursuant to chapter 9 of Title 45 of the Revised
28 Statutes, and who agrees to work with an advanced practice nurse.

29 "Homemaker-home health aide" means a person employed with
30 a home care services agency who performs nursing regimens or
31 tasks that have been delegated thereto, pursuant to the authority of a
32 registered professional nurse.

33 "Home care services agency" means and includes any agency,
34 facility, or other entity that is engaged in the business of procuring
35 or offering to procure employment for homemaker-home health
36 aides in exchange for a direct or indirect fee, and includes home
37 health agencies, assisted living residences, comprehensive personal
38 care homes, assisted living programs, or alternate family care
39 sponsor agencies licensed by the Department of Health pursuant to
40 P.L.1971, c.136 (C.26:2H-1 et al.); and health care service firms or
41 nonprofit homemaker-home health aide agencies regulated by the
42 Division of Consumer Affairs and the Attorney General, pursuant to
43 the respective provisions of P.L.1989, c.331 (C.34:8-43 et seq.),
44 P.L.2002, c.126 (C.34:8-45.1 et seq.), and P.L.1960, c.39 (C.56:8-1
45 et seq.).

1 “Licensed practical nurse” means a person who is licensed,
2 pursuant to R.S.45:11-27, to engage in the practice of practical
3 nursing.

4 “Practical nursing” means nursing practice that involves the
5 performance of tasks and responsibilities within the framework of
6 casefinding, the reinforcement of the patient and family teaching
7 program through health teaching and health counseling, and the
8 provision of supportive and restorative care, all under the direction
9 of a registered professional nurse or a licensed or otherwise legally
10 authorized physician or dentist.

11 “Professional nursing” means nursing practice that involves the
12 identification of, and discrimination between, physical and
13 psychosocial patient responses , including the signs, symptoms, and
14 processes that denote a patient’s health need or reaction to actual or
15 potential physical [and] or emotional health problems, and the
16 selection and implementation of therapeutic measures essential to
17 the effective management of such patient responses, through [such
18 services as] the use of casefinding, health teaching, health
19 counseling, [and provision of] supportive or restorative patient care
20 [supportive to or restorative of life and well-being], and
21 [executing] the execution of medical regimens as prescribed by a
22 licensed or otherwise legally authorized physician or dentist , using
23 any authorized means or methods, including telemedicine, as
24 defined by section 1 of P.L. , c. (C.) (pending before the
25 Legislature as this bill). [Diagnosing in the context of nursing
26 practice means the identification of and discrimination between
27 physical and psychosocial signs and symptoms essential to effective
28 execution and management of the nursing regimen within the scope
29 of practice of the registered professional nurse. Such diagnostic
30 privilege is distinct from a medical diagnosis. Treating means
31 selection and performance of those therapeutic measures essential
32 to the effective management and execution of the nursing regimen.
33 Human responses means those signs, symptoms, and processes
34 which denote the individual's health need or reaction to an actual or
35 potential health problem. The practice of nursing as a licensed
36 practical nurse is defined as performing tasks and responsibilities
37 within the framework of casefinding; reinforcing the patient and
38 family teaching program through health teaching, health counseling
39 and provision of supportive and restorative care, under the direction
40 of a registered nurse or licensed or otherwise legally authorized
41 physician or dentist. The]

42 “Registered professional nurse” means a person who is licensed,
43 pursuant to R.S.45:11-26, to engage in the practice of professional
44 nursing.

45 b. As used in P.L.1947, c.262 (C.45:11-23 et seq.), the terms
46 "nursing," "professional nursing," and "practical nursing" [as used
47 in this act] shall not be construed to include :

1 (1) nursing performed, in the prescribed course of study or
2 training, by students who are enrolled in a school of nursing
3 accredited or approved by the board **【performed in the prescribed**
4 **course of study and training, nor】** ;

5 (2) nursing performed by a graduate of a school identified in
6 paragraph (1) of this subsection, in **【hospitals, institutions and**
7 **agencies】** a hospital, institution, or agency approved by the board
8 for this purpose **【by graduates of such schools pending】** , during the
9 period of time that the graduate is awaiting the results of the first
10 licensing examination scheduled by the board following the
11 graduate's completion of a course of study **【and training】** and the
12 attaining of the age qualification for examination, or **【thereafter】** ,
13 with the approval of the board **【in the case of each individual**
14 **pending】** , during such extended period of time that the graduate is
15 awaiting the results of any subsequent examinations; **【nor shall any**
16 **of said terms be construed to include】**

17 (3) nursing performed by a nurse who is qualified under the laws
18 of another state or country, for a period not exceeding 12 months
19 **【unless】** or, if approved by the board **【shall approve】** , for a longer
20 period of time , in **【hospitals, institutions or agencies by a nurse**
21 **legally qualified under the laws of another state or country】** a
22 hospital, institution, or agency in this State, pending the nurse's
23 receipt of results of an application for licensing under **【this act】**
24 P.L.1947, c.262 (C.45:11-23 et seq.), **【if】** provided that such nurse
25 does not represent or hold himself or herself out to the public as a
26 nurse who is licensed to practice **【under this act】** in this State; **【nor**
27 **shall any of said terms be construed to include the practice of】**

28 (4) nursing **【in this State】** performed by any legally qualified
29 nurse of another state whose engagement made outside of this State
30 requires such nurse to accompany and care for the patient while in
31 this State during the period of such engagement, not to exceed six
32 months in this State, **【if】** provided that such nurse does not
33 represent or hold himself or herself out to the public as a nurse who
34 is licensed to practice in this State; **【nor shall any of said terms be**
35 **construed to include】**

36 (5) nursing performed by employees or officers of the United
37 States Government or any agency or service thereof while in the
38 discharge of **【his or her】** their official duties; **【nor shall any of said**
39 **terms be construed to include】**

40 (6) services performed by nurses aides, attendants, orderlies and
41 ward helpers in hospitals, institutions , and agencies , or by
42 technicians, physiotherapists, or medical secretaries**【,** and such
43 duties performed by said persons aforementioned shall not be
44 subject to rules or regulations which the board may prescribe

1 concerning nursing; nor shall any of said terms be construed to
2 include】 ;

3 (7) first aid nursing assistance, or gratuitous care provided by
4 friends or members of the family of a sick or infirm person 【, or】 ;

5 (8) incidental care of the sick by a person employed primarily as
6 a domestic or housekeeper, notwithstanding that the occasion for
7 such employment may be sickness, 【if】 provided that such
8 incidental care does not constitute professional nursing and 【such】
9 the person engaging in such care does not claim or purport to be a
10 licensed nurse; 【nor shall any of said terms be construed to
11 include】 and

12 (9) services rendered in accordance with the practice of the
13 religious tenets of any well-recognized church or denomination
14 which subscribes to the art of healing by prayer. A person who is
15 otherwise qualified shall not be denied licensure as a professional
16 nurse or practical nurse by reason of the circumstances that such
17 person is in religious life and has taken a vow of poverty.

18 【c. "Homemaker-home health aide" means a person who is
19 employed by a home care services agency and who is performing
20 delegated nursing regimens or nursing tasks delegated through the
21 authority of a duly licensed registered professional nurse. "Home
22 care services agency" means home health agencies, assisted living
23 residences, comprehensive personal care homes, assisted living
24 programs or alternate family care sponsor agencies licensed by the
25 Department of Health and Senior Services pursuant to P.L.1971,
26 c.136 (C.26:2H-1 et al.), nonprofit homemaker-home health aide
27 agencies, and health care service firms regulated by the Director of
28 the Division of Consumer Affairs in the Department of Law and
29 Public Safety and the Attorney General pursuant to P.L.1989, c.331
30 (C.34:8-43 et seq.) and P.L.1960, c.39 (C.56:8-1 et seq.)
31 respectively, which are engaged in the business of procuring or
32 offering to procure employment for homemaker-home health aides,
33 where a fee may be exacted, charged or received directly or
34 indirectly for procuring or offering to procure that employment.

35 d. "Advanced practice nurse" means a person who holds a
36 certification in accordance with section 8 or 9 of P.L.1991, c.377
37 (C.45:11-47 or 45:11-48).

38 e. "Collaborating physician" means a person licensed to
39 practice medicine and surgery pursuant to chapter 9 of Title 45 of
40 the Revised Statutes who agrees to work with an advanced practice
41 nurse.】

42 c. Nothing in 【this act】 P.L.1947, c.262 (C.45:11-23 et seq.)
43 shall 【confer the authority to】 be deemed to provide a person who
44 is licensed to practice nursing with the authority to practice
45 【another】 any other health profession 【as currently defined in】 ,
46 unless the person first obtains the appropriate license therefor.

1 pursuant to Title 45 of the Revised Statutes.

2 (cf: P.L.2004, c.122, s.1)

3

4 31. Section 4 of P.L.1947, c.262 (C.45:11-26) is amended to
5 read as follows:

6 4. a. Qualifications of applicants. An applicant for a license
7 to practice professional nursing shall submit evidence to the board
8 **【evidence】** , in such form as the board may prescribe , showing that
9 **【said】** the applicant: (1) has attained **【his or her eighteenth**
10 **birthday】** the age of 18; (2) is of good moral character, is not a
11 habitual user of drugs , and has never been convicted or has not
12 pleaded nolo contendere, non vult contendere or non vult to an
13 indictment, information or complaint alleging a violation of any
14 Federal or State law relating to narcotic drugs; (3) holds a diploma
15 from an accredited 4-year high school or the equivalent thereof as
16 determined by the New Jersey State Department of Education; and
17 (4) has completed a course of professional nursing study in an
18 accredited school of professional nursing , as defined by the board ,
19 and holds a diploma therefrom.

20 Notwithstanding anything herein contained, any person who
21 possesses the educational and school of professional nursing
22 qualifications for registration required by the law of this State at the
23 time of his or her graduation from an accredited school of
24 professional nursing shall be deemed to possess the qualifications
25 identified in paragraphs (3) and (4) **【prescribed hereinabove in】** of
26 this subsection.

27 Notwithstanding anything herein contained, any person who
28 **【shall have】** possesses the qualifications identified in paragraphs
29 (1) and (2) of this subsection, and **【shall have】** who has graduated
30 from a school of professional nursing, which need not be an
31 accredited school, shall be deemed to have qualifications identified
32 in paragraphs (3) and (4) of this subsection, but only upon
33 complying with such reasonable requirements as to high school and
34 school of nursing studies and training as the board may prescribe;
35 and provided **【, however】** further, that such person **【shall make】**
36 submits an application , in the form and manner prescribed by the
37 board , within **【1】** one year from the effective date of **【this act】**
38 P.L.1947, c. 262 (C.45:11-23 et seq.), **【and shall】** satisfactorily
39 **【complete such】** complies with the reasonable requirements
40 established by the board, and successfully **【pass】** passes the
41 examinations required thereby, within two years after the filing of
42 the application, which examinations shall be limited to the subject
43 matters in the curriculum required by the board at the time of the
44 applicant's graduation, as provided for in subsection b. **【hereof,**
45 within 2 years after the date of the filing of such application】 of this
46 section.

47 b. License.

1 (1) By examination. The applicant shall be required to pass a
2 written examination in such subjects as the board may determine,
3 which examination may be supplemented by an oral or practical
4 examination, or both. Upon successfully passing such examinations
5 the applicant shall be licensed by the board to practice professional
6 nursing.

7 (2) By indorsement without examination. **【The】** Whenever an
8 applicant submits evidence to the board showing that the applicant
9 has been examined and licensed as a registered or professional
10 nurse by the examining and licensing board of another state of the
11 United States, the board shall issue a reciprocal practice license to
12 the applicant, by indorsement, and without conducting a written
13 examination thereof, provided that the criteria identified in section
14 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been satisfied.
15 If the board determines that these statutory criteria are not satisfied,
16 the board may still elect, in its discretion, to issue a reciprocal
17 professional nursing license **【to practice professional nursing】** ,
18 without examination , to an applicant who has been duly licensed or
19 registered as a registered or professional nurse , by examination or
20 by original waiver , under the laws of another State, territory , or
21 possession of the United States, or the District of Columbia, or any
22 foreign country, if , in the opinion of the board , the applicant has
23 the qualifications required by **【this act】** P.L.1947, c.262 (C.45:11-
24 23 et seq.) for the licensing of professional nurses, or possesses
25 equivalent qualifications.

26 c. Fees. An applicant for a license by examination shall pay to
27 the board , at the time of application , a fee of **【\$25.00】** \$25, and ,
28 at the time of each application for re-examination , a fee of
29 **【\$20.00】** \$20. An applicant for a reciprocal license without
30 examination shall pay to the board , at the time of application , a fee
31 of **【\$15.00】** \$15.

32 d. Nurses registered under a previous law. Any person who
33 **【on】** , as of the effective date of **【this act】** P.L.1947, c.262
34 (C.45:11-23 et seq.), holds a subsisting certificate of registration as
35 a registered nurse , which was issued pursuant to the provisions of
36 the act repealed by **【section 22 of this act】** P.L.1947, c.262
37 (C.45:11-23 et seq.), shall be deemed to be licensed as a
38 professional nurse under **【this act】** P.L.1947, c.262 (C.45:11-23 et
39 seq.) during the calendar year in which **【this act shall take】**
40 P.L.1947, c.262 (C.45:11-23 et seq.) takes effect, and such person
41 and any person who heretofore held a certificate of registration
42 under **【said act hereby】** such repealed **【as aforesaid】** act shall be
43 entitled to a renewal of such license as **【in the case of】** provided for
44 professional nurses who are licensed **【originally under this act】**
45 pursuant to P.L.1947, c.262 (C.45:11-23 et seq.).

46 e. Title and abbreviations used by licensee. Any person who
47 holds a license to practice professional nursing , which has been

1 issued under this **act** section, shall , during the effective period of
2 such license , be entitled to use the title "Registered Nurse" and the
3 abbreviation "R.N." The effective period of a license , or a renewal
4 thereof , shall commence on the date of issuance and shall terminate
5 at the end of the calendar year in which it is issued, and shall not
6 include any period of suspension ordered by the board as
7 hereinafter provided.

8 (cf: P.L.1966, c.186, s.2)

9

10 32. Section 5 of P.L.1947, c.262 (C.45:11-27) is amended to
11 read as follows:

12 5. a. Qualifications of applicants. An applicant for a license
13 to practice practical nursing shall submit evidence to the board
14 **evidence** , in such form as the board may prescribe , showing that
15 the applicant : (1) has attained **his or her eighteenth birthday** the
16 age of 18; (2) is of good moral character, is not an habitual user of
17 drugs , and has never been convicted or has not pleaded nolo
18 contendere, non vult contendere or non vult to an indictment,
19 information , or complaint alleging a violation of any Federal or
20 State law relating to narcotic drugs; (3) has completed **2** two
21 years of high school or the equivalent thereof, as determined by the
22 New Jersey State Department of Education; (4) has completed a
23 course of study in a school of practical nursing approved by the
24 board , and holds a diploma either therefrom, or **holds a diploma**
25 from a school of practical nursing operated by a board of education
26 in this State ; and 5 is certified by the Department of Education as
27 having completed the number of hours of instruction in the subjects
28 **in the** and curriculum prescribed by the board **and an approved**
29 course of affiliation] , or has equivalent qualifications as
30 determined by the board.

31 b. License.

32 (1) By examination. The applicant shall be required to pass a
33 written examination in such subjects as the board may determine,
34 which examination may be supplemented by an oral or practical
35 examination, or both. Upon successfully passing such examinations,
36 the applicant shall be licensed by the board to practice practical
37 nursing.

38 (2) By indorsement without examination. **The** Whenever an
39 applicant submits evidence to the board showing that the applicant
40 has been examined and licensed as a practical nurse, or as a person
41 entitled to perform similar services under a different title, by the
42 examining and licensing board of another state of the United States,
43 the board shall issue a reciprocal practice license to the applicant,
44 by indorsement, and without conducting an examination thereof,
45 provided that the criteria identified in section 3 of P.L.2013, c.182
46 (C.45:1-7.5) are deemed to have been satisfied. If the board
47 determines that these statutory criteria are not satisfied, the board

1 **【shall】** may still elect, in its discretion, to issue a reciprocal
2 practical nursing license **【to practice practical nursing】** , without
3 examination , to any applicant who has been duly licensed as a
4 practical nurse or as a person who is entitled to perform similar
5 services under a different title , either by **【practical nurse】**
6 examination or by original waiver , under the laws of another State,
7 territory , or possession of the United States, or the District of
8 Columbia, if , in the opinion of the board , the applicant has the
9 qualifications required by **【this act】** P.L.1947, c.262 (C.45:11-23 et
10 seq.) for the licensing of practical nurses , or possesses equivalent
11 qualifications.

12 (3) Waiver. If application therefor is made, upon a form
13 prescribed by the board, on or before September 1, 1958, the board
14 shall issue , without examination , a license to practice practical
15 nursing to an applicant who submits evidence to the board
16 **【evidence】** , in such form as the board may prescribe , showing that
17 the applicant has the qualifications identified in paragraphs (1) and
18 (2) **【provided in】** of subsection **【"a"】** a. of this section , and had ,
19 within **【5】** five years prior to application , at least **【2】** two years of
20 satisfactory experience in practical nursing, at least **【1】** one year of
21 which shall have been performed in this State , except in cases of
22 **【such】** nursing performed in an agency or service of the Federal
23 Government; provided, however, that except in cases of such
24 nursing performed in an agency or service of the Federal
25 Government, such applicant is indorsed under oath by **【2】** two
26 physicians who are duly licensed to practice medicine **【and**
27 **】** surgery **【in New Jersey , and who have personal knowledge of the**
28 applicant's qualifications and satisfactory performance of practical
29 nursing , and by **【2】** two persons who have employed the applicant.

30 c. Fees. An applicant for license by examination shall pay to
31 the board , at the time of application , a fee of **【\$20.00】** \$20, and at
32 the time of each application for re-examination , a fee of **【\$10.00】**
33 \$10. **【At the time of application an】** An applicant for a reciprocal
34 license , without examination , or for a license by waiver, shall pay
35 to the board , at the time of application, a fee of **【\$10.00**, and an
36 applicant for license by waiver shall pay to the board a fee of
37 **【\$10.00】** \$10.

38 d. Title used by licensee. Any person who holds a license to
39 practice practical nursing , which has been issued under this **【act】**
40 section, shall , during the effective period of such license , be
41 entitled to practice practical nursing and to use the title "Licensed
42 Practical Nurse" and the abbreviation "L.P.N." The effective period
43 of a license or a renewal thereof shall commence on the date of
44 issuance , and shall terminate at the end of the calendar year in
45 which it is issued, and shall not include any period of suspension

1 ordered by the board as hereinafter provided.

2 (cf: P.L.1966, c.186, s.3)

3

4 33. Section 8 of P.L.1991, c.377 (C.45:11-47) is amended to
5 read as follows:

6 8. a. The New Jersey Board of Nursing may issue a
7 certification as an advanced practice nurse to an applicant who
8 fulfills the following requirements:

9 (1) Is at least 18 years of age;

10 (2) Is of good moral character;

11 (3) Is a registered professional nurse;

12 (4) Has successfully completed an educational program,
13 including pharmacology, approved by the board; and

14 (5) Has passed a written examination approved by the board.

15 b. In addition to the requirements of subsection a. of this
16 section, an applicant for renewal of a certification as an advanced
17 practice nurse shall present satisfactory evidence that, in the period
18 since the certification was issued or last renewed, all continuing
19 education requirements have been completed as required by
20 regulations adopted by the board.

21 c. 【The】 Notwithstanding the provisions of paragraph (5) of
22 subsection a. of this section to the contrary, whenever an applicant
23 submits evidence to the board showing that the applicant has been
24 examined and licensed or certified as an advanced practice nurse, or
25 as a person entitled to perform similar services under a different
26 title, by the examining and licensing or certification board of
27 another state of the United States, the board shall certify the
28 applicant as an advanced practice nurse, by indorsement, and
29 without conducting an examination thereof, provided that the
30 criteria identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are
31 deemed to have been satisfied. If the board determines that these
32 statutory criteria are not satisfied, the board may 【accept, in lieu of
33 the】 still elect, in its discretion, to certify the applicant as an
34 advanced practice nurse, by indorsement, and without requiring the
35 applicant to undergo the written examination required by paragraph
36 (5) of subsection a. of this section, provided that the applicant
37 submits proof showing that 【an】 the applicant 【for certification】
38 holds a current license or certification as an advanced practice
39 nurse, or as a person entitled to perform similar services under a
40 different title, in a state which has standards substantially
41 equivalent to those of this State.

42 (cf: P.L.1999, c.85, s.6)

43

44 34. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to
45 read as follows:

46 10. a. In addition to all other tasks which a registered
47 professional nurse may, by law, perform, an advanced practice
48 nurse may manage preventive care services, and diagnose and

1 manage deviations from wellness and long-term illnesses, consistent
2 with the needs of the patient and within the scope of practice of the
3 advanced practice nurse, by:

- 4 (1) initiating laboratory and other diagnostic tests;
5 (2) prescribing or ordering medications and devices, as
6 authorized by subsections b. and c. of this section; and
7 (3) prescribing or ordering treatments, including referrals to
8 other licensed health care professionals, and performing specific
9 procedures in accordance with the provisions of this subsection.

10 b. An advanced practice nurse may order medications and
11 devices in the inpatient setting, subject to the following conditions:

12 (1) the collaborating physician and advanced practice nurse
13 shall address in the joint protocols whether prior consultation with
14 the collaborating physician is required to initiate an order for a
15 controlled dangerous substance;

16 (2) the order is written in accordance with standing orders or
17 joint protocols developed in agreement between a collaborating
18 physician and the advanced practice nurse, or pursuant to the
19 specific direction of a physician;

20 (3) the advanced practice nurse authorizes the order by signing
21 **【his】** the nurse's own name, printing the nurse's name and
22 certification number, and printing the collaborating physician's
23 name;

24 (4) the physician is present or readily available through
25 electronic communications;

26 (5) the charts and records of the patients treated by the advanced
27 practice nurse are reviewed by the collaborating physician and the
28 advanced practice nurse within the period of time specified by rule
29 adopted by the Commissioner of Health and Senior Services
30 pursuant to section 13 of P.L.1991, c.377 (C.45:11-52);

31 (6) the joint protocols developed by the collaborating physician
32 and the advanced practice nurse are reviewed, updated and signed at
33 least annually by both parties; and

34 (7) the advanced practice nurse has completed six contact hours
35 of continuing professional education in pharmacology related to
36 controlled substances, including pharmacologic therapy and
37 addiction prevention and management, in accordance with
38 regulations adopted by the New Jersey Board of Nursing. The six
39 contact hours shall be in addition to New Jersey Board of Nursing
40 pharmacology education requirements for advanced practice nurses
41 related to initial certification and recertification of an advanced
42 practice nurse as set forth in N.J.A.C.13:37-7.2 and 13:37-7.5.

43 c. An advanced practice nurse may prescribe medications and
44 devices in **【all】** any other medically appropriate **【settings】** setting,
45 or while engaging in telemedicine, as defined by section 1 of
46 P.L. , c. (C.) (pending before the Legislature as this bill),
47 subject to the following conditions:

- 1 (1) the collaborating physician and advanced practice nurse
2 shall address in the joint protocols whether prior consultation with
3 the collaborating physician is required to initiate a prescription for a
4 controlled dangerous substance;
- 5 (2) the prescription is written in accordance with standing orders
6 or joint protocols developed in agreement between a collaborating
7 physician and the advanced practice nurse, or pursuant to the
8 specific direction of a physician;
- 9 (3) the advanced practice nurse writes the prescription on a New
10 Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40
11 et seq.), signs **【his】** the nurse's name to the prescription and prints
12 **【his】** the nurse's name and certification number;
- 13 (4) the prescription is dated and includes the name of the patient
14 and the name, address , and telephone number of the collaborating
15 physician;
- 16 (5) the physician is present or readily available through
17 electronic communications;
- 18 (6) the charts and records of the patients treated by the advanced
19 practice nurse are periodically reviewed by the collaborating
20 physician and the advanced practice nurse;
- 21 (7) the joint protocols developed by the collaborating physician
22 and the advanced practice nurse are reviewed, updated and signed at
23 least annually by both parties; and
- 24 (8) the advanced practice nurse has completed six contact hours
25 of continuing professional education in pharmacology related to
26 controlled substances, including pharmacologic therapy and
27 addiction prevention and management, in accordance with
28 regulations adopted by the New Jersey Board of Nursing. The six
29 contact hours shall be in addition to New Jersey Board of Nursing
30 pharmacology education requirements for advanced practice nurses
31 related to initial certification and recertification of an advanced
32 practice nurse as set forth in N.J.A.C.13:37-7.2 and 13:37-7.5.
- 33 d. The joint protocols employed pursuant to subsections b. and
34 c. of this section shall conform with standards adopted by the
35 Director of the Division of Consumer Affairs pursuant to section 12
36 of P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999, c.85
37 (C.45:11-49.2), as applicable.
- 38 e. (Deleted by amendment, P.L.2004, c.122.)
39 (cf: P.L.2004, c.122, s.2)
40
- 41 35. Section 2 of P.L.1966, c.282 (C.45:14B-2) is amended to
42 read as follows:
- 43 2. As used in **【this act】** P.L.1966, c.282 (C.45:14B-1 et seq.),
44 **【unless the context clearly requires】** and except as otherwise **【and**
45 **except as in this act expressly otherwise】** provided therein:

1 **[(a)]** “Board” means the State Board of Psychological
 2 Examiners established pursuant to section 9 of P.L.1966, c.282
 3 (C.45:14B-9).

4 "Licensed practicing psychologist" means an individual to whom
 5 a license has been issued pursuant to the provisions of **[this act]**
 6 P.L.1966, c.282 (C.45:14B-1 et seq.), which license is in force and
 7 not suspended or revoked as of the particular time in question.

8 **[(b)]** The "practice" **[(b)]** “Practice of psychology” means the
 9 rendering of professional psychological services for a fee, monetary
 10 or otherwise, to an individual or group of individuals **[, singly or in**
 11 groups], whether in the general public or in public or private
 12 organizations, by any authorized means or method, including
 13 telemedicine, as defined by section 1 of P.L. , c. (C.)
 14 (pending before the Legislature as this bill) **[either public or**
 15 private, for a fee, monetary or otherwise].

16 "Professional psychological services" means the application of
 17 psychological principles and procedures in the assessment,
 18 counseling , or psychotherapy of individuals for the purposes of
 19 promoting the optimal development of their potential or
 20 ameliorating their personality disturbances and maladjustments as
 21 manifested in personal and interpersonal situations. **[Within the**
 22 meaning of this act, professional psychological services]
 23 “Professional psychological services” does not include the
 24 application for a fee, monetary or otherwise, of psychological
 25 principles and procedures for purposes other than those described in
 26 this section.

27 **[(c)]** "Board" means the State Board of Psychological Examiners
 28 acting as such under the provisions of this act.

29 **[(d)]** "Recognized educational institution" means any educational
 30 institution **[which]** that is a **[2-year]** two-year junior college or
 31 **[one which]** that grants the Bachelor's, Master's, **[and]** or Doctor's
 32 degrees**[, or any one or more thereof]**, and which is recognized by
 33 the New Jersey State Board of Education or by any accrediting
 34 body acceptable to the State Board of Psychological Examiners.
 35 (cf: P.L.1966, c.282, s.2)

36
 37 36. Section 14 of P.L.1966, c.282 (C.45:14B-14) is amended to
 38 read as follows:

39 14. Each person desiring to obtain a license as a practicing
 40 psychologist shall make application therefor to the board upon such
 41 form , and in such manner , as the board shall prescribe , and shall
 42 furnish evidence satisfactory to the board showing that **[he]** the
 43 applicant:

44 **[(a)]** a. Is at least 21 years of age;

45 **[(b)]** b. Is of good moral character;

1 **[(c)] c.** Is not engaged in any practice or conduct which would
2 be a ground for refusing to issue, suspending ₂ or revoking a license
3 issued pursuant to **[this act]** P.L.1966, c. 282 (C.45:14B-1 et seq.);
4 and

5 **[(d)] d.** Qualifies for reciprocal licensing **[**by an examination of
6 credentials or**]** ₂, as provided by section 20 of P.L.1966, c.282
7 (C.45:14B-20), or for admission to an assembled licensure
8 examination ₂ to be conducted by the board pursuant to section 18
9 of P.L.1966, c.282 (C.45:14B-18).

10 (cf: P.L.1966, c.282, s.14)

11
12 37. Section 20 of P.L.1966, c.282 (C.45:14B-20) is amended to
13 read as follows:

14 20. **[The]** a. Whenever an applicant for a license under
15 P.L.1966, c.282 (C.45:14B-1 et seq.) submits evidence to the board
16 showing that the applicant has been examined and licensed by the
17 examining and licensing board of another state of the United States,
18 the board shall issue a reciprocal practice license to the applicant,
19 without conducting a written examination thereof, provided that the
20 criteria identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are
21 deemed to have been satisfied. If the board determines that these
22 statutory criteria are not satisfied, the board may still elect, in its
23 discretion, to issue a reciprocal practice license **[**by an examination
24 of credentials**]** ₂, without prior examination, to any applicant who
25 presents evidence that **[he]** the applicant: (a) is licensed or
26 certified as a psychologist in another State **[with]** ₂, which has
27 licensure or certification requirements **[**for said license or
28 certificate**]** that are substantially similar to this State, such that the
29 board is of the opinion that **[said]** the applicant is competent to
30 engage in the practice of psychology in this State ₂ or (b) holds a
31 diploma from a nationally recognized psychological board or
32 agency.

33 (cf: P.L.1966, c.282, s.20)

34
35 38. Section 3 of P.L.2000, c.57 (C.45:14BB-3) is amended to
36 read as follows:

37 3. As used in **[this act]** P.L.2000, c.57 (C.45:14BB-1 et seq.):

38 "Advisory committee" means the Certified Psychoanalysts
39 Advisory Committee established pursuant to section 4 of **[this act]**
40 P.L.2000, c.57 (C.45:14BB-4).

41 "Director" means the Director of the Division of Consumer
42 Affairs in the Department of Law and Public Safety ₂ or his
43 designee.

44 "National psychoanalytic association" means a national
45 professional organization of psychoanalysts that conducts on-site
46 visits of psychoanalytic institutes applying for association
47 membership.

1 "Psychoanalytic services" means therapeutic services **[that]** ,
2 which are based on an understanding of the unconscious and how
3 unconscious processes affect the human mind as a whole, including
4 actions, thoughts, perceptions , and emotions , and which are
5 delivered to a patient by a State certified psychoanalyst through any
6 appropriate means or method, including, but not limited to,
7 telemedicine.

8 "State certified psychoanalyst" means an individual who has met
9 the eligibility requirements contained in section 6 of **[this act]**
10 P.L.2000, c.57 (C.45:14BB-1 et seq.) and holds a current, valid
11 certificate of State certification.
12 (cf: P.L.2000, c.57, s.3)

13

14 39. Section 10 of P.L.2000, c.57 (C.45:14BB-10) is amended to
15 read as follows:

16 10. a. Notwithstanding the provisions of section 6 of P.L.2000,
17 c.57 (C.45:14BB-6) to the contrary, whenever an applicant for
18 certification under P.L.2000, c.57 (C.45:14BB-1 et seq.) submits
19 evidence to the director showing that the applicant has been
20 examined and licensed or certified as a psychoanalyst by the
21 examining and licensing board of another state of the United States,
22 the director shall certify the applicant as a State certified
23 psychoanalyst, by indorsement, and without conducting an
24 examination thereof, provided that the criteria identified in section
25 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been satisfied.
26 If the director determines that these statutory criteria are not
27 satisfied, the director may still elect, in his or her discretion, to
28 certify the applicant as a State certified psychoanalyst, by
29 endorsement, and without requiring the applicant to undergo the
30 examination required by subsection e. of section 6 of P.L.2000, c.57
31 (C.45:14BB-6), provided that the conditions described in section b.
32 of this section are satisfied.

33 b. The director may waive the education, experience , and
34 examination requirements for State certification **[pursuant to this**
35 **act]** that are provided by P.L.2000, c.57 (C.45:14BB-1 et seq.), and
36 may issue a State certification , by endorsement , to any applicant
37 who holds a current license, registration , or certificate to practice
38 psychoanalysis issued by the agency of another state or country
39 which, in the opinion of the director, has requirements for licensure,
40 registration , or certification that are equivalent to , or higher than
41 **[those required to be certified pursuant to this act]** the requirements
42 provided by P.L.2000, c.57 (C.45:14BB-1 et seq.).
43 (cf: P.L.2000, c.57, s.10)

44

45 40. Section 3 of P.L.1991, c.134 (C.45:15BB-3) is amended to
46 read as follows:

47 3. As used in **[this act]** P.L.1991, c.134 (C.45:15BB-1 et seq.):

1 "Board" means the State Board of Social Work Examiners,
2 established in section 10 of **[this act]** P.L.1991, c.134 (C.45:15BB-
3 10).

4 "Certified social worker" means a person who holds a current,
5 valid certificate issued pursuant to subsection c. of section 6 or
6 subsection c. of section 8 of **[this act]** P.L.1991, c.134 (C.45:15BB-
7 6 or C.45:15BB-8).

8 "Clinical social work" means the professional application of
9 social work methods and values in the assessment and
10 psychotherapeutic counseling of individuals, families, or groups **[.**
11 **Clinical social work services shall include]** using any authorized
12 means or method, including telemedicine, as defined by section 1 of
13 P.L. , c. (C.) (pending before the Legislature as this bill).
14 The practice of clinical social work includes, but shall not be
15 limited to: assessment; psychotherapy; client-centered advocacy;
16 and consultation.

17 "Director" means the Director of the Division of Consumer
18 Affairs.

19 "Licensed clinical social worker" means a person who holds a
20 current, valid license issued pursuant to subsection a. of section 6 or
21 subsection a. or d. of section 8 of **[this act]** P.L.1991, c.134
22 (C.45:15BB-6 or C.45:15BB-8).

23 "Licensed social worker" means a person who holds a current,
24 valid license issued pursuant to subsection b. of section 6 or
25 subsection b. of section 8 of **[this act]** P.L.1991, c.134
26 (C.45:15BB-6 or C.45:15BB-8).

27 "Psychotherapeutic counseling" means the ongoing interaction
28 between a social worker and an individual, family , or group for the
29 purpose of helping to resolve symptoms of mental disorder,
30 psychosocial stress, relationship problems , or difficulties in coping
31 with the social environment, through the practice of psychotherapy.

32 "Social work" means the activity directed at enhancing,
33 protecting , or restoring a person's capacity for social functioning,
34 whether impaired by physical, environmental, or emotional factors.
35 The practice of social work shall include, but shall not be limited to:
36 policy and administration; clinical social work; social work
37 counseling; planning and community organization; social work
38 education; and research.

39 "Social work counseling" means the professional application of
40 social work methods and values in advising and providing guidance
41 to individuals, families , or groups for the purpose of enhancing,
42 protecting , or restoring the capacity for coping with the social
43 environment, exclusive of the practice of psychotherapy.

44 "Supervision" means the direct review of a supervisee for the
45 purpose of teaching, training, administration, accountability , or
46 clinical review by a supervisor in the same area of specialized

1 practice.

2 (cf: P.L.1995, c.66, s.1)

3

4 41. Section 7 of P.L.1991, c.134 (C.45:15BB-7) is amended to
5 read as follows:

6 7. **【An】** a. Notwithstanding the provisions of section 6 of
7 P.L.1991, c.134 (C.45:15BB-6) to the contrary, whenever an
8 applicant for licensure under P.L.1991, c.134 (C.45:15BB-1 et seq.)
9 submits evidence to the board showing that the applicant has been
10 examined and licensed by the examining and licensing board of
11 another state of the United States, the board shall issue a reciprocal
12 practice license to the applicant, without conducting a written
13 examination thereof, provided that the criteria identified in section
14 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been satisfied.
15 If the board determines that these statutory criteria are not satisfied,
16 the board may **【be exempted】** still elect, in its discretion, to issue a
17 reciprocal practice license to the applicant, and thereby exempt the
18 applicant from the **【requirement of】** provisions of P.L.1991, c.134
19 (C.45:15BB-1 et seq.) requiring the taking and passing of any
20 licensure examination **【provided for in this act if】** , provided that
21 the applicant **【satisfies the board that the applicant】** is licensed or
22 registered under the laws of a state, territory , or jurisdiction of the
23 United States, which , in the opinion of the board , imposes
24 substantially the same educational and experiential requirements as
25 this **【act】** State, and the applicant, pursuant to the laws of **【the】**
26 such state, territory, or jurisdiction, has taken and passed an
27 examination similar to that from which exemption is sought.

28 (cf: P.L.1991, c.134, s.7)

29

30 42. The following sections of law are repealed:

31 R.S.45:9-18; and

32 R.S.45:9-18.1.

33

34 43. This act shall take effect immediately, and sections 4, 5, and
35 6 of this act shall apply to contracts that are entered into on or after
36 the effective date hereof.

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38

39

STATEMENT

40

41 This bill would authorize health care practitioners in the State –
42 including physicians, nurse practitioners, psychologists,
43 psychiatrists, psychoanalysts, licensed clinical social workers,
44 physician assistants, and any other health care professional acting
45 within the scope of a valid license or certification issued pursuant to
46 Title 45 of the Revised Statutes – to deliver health care services,
47 and establish a practitioner/patient relationship, through the use of

1 telemedicine. This authorization would extend to mental health
2 screeners, who, as specified by the bill, would be allowed to engage
3 in mental health screening procedures through telemedicine without
4 necessitating a waiver from existing rules.

5 “Telemedicine” is defined by the bill to mean the delivery of a
6 health care service using electronic communications, information
7 technology, or other electronic or technological means to bridge the
8 gap between the health care practitioner who is located at one site,
9 and a patient who is located at a different, remote site, either with or
10 without the assistance of an intervening health care provider, and
11 which typically involves the provision of health care services
12 through the application of secure, two-way videoconferencing or
13 store-and-forward technology that is designed to replicate the
14 traditional in-person encounter and interaction between health care
15 practitioner and patient by allowing for interactive, real-time visual
16 and auditory communication, and the electronic transmission of
17 images, diagnostics, and medical records. “Telemedicine” would
18 not include the use of audio-only telephone conversation, electronic
19 mail, instant messaging, phone text, or facsimile transmission.

20 Pursuant to the bill’s provisions, the delivery of health care
21 services through the use of telemedicine would be subject to the
22 same standards of care and rules of practice as are applicable to
23 traditional in-person practice, and the use of telemedicine would not
24 reduce or eliminate any existing duty or responsibility of the health
25 care practitioner, or any assistant thereof, including any duty or
26 responsibility related to recordkeeping or the maintenance of patient
27 confidentiality. Any health care practitioner who engages in
28 telemedicine without complying with the ordinary standards of care
29 or rules of practice applicable to in-person practice would be
30 subject to discipline by the respective licensing board, as provided
31 by law.

32 The bill would authorize an out-of-State health care practitioner
33 to engage in telemedicine with patients in this State, but only
34 pursuant to a reciprocal medical practice (or other appropriate
35 practice) license. Existing law at N.J.S.A.45:1-7.5 – which was
36 enacted in 2013 and became effective on July 1, 2014 – already
37 provides that a reciprocal license must be granted to any out-of-
38 State health care practitioner, upon application therefor, if: (1) the
39 other state has substantially equivalent requirements for licensure,
40 registration, or certification; (2) the applicant has practiced in the
41 profession within the five-year period preceding application; (3) the
42 respective New Jersey State board receives documentation showing
43 that the applicant’s out-of-State license is in good standing, and that
44 the applicant has no conviction for a disqualifying offense; and (4)
45 an agent in this State is designated for service of process if the non-
46 resident applicant does not have an office in this State. Consistent
47 with the provisions of N.J.S.A.45:1-7.5, this bill would amend the
48 individual practice laws pertaining to the reciprocal licensure (or

1 licensure by indorsement) of physicians, nurse practitioners, social
2 workers, psychologists, psychoanalysts, and physician assistants –
3 which, in most cases, currently provide only for discretionary
4 reciprocal licensure – in order to clarify that a reciprocal license:
5 (1) must be granted if the conditions established by N.J.S.A.45:1-
6 7.5 are satisfied; and (2) may still be granted, in the discretion of
7 the respective licensing board, in cases where those statutory
8 conditions are not satisfied.

9 In addition to clarifying the existing State law that pertains to the
10 reciprocal licensing of health care practitioners, the bill would also
11 require the Board of Medical Examiners to evaluate the interstate
12 Telemedicine Licensure Compact that is currently being promoted
13 by the Federation of State Medical Boards, and which, if adopted,
14 would establish a universally-accepted and more simplistic system
15 of reciprocal licensing for physicians. Within 180 days after the
16 bill's effective date, the board would be required to submit to the
17 Governor and Legislature, a report of its findings on the matter, and
18 recommendations for legislation or other State action necessary to
19 implement the compact in this State.

20 In order to facilitate the use of telemedicine in this State, and
21 except when contrary to federal or State law, the bill would prohibit
22 the State Medicaid and NJ FamilyCare programs, as well as any
23 private health benefits plan – including those provided by private
24 carriers, and those contained in contracts purchased by the State
25 Health Benefits Commission and the School Employees' Health
26 Benefits Commission – from requiring in-person contact between a
27 health care practitioner and a patient, or from establishing any siting
28 or location restrictions on a health care practitioner or a patient, as a
29 condition of reimbursement under the respective program or plan.
30 The bill would further require such programs and plans to provide
31 coverage and reimbursement for: (1) health care services that are
32 delivered through telemedicine, to the same extent, and at the same
33 reimbursement rate, that such services are covered and reimbursed
34 when provided in-person (so long as the use of telemedicine is not
35 medically contraindicated), and (2) any professional or facility fees
36 that may be associated with the delivery of covered services
37 through telemedicine, so long as such fees would otherwise be
38 eligible for coverage or reimbursement in the case of in-person
39 service delivery.

40 Finally, the bill would specify that a health care practitioner may
41 engage in consultations with out-of-State peer professionals,
42 including, but not limited to, a sub-specialist, using electronic or
43 other means, without obtaining a separate license or authorization
44 therefor.

45 In addition to the substantive changes described above, the bill
46 would incorporate a number of technical and stylistic changes to the
47 existing laws that govern the practice of various types of health care
48 practitioners, as is necessary to both accomplish the bill's purposes

- 1 and enhance clarity and readability in these areas. In particular, the
2 bill would:
- 3 (1) redefine various statutory terms and revise various statutory
4 provisions that are used to delineate the scope of practice for
5 various health care practitioners, in order to expressly include
6 telemedicine as an acceptable means or method of practice and
7 service delivery;
- 8 (2) update language contained in relevant sections of Title 45 of
9 the Revised Statutes, in order to reflect the changes that have been
10 made by the bill;
- 11 (3) ensure that the laws being amended by the bill contain
12 modern language, avoid the use of archaic or redundant
13 terminology, use language consistently from section to section, and
14 conform to modern tenets of statutory drafting (including, for
15 instance, the tenet that provides for the alphabetization of
16 definitional terms);
- 17 (4) consolidate two existing sections of law (R.S.45:9-18 and
18 R.S.45:9-18.1) that are used to help define both the “practice of
19 medicine” and the unauthorized practice thereof, but which are
20 presently allocated separately from other similar provisions of law,
21 and incorporate these provisions into a more logical and cohesive
22 statutory location – in particular, into the existing statutory
23 definitions and sections of law that outline the parameters of
24 acceptable medical practice;
- 25 (5) repeal the existing sections of law being consolidated; and
- 26 (6) eliminate certain provisions of law which are applicable to a
27 class of people who are no longer practicing (specifically, persons
28 who matriculated in college prior to 1935 and persons who were
29 practicing medicine before July 4, 1890).

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR
SENATE, No. 291

STATE OF NEW JERSEY

DATED: SEPTEMBER 26, 2016

The Senate Health, Human Services and Senior Citizens Committee reports favorably a Senate Committee Substitute for Senate Bill No. 291.

The substitute bill would authorize health care providers in the State – including licensed physicians, practical nurses, registered professional nurses, advanced practice nurses, psychologists, psychiatrists, psychoanalysts, clinical social workers, physician assistants, professional counselors, respiratory therapists, speech pathologists, audiologists, optometrists, pharmacists, and any other health care professional acting within the scope of a valid license, certification, or registration issued pursuant to Title 45 of the Revised Statutes – to engage in telehealth and telemedicine. This authorization would extend to mental health screeners, who, as specified by the bill, would be allowed to engage in mental health screening procedures through telemedicine without necessitating a waiver from existing rules.

“Telemedicine” is defined by the bill to mean the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider, and in accordance with the bill’s provisions. “Telemedicine” does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

“Telehealth” is defined by the bill to mean the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

The substitute bill would provide, in particular, that a health care provider may remotely provide health care services to a patient in the State, and a proper patient-provider relationship may be established,

through the use of telemedicine. A health care provider would also be authorized to engage in telehealth activities as may be necessary to support and facilitate the provision of health care services to patients in the State.

Any health care provider engaging in telemedicine or telehealth would need to: (1) be licensed, certified, or registered to provide services to patients in New Jersey, in accordance with applicable State law; (2) comply with regulations adopted by the appropriate State licensing board or other professional regulatory entity; and (3) act in compliance with existing requirements regarding the maintenance of liability insurance.

A health care provider engaging in telemedicine would be required to use asynchronous store-and-forward technology to allow for the electronic transmission of images, diagnostics, data, and medical information. At the provider's discretion, video conferencing tools that allow for interactive, real-time communication, may also be utilized. The bill requires the delivery of health care services through telemedicine, wherever possible, to be done using a combination of audio and video technologies; however, it authorizes a health care provider to use interactive audio with asynchronous store-and-forward technology, without video capabilities, if, after accessing and reviewing the patient's medical records, the provider determines that he or she is able to meet the same standard of care as if the health care services were being provided in person.

Treatment and consultation recommendations, which are made through the use of telemedicine, are to be subject to the same standard of care or practice standards as are applicable to in-person settings. Unless a proper patient-provider relationship has been established in accordance with the bill's provisions, however, a provider would be prohibited from issuing a prescription to a patient based solely on the responses provided in an online questionnaire.

A health care provider would be authorized to prescribe controlled dangerous substances through the use of telemedicine only after conducting an initial in-person examination of the patient, as provided by N.J.A.C.13:35-7.1A. In addition, the bill requires the provider to engage in a subsequent in-person visit with the patient at least once every three months for the duration of time that the patient is being prescribed the controlled dangerous substance. However, the in-person examination or review of a patient would not be required when a health care provider is prescribing buprenorphine to a patient, or when a board certified psychiatrist or psychiatric nurse practitioner is prescribing a stimulant for use by a minor patient under the age of 18.

A health care provider who engages in telemedicine or telehealth activities would be required to maintain a complete record of the patient's care, and comply with all applicable State and federal statutes and regulations regarding recordkeeping, confidentiality, and disclosure of the patient's medical record.

The substitute would require each State licensing board or other entity that is responsible for the licensure or regulation of health care providers in the State, to adopt rules and regulations that are applicable to the health care providers under each board's respective jurisdiction, as may be necessary to facilitate the providers' engagement in telemedicine and telehealth activities. The State's licensing boards would be prohibited from establishing a more restrictive standard for the professional practice of telemedicine or telehealth than the standard that is applicable to the practitioner's ordinary scope of practice, as authorized by the provider's practice act or other specifically applicable statute.

Any health care provider who engages in telemedicine would be required to ensure that a proper provider-patient relationship is established. The bill specifies the actions that must be taken to establish such relationship, including: (1) properly identifying the patient; (2) disclosing and validating the provider's identity and credentials; (3) obtaining suitable patient consents, which may be oral, written, or digital in nature, so long as the chosen method of consent is deemed appropriate under the standard of care; (4) establishing a patient history, and a diagnosis and treatment plan, either through the in-person examination of the patient, as provided by N.J.A.C.13:35-7.1A, or through telemedicine; (5) discussing with the patient, the diagnosis and evidence therefor, as well as the risks and benefits of various treatment options; (6) ensuring the availability of coverage for appropriate follow-up care; and (7) providing the patient with access to a summary of the encounter or the patient's medical record, and, upon the patient's request and consent, timely sharing the summary of the encounter with the patient's primary health care provider or other health care provider of record.

Despite this general requirement, the bill specifies that telemedicine may be practiced without a proper patient-provider relationship, as defined above, in the following circumstances:

- during informal consultations performed by a health care provider outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
- during episodic consultations by a medical specialist located in another jurisdiction who provides consultation services, upon request, to a properly licensed or certified health care provider in this State;
- the furnishing of medical assistance by a health care provider in the case of an emergency or disaster, provided that there is no charge for the medical assistance; or
- the provision of health care services on an on-call or cross-coverage basis by a substitute health care provider acting on behalf of an absent health care provider in the same specialty, provided that the absent health care provider has designated the substitute provider as an on-call provider or cross-coverage service provider.

The substitute bill would also specify that Medicaid, NJ FamilyCare, and various insurance coverage providers (including carriers of managed care plans, the State Health Benefits Commission, and the School Employees' Health Benefits Commission) must each provide coverage and payment for services provided through telemedicine, at least at the same rate that is applicable when the services are delivered through in-person contact or consultation. Each such carrier or insurance provider would be authorized to charge a deductible, copayment, or coinsurance for a health care service delivered through telemedicine, so long as the amount charged does not exceed the charge for an in-person consultation. Where applicable, each carrier or insurance provider would be limited in their ability to impose annual or lifetime dollar maximum amounts on the coverage of services provided through telemedicine. Nothing in the substitute, however, would prohibit a carrier or other insurance provider from providing coverage only for services deemed to be medically necessary, and nothing would allow a carrier or other insurance provider to coerce a covered person to use telemedicine in lieu of receiving an in-person service.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR **SENATE, Nos. 291, 652 and 1954**

STATE OF NEW JERSEY

DATED: NOVEMBER 3, 2016

The Senate Budget and Appropriations Committee reports favorably a Senate Committee Substitute combining Senate Bill No. 291, Senate Bill No. 652, and Senate Bill No. 1954.

This Senate Committee Substitute would authorize health care providers in the State – including licensed physicians, practical nurses, registered professional nurses, advanced practice nurses, psychologists, psychiatrists, psychoanalysts, clinical social workers, physician assistants, professional counselors, respiratory therapists, speech pathologists, audiologists, optometrists, pharmacists, and any other health care professional acting within the scope of a valid license, certification, or registration issued pursuant to Title 45 of the Revised Statutes – to engage in telehealth and telemedicine. This authorization would extend to mental health screeners, who, as specified by the bill, would be allowed to engage in mental health screening procedures through telemedicine or telehealth without necessitating a waiver from existing rules.

“Telemedicine” is defined by the Senate Committee Substitute to mean the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider, and in accordance with the provisions of the substitute bill. “Telemedicine” does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

“Telehealth” is defined by the Senate Committee Substitute to mean the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

The Senate Committee Substitute would provide, in particular, that a health care provider may remotely provide health care services to a patient in the State, and a proper patient-provider relationship may be

established, through the use of telemedicine. A health care provider would also be authorized to engage in telehealth activities as may be necessary to support and facilitate the provision of health care services to patients in the State.

Any health care provider engaging in telemedicine or telehealth would need to: (1) be licensed, certified, or registered to provide services to patients in New Jersey, in accordance with applicable State law; (2) comply with regulations adopted by the appropriate State licensing board or other professional regulatory entity; and (3) act in compliance with existing requirements regarding the maintenance of liability insurance.

A health care provider engaging in telemedicine or telehealth would be authorized to use asynchronous store-and-forward technology to allow for the electronic transmission of images, diagnostics, data, and medical information. At the provider's discretion, video conferencing tools that allow for interactive, real-time communication, may also be utilized. The Senate Committee Substitute requires the delivery of health care services through telemedicine, wherever possible, to be done using a combination of audio and video technologies; however, it authorizes a health care provider to use interactive audio with asynchronous store-and-forward technology, without video capabilities, if, after accessing and reviewing the patient's medical records, the provider determines that he or she is able to meet the same standard of care as if the health care services were being provided in person. Any information transmitted through asynchronous store-and-forward technology is to be timely shared, upon the patient's request and consent, with the patient's primary care provider or other health care provider of record.

Treatment and consultation recommendations, which are made through the use of telemedicine or telehealth, are to be subject to the same standard of care or practice standards as are applicable to in-person settings. Unless a proper patient-provider relationship has been established in accordance with the substitute bill's provisions, however, a provider would be prohibited from issuing a prescription to a patient based solely on the responses provided in an online questionnaire.

A health care provider would be authorized to prescribe controlled dangerous substances through the use of telemedicine only after conducting an initial in-person examination of the patient, as provided by N.J.A.C.13:35-7.1A. In addition, the Senate Committee Substitute requires the provider to engage in a subsequent in-person visit with the patient at least once every three months for the duration of time that the patient is being prescribed the controlled dangerous substance. However, the in-person examination or review of a patient would not be required when a board certified psychiatrist or psychiatric nurse practitioner is prescribing a stimulant for use by a minor patient under the age of 18, provided that the psychiatrist or psychiatric nurse

practitioner has first obtained written consent for the waiver of these in-person examination requirements from the minor child's parent or guardian.

A health care provider who engages in telemedicine or telehealth activities would be required to maintain a complete record of the patient's care, and comply with all applicable State and federal statutes and regulations regarding recordkeeping, confidentiality, and disclosure of the patient's medical record.

The Senate Committee Substitute would require each State licensing board or other entity that is responsible for the licensure or regulation of health care providers in the State, to adopt rules and regulations that are applicable to the health care providers under each board's respective jurisdiction, as may be necessary to facilitate the providers' engagement in telemedicine and telehealth activities. The State's licensing boards would be prohibited from establishing a more restrictive standard for the professional practice of telemedicine or telehealth than the standard that is applicable to the practitioner's ordinary scope of practice, as authorized by the provider's practice act or other specifically applicable statute.

Any health care provider who engages in telemedicine would be required to ensure that a proper provider-patient relationship is established. The Senate Committee Substitute specifies the actions that must be taken to establish such relationship, including: (1) properly identifying the patient; (2) disclosing and validating the provider's identity and credentials; (3) obtaining suitable patient consents, which may be oral, written, or digital in nature, so long as the chosen method of consent is deemed appropriate under the standard of care; (4) establishing a patient history, and a diagnosis and treatment plan, either through the in-person examination of the patient, as provided by N.J.A.C.13:35-7.1A, or through telemedicine; (5) discussing with the patient, the diagnosis and evidence therefor, as well as the risks and benefits of various treatment options; (6) ensuring the availability of coverage for appropriate follow-up care; and (7) providing the patient with access to a summary of the encounter or the patient's medical record, and, upon the patient's request and consent, timely sharing the summary of the encounter with the patient's primary health care provider or other health care provider of record.

Despite this general requirement, the Senate Committee Substitute specifies that telemedicine may be practiced without a proper patient-provider relationship, as defined above, in the following circumstances:

- during informal consultations performed by a health care provider outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;

- during episodic consultations by a medical specialist located in another jurisdiction who provides consultation services, upon request, to a properly licensed or certified health care provider in this State;
- the furnishing of medical assistance by a health care provider in the case of an emergency or disaster, provided that there is no charge for the medical assistance; or
- the provision of health care services on an on-call or cross-coverage basis by a substitute health care provider acting on behalf of an absent health care provider in the same specialty, provided that the absent health care provider has designated the substitute provider as an on-call provider or cross-coverage service provider.

The Senate Committee Substitute would specify that Medicaid, NJ FamilyCare, and various insurance coverage providers (including carriers of managed care plans, the State Health Benefits Commission, and the School Employees' Health Benefits Commission) are each to provide coverage and payment for services provided through telehealth or telemedicine, at least at the same rate that is applicable when the services are delivered through in-person contact or consultation. The Senate Committee Substitute would expressly authorize reimbursement payments to be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

Each such carrier or insurance provider would be authorized to charge a deductible, copayment, or coinsurance for a health care service delivered through telemedicine, so long as the amount charged does not exceed the charge for an in-person consultation. Where applicable, each carrier or insurance provider would be limited in their ability to impose annual or lifetime dollar maximum amounts on the coverage of services provided through telemedicine. Nothing in the Senate Committee Substitute, however, would prohibit a carrier or other insurance provider from providing coverage only for services deemed to be medically necessary, and nothing would allow a carrier or other insurance provider to coerce a covered person to use telehealth or telemedicine in lieu of receiving an in-person service.

FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that the most significant provisions of the Senate Committee Substitute with respect to fiscal impacts are those requiring parity of payment rates and cost sharing for telemedicine and in-person care, which would apply to government-funded health care coverage programs, as well as private health insurance. Testimony given to the Senate Health committee from representatives of both providers and payers suggests that payment rates are, in at least some cases, lower for telemedicine services than for comparable in-person services. In the short term, the Senate Committee Substitute would require health plans operating

such arrangements to increase the telemedicine payment rate (increasing costs), or decrease the in-person reimbursement rate (decreasing costs), or both (indeterminate net impact). The OLS does not have information on whether, or to what extent, such arrangements are currently employed in State or locally funded health plans in New Jersey, but notes that telemedicine represents a very small fraction of the overall health care system, and changes in payment rates are not likely to make a dramatic, immediate change in overall spending.

The OLS notes that the Senate Committee Substitute may accelerate the pre-existing trend toward broader adoption of telemedicine and telehealth services, which may have long-term effects on the structure of the health care and health insurance markets, and in turn may affect public costs related to these sectors. For example, the availability of certain services delivered by telemedicine by distant providers could weaken the market power of a health care provider in a region in which it is the dominant or the only provider of a service, thereby allowing insurers to negotiate lower reimbursement rates, possibly lowering costs to the public and private payers for the service. Conversely, expansion of telemedicine could possibly lead to increases in service utilization, and thus costs in fee-for-service payment systems, if accessing services becomes more convenient for patients and delivering services becomes more efficient for providers. However, these changes are likely to be gradual and only marginally affected by the provisions of the Senate Committee Substitute.

LEGISLATIVE FISCAL ESTIMATE
SENATE COMMITTEE SUBSTITUTE for
SENATE Nos. 291, 652 and 1954
STATE OF NEW JERSEY
217th LEGISLATURE

DATED: DECEMBER 2, 2016

SUMMARY

- Synopsis:** Authorizes health care providers to engage in telehealth and telemedicine.
- Type of Impact:** Indeterminate net impact, General Fund; Indeterminate net impact, local units.
- Agencies Affected:** Division of Consumer Affairs in the Department of Law and Public Safety, Department of Human Services, Division of Pensions and Benefits, Department of the Treasury, certain local governmental entities.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1 to 3</u>
State Cost	Minimal, indeterminate
State Revenue	Minimal, indeterminate
Local Cost	Minimal, indeterminate

- The Office of Legislative Services (OLS) estimates that this bill may result in greater access to health care services which may result in short-term minimal increases in costs for health care from the General Fund and for local entities that provide health care services to their employees through the School Employees' Health Benefits Plan or the State Health Benefits Plan.
- Increased State costs will largely be the result of improved accessibility for Medicaid/Family Care enrollees and employees of the State who receive health care benefits through the State Health Benefits Plan. The improved accessibility may increase costs as a result of more frequent use of medical providers.
- However, the OLS also estimates that the implementation of telemedicine may result in decreased expenditures in the long term due to improved management and coordination of treatment for chronic diseases.

- The State may also experience reduced costs due to decreased transportation costs related to the Medicaid population.
- The State may also experience an increase in licensing revenue through an increased number of New Jersey licenses being granted to out-of-State physicians, nurse practitioners, psychologists, psychiatrists, psychoanalysts, licensed clinical social workers, physician assistants, and other health care professionals to deliver health care services, and establish a practitioner/patient relationship, through the use of telemedicine.

BILL DESCRIPTION

Senate Committee Substitute for Senate Bill Nos. 291, 652 and 1954 of 2016 would authorize health care providers in the State – including licensed physicians, practical nurses, registered professional nurses, advanced practice nurses, psychologists, psychiatrists, psychoanalysts, clinical social workers, physician assistants, professional counselors, respiratory therapists, speech pathologists, audiologists, optometrists, pharmacists, and any other health care professional acting within the scope of a valid license, certification, or registration issued pursuant to Title 45 of the Revised Statutes – to engage in telehealth and telemedicine. This authorization would extend to mental health screeners, who, as specified by the bill, would be allowed to engage in mental health screening procedures through telemedicine or telehealth without necessitating a waiver from existing rules.

“Telemedicine” is defined by the Senate Committee Substitute to mean the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider, and in accordance with the provisions of the substitute bill. “Telemedicine” does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

“Telehealth” is defined by the Senate Committee Substitute to mean the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

The Senate Committee Substitute would provide, in particular, that a health care provider may remotely provide health care services to a patient in the State, and a proper patient-provider relationship may be established, through the use of telemedicine. A health care provider would also be authorized to engage in telehealth activities as may be necessary to support and facilitate the provision of health care services to patients in the State.

Any health care provider engaging in telemedicine or telehealth would need to: (1) be licensed, certified, or registered to provide services to patients in New Jersey, in accordance with applicable State law; (2) comply with regulations adopted by the appropriate State licensing board or other professional regulatory entity; and (3) act in compliance with existing requirements regarding the maintenance of liability insurance.

A health care provider engaging in telemedicine or telehealth would be authorized to use asynchronous store-and-forward technology to allow for the electronic transmission of images, diagnostics, data, and medical information. At the provider’s discretion, video conferencing tools that allow for interactive, real-time communication, may also be utilized. The Senate

Committee Substitute requires the delivery of health care services through telemedicine, wherever possible, to be done using a combination of audio and video technologies; however, it authorizes a health care provider to use interactive audio with asynchronous store-and-forward technology, without video capabilities, if, after accessing and reviewing the patient's medical records, the provider determines that he or she is able to meet the same standard of care as if the health care services were being provided in person. Any information transmitted through asynchronous store-and-forward technology is to be timely shared, upon the patient's request and consent, with the patient's primary care provider or other health care provider of record.

Treatment and consultation recommendations, which are made through the use of telemedicine or telehealth, are to be subject to the same standard of care or practice standards as are applicable to in-person settings. Unless a proper patient-provider relationship has been established in accordance with the substitute bill's provisions, however, a provider would be prohibited from issuing a prescription to a patient based solely on the responses provided in an online questionnaire.

A health care provider would be authorized to prescribe controlled dangerous substances through the use of telemedicine only after conducting an initial in-person examination of the patient, as provided by N.J.A.C.13:35-7.1A. In addition, the Senate Committee Substitute requires the provider to engage in a subsequent in-person visit with the patient at least once every three months for the duration of time that the patient is being prescribed the controlled dangerous substance. However, the in-person examination or review of a patient would not be required when a board certified psychiatrist or psychiatric nurse practitioner is prescribing a stimulant for use by a minor patient under the age of 18, provided that the psychiatrist or psychiatric nurse practitioner has first obtained written consent for the waiver of these in-person examination requirements from the minor child's parent or guardian.

A health care provider who engages in telemedicine or telehealth activities would be required to maintain a complete record of the patient's care, and comply with all applicable State and federal statutes and regulations regarding recordkeeping, confidentiality, and disclosure of the patient's medical record.

The Senate Committee Substitute would require each State licensing board or other entity that is responsible for the licensure or regulation of health care providers in the State, to adopt rules and regulations that are applicable to the health care providers under each board's respective jurisdiction, as may be necessary to facilitate the providers' engagement in telemedicine and telehealth activities. The State's licensing boards would be prohibited from establishing a more restrictive standard for the professional practice of telemedicine or telehealth than the standard that is applicable to the practitioner's ordinary scope of practice, as authorized by the provider's practice act or other specifically applicable statute.

Any health care provider who engages in telemedicine would be required to ensure that a proper provider-patient relationship is established. The Senate Committee Substitute specifies the actions that must be taken to establish such relationship, including: (1) properly identifying the patient; (2) disclosing and validating the provider's identity and credentials; (3) obtaining suitable patient consents, which may be oral, written, or digital in nature, so long as the chosen method of consent is deemed appropriate under the standard of care; (4) establishing a patient history, and a diagnosis and treatment plan, either through the in-person examination of the patient, as provided by N.J.A.C.13:35-7.1A, or through telemedicine; (5) discussing with the patient, the diagnosis and evidence therefor, as well as the risks and benefits of various treatment options; (6) ensuring the availability of coverage for appropriate follow-up care; and (7) providing the patient with access to a summary of the encounter or the patient's medical record, and, upon the patient's request and consent, timely sharing the summary of the encounter with the patient's primary health care provider or other health care provider of record.

Despite this general requirement, the Senate Committee Substitute specifies that telemedicine may be practiced without a proper patient-provider relationship, as defined above, in the following circumstances:

- during informal consultations performed by a health care provider outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
- during episodic consultations by a medical specialist located in another jurisdiction who provides consultation services, upon request, to a properly licensed or certified health care provider in this State;
- the furnishing of medical assistance by a health care provider in the case of an emergency or disaster, provided that there is no charge for the medical assistance; or
- the provision of health care services on an on-call or cross-coverage basis by a substitute health care provider acting on behalf of an absent health care provider in the same specialty, provided that the absent health care provider has designated the substitute provider as an on-call provider or cross-coverage service provider.

The Senate Committee Substitute would specify that Medicaid, NJ FamilyCare, and various insurance coverage providers (including carriers of managed care plans, the State Health Benefits Commission, and the School Employees' Health Benefits Commission) are each to provide coverage and payment for services provided through telehealth or telemedicine, at least at the same rate that is applicable when the services are delivered through in-person contact or consultation. The Senate Committee Substitute would expressly authorize reimbursement payments to be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

Each such carrier or insurance provider would be authorized to charge a deductible, copayment, or coinsurance for a health care service delivered through telemedicine, so long as the amount charged does not exceed the charge for an in-person consultation. Where applicable, each carrier or insurance provider would be limited in their ability to impose annual or lifetime dollar maximum amounts on the coverage of services provided through telemedicine. Nothing in the Senate Committee Substitute, however, would prohibit a carrier or other insurance provider from providing coverage only for services deemed to be medically necessary, and nothing would allow a carrier or other insurance provider to coerce a covered person to use telehealth or telemedicine in lieu of receiving an in-person service.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that this bill may result in greater access to health care services which may result in short-term minimal increases in costs for health care from the General Fund and for local entities that provide health care services to their employees through the School Employees' Health Benefits Plan or the State Health Benefits Plan. However, telemedicine may also result in long-term cost savings due to better management of certain chronic health conditions and more

efficient use of existing health care resources. Additionally, short term savings may be found in reduced transportation costs, particularly in the Medicaid program. Current research on the fiscal impact of telemedicine is not consistent or applicable to this legislation and thus, it is not possible for the OLS to determine with any certainty the possible short-term cost increases or the long-term possible cost savings.

The bill provides that the reimbursement rate of health care services delivered through the use of telemedicine must be equal to the reimbursement rate provided for in-person services. Therefore, the cost for each service delivery should be equal notwithstanding the method of delivering those services. This provision will reduce the possible incentive of shifting to telemedicine primarily to save costs. It may also incentivize providers to provide telemedicine services as the overhead costs for telemedicine may be lower than a typical bricks-and-mortar provision of services. Over time, if adoption of telemedicine lowers providers' average costs, reimbursement rates for all services may be likewise reduced.

Current research on the long-term fiscal impact of a widespread telemedicine program as is provided pursuant to this legislation is not available. However, there are several studies that look at telemedicine and its impact as applied to certain chronic disease populations. For example, from July 2003 through December 2007, the Veterans Health Administration (VHA) implemented a health informatics, home telehealth, and disease management program to support veterans with chronic conditions, such as diabetes, hypertension, and congestive heart failure. An analysis of data from the program indicate that there was a 25 percent reduction in number of bed-days of care, a 19 percent reduction in number of hospital admissions and a mean satisfaction score rating of 86 percent after enrolment in the program. The cost for the program was substantially less than alternative forms of care for these participants, and the VHA has continued to expand the program.

It is possible that if this bill is enacted, telemedicine programs will be adopted by many of the New Jersey insurance providers, and the telemedicine programs will increase accessibility to health care services. The increased accessibility may increase costs in the short-term as more people access services. But, the increased accessibility may not necessarily result in overall increased costs in the long-term, if telemedicine permits better management of chronic diseases and early diagnosis and treatment. In certain instances, services may be performed more cost effectively than the individual visiting an emergency room or waiting for services until a condition has progressed and is more costly to treat.

The State costs will be through increased services provided through the Medicaid/Family Care program, for which the State is responsible for approximately 66 percent of the cost on average. Increased State costs may also result from telemedicine programs offered through the State-supported State Health Benefits Plan provided to State employees. The fiscal impact to the Medicaid/Family Care program expenditures and the State Health Benefits plan expenditures cannot be determined with any certainty.

Local entities may also experience a cost increase due to increased telemedicine benefits available to local employees who receive benefits through the locally supported School Employees' Health Benefits Plan or the State Health Benefits Plan. The fiscal impact to local entities cannot be determined with any certainty.

The State may also experience an increase in licensing revenue and licensing application processing costs through an increased number of New Jersey licenses being granted to out-of-State physicians, nurse practitioners, psychologists, psychiatrists, psychoanalysts, licensed clinical social workers, physician assistants, and any other health care professional acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes – to deliver health care services, and establish a practitioner/patient relationship, through the use of telemedicine. The bill clarifies already existing provisions of law which provide that certain

professionals who are licensed in other states may be granted licenses in New Jersey through reciprocal licensing agreements. As any increases in the number of licensees will rely on the type of telemedicine programs implemented and the behavior of health care professionals in seeking New Jersey licensure, it is not possible for the OLS to quantify additional revenue that may be generated.

Section: Human Services

*Analyst: Robin Ford
Lead Fiscal 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
SENATE SUBSTITUTE FOR
SENATE, No. 291
STATE OF NEW JERSEY
217th LEGISLATURE

DATED: JULY 14, 2017

SUMMARY

- Synopsis:** Authorizes health care providers to engage in telemedicine and telehealth.
- Type of Impact:** Indeterminate annual net impact on the State and local governments.
- Agencies Affected:** Certain State professional boards in the Department of Law and Public Safety, Department of Health, Department of Human Services, Department of the Treasury, Department of Banking and Insurance, certain local governmental entities.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost	Indeterminate net impact – See comments below.
State Revenue	Indeterminate increase – See comments below.
Local Cost	Indeterminate net impact – See comments below.

- The Office of Legislative Services (OLS) cannot quantify the annual fiscal impacts of the bill’s several provisions concerning the authorization and regulation of telemedicine and telehealth services in New Jersey.
- The OLS estimates that this bill may result in greater access to health care services, which may result in more frequent use of medical providers and short-term increases in costs for health care paid through the School Employees’ Health Benefits Plan, the State Health Benefits Plan, Medicaid, and NJ FamilyCare, and for local governments.
- The OLS also estimates that the implementation of telemedicine may result in decreased employee health care expenditures in the long-term due to improved management and coordination of treatment for chronic diseases.
- Annual State administrative expenditures may increase from the creation of the temporary Telemedicine and Telehealth Review Commission; the licensing and regulation of out-of-State health care providers who would become newly licensed in New Jersey to practice



telemedicine; and the promulgation, application, and enforcement of implementing rules and regulations.

- The State may also experience an indeterminate increase in annual licensing revenue through an increased number of New Jersey licenses being granted to out-of-State health care professionals who desire to deliver health care services in New Jersey via telemedicine.

BILL DESCRIPTION

This bill authorizes health care providers to remotely provide health care services to patients through the use of telemedicine, and engage in telehealth as may be necessary to support and facilitate the provision of health care services to patients.

The bill requires any health care provider who uses telemedicine or engages in telehealth to: (1) be validly licensed, certified, or registered to provide such services in New Jersey; (2) remain subject to regulation by the appropriate New Jersey State licensing board or professional regulatory entity; (3) act in compliance with existing requirements regarding the maintenance of liability insurance; and (4) remain subject to New Jersey jurisdiction if either the patient or the provider is located in New Jersey at the time services are provided. The bill also stipulates requirements concerning recordkeeping, review of medical records, standards of care, and the establishment of a provider-patient relationship.

The bill requires each telemedicine or telehealth organization operating in the State to annually register with and submit a report to the Department of Health (DOH). A telemedicine or telehealth organization that fails to register or submit the annual report will be subject to disciplinary action. The DOH will be required to compile the reported information to generate Statewide data concerning telemedicine and telehealth services provided in New Jersey. The DOH is to share the Statewide data on an annual basis with the Legislature; the Department of Human Services; the Department of Banking and Insurance; various State boards or other entities responsible for the professional licensure, certification, or registration of health care providers; and the Telemedicine and Telehealth Review Commission. The DOH will also be required to report annually to the Legislature and the Telemedicine and Telehealth Review Commission on rules and regulations adopted concerning telemedicine and telehealth.

The bill establishes, six months after the bill's effective date, the seven-member Telemedicine and Telehealth Review Commission in the DOH, which will be required to review the information reported by telemedicine and telehealth organizations and make recommendations as may be necessary and appropriate to promote and improve the quality, efficiency, and effectiveness of telemedicine and telehealth services. Members of the commission will serve without compensation but may be reimbursed for necessary travel expenses incurred in the performance of their duties within the limits of funds made available for that purpose. The commission will be required to report its findings and recommendations to the Governor, the DOH, health care professional regulatory boards, and the Legislature no later than two years after the date of the commission's first meeting. The commission will expire upon submission of its report.

The bill specifies that Medicaid, NJ FamilyCare, and certain health insurance providers, including the carriers of health benefits plans, the State Health Benefits Commission, and the School Employees' Health Benefits Commission, are each to provide coverage and payment for services provided through telemedicine and telehealth on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered in-person in New Jersey.

Lastly, the following State entities will be required to draft and adopt implementing rules and regulations: professional licensing and certification boards in the Department of Law and Public Safety in regard to health care providers; the Department of Banking and Insurance in regard to health insurance carriers; and the State Health Benefits Commission and School Employees' Health Benefits Commission in the Department of the Treasury.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that the bill's telemedicine and telehealth provisions may increase in the short-term, but decrease in the long-term, the annual expenditures of the State and local governments for employee health benefits. In addition, annual State administrative expenditures may increase from the creation of the temporary Telemedicine and Telehealth Review Commission; the licensing and regulation of out-of-State health care providers who would become newly licensed in New Jersey to practice telemedicine; and the promulgation, application, and enforcement of implementing rules and regulations. Annual revenue collections of certain State professional boards may also increase as out-of-State health care providers would become newly licensed in New Jersey to practice telemedicine. The OLS, however, lacks sufficient information to quantify the several likely fiscal impacts.

The OLS estimates that this bill may result in greater access to health care services which may result in short-term minimal increases in costs for health care from the General Fund and for local entities that provide health care benefits to their employees through the School Employees' Health Benefits Plan or the State Health Benefits Plan. However, telemedicine may also result in long-term cost savings due to better management of certain chronic health conditions and more efficient use of existing health care resources. Additionally, short-term savings may be found in reduced transportation costs, particularly in the Medicaid program. Current research on the fiscal impact of telemedicine is not consistent or applicable to this legislation and thus, it is not possible for the OLS to determine with any certainty the possible short-term cost increases or the possible long-term cost savings.

The bill provides that the reimbursement rate of health care services delivered through the use of telemedicine must be no greater than the reimbursement rate provided for in-person services. This provision allows for an incentive of shifting to telemedicine primarily to save costs. Over time, if adoption of telemedicine lowers providers' average costs, reimbursement rates for all services may be likewise reduced.

Current research on the long-term fiscal impact of a widespread telemedicine program as is provided pursuant to this legislation is not available. However, there are several studies that look at telemedicine and its impact as applied to certain chronic disease populations. For example, from July 2003 through December 2007, the Veterans Health Administration (VHA) implemented a health informatics, home telehealth, and disease management program to support veterans with chronic conditions, such as diabetes, hypertension, and congestive heart failure. An analysis of data from the program indicates that there was a 25 percent reduction in the number of bed-days of care, a 19 percent reduction in the number of hospital admissions and a

mean satisfaction score rating of 86 percent after enrolment in the program. The cost for the program was substantially less than alternative forms of care for these participants, and the VHA has continued to expand the program.

It is possible that if this bill is enacted, telemedicine programs will be adopted by many of the New Jersey insurance providers, and the telemedicine programs will increase accessibility to health care services. The increased accessibility may increase costs in the short-term as more people access services. But, the increased accessibility may not necessarily result in overall increased costs in the long-term, if telemedicine permits better management of chronic diseases and early diagnosis and treatment. In certain instances, services may be performed more cost-effectively than the individual visiting an emergency room or waiting for services until a condition has progressed and is more costly to treat.

The State costs will be through increased services provided through the Medicaid (NJ FamilyCare) program, for which the State is responsible for approximately 66 percent of the cost on average. Increased State costs may also result from telemedicine programs offered through the State-supported State Health Benefits Plan provided to State employees. The fiscal impact to the Medicaid (NJ FamilyCare) program expenditures and the State Health Benefits plan expenditures cannot be determined with any certainty.

Local entities may also experience a cost impact due to increased telemedicine benefits available to local employees who receive benefits through the locally supported School Employees' Health Benefits Plan or the State Health Benefits Plan. The fiscal impact to local entities cannot be determined with any certainty.

The State may also experience an increase in licensing revenue through an increased number of New Jersey licenses being granted to out-of-State physicians, nurse practitioners, psychologists, psychiatrists, psychoanalysts, licensed clinical social workers, physician assistants, and any other health care professional acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes – to deliver health care services, and establish a practitioner-patient relationship, through the use of telemedicine. As any increases in the number of licensees will rely on the type of telemedicine programs implemented and the behavior of health care professionals in seeking New Jersey licensure, it is not possible for the OLS to quantify additional revenue that may be generated.

In addition, the following State entities will incur increased administrative expenses related to the promulgation, application, and enforcement of implementing rules and regulations: State boards or other entities that are responsible for the licensure, certification, or registration of health care providers in the State; the Department of Banking and Insurance in regard to the regulation of health insurance carriers; and the State Health Benefits Commission and School Employees' Health Benefits Commission in the Department of the Treasury.

Lastly, the State may also incur additional minimal one-time costs related to the establishment of the seven-member Telemedicine and Telehealth Review Commission in the DOH. The seven commission members will serve without compensation and will only be reimbursed for the expenses they incur in the performance of their duties. The commission will be required to report its findings and recommendations to the Governor, the DOH, health care professional regulatory boards, and the Legislature no later than two years after the date of the commission's first meeting. The commission will expire upon submission of its report.

Section: Human Services

*Analyst: David Drescher
Senior Fiscal 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.).

ASSEMBLY, No. 1464

STATE OF NEW JERSEY 217th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2016 SESSION

Sponsored by:

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

Assemblyman CRAIG J. COUGHLIN

District 19 (Middlesex)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman JOSEPH A. LAGANA

District 38 (Bergen and Passaic)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Co-Sponsored by:

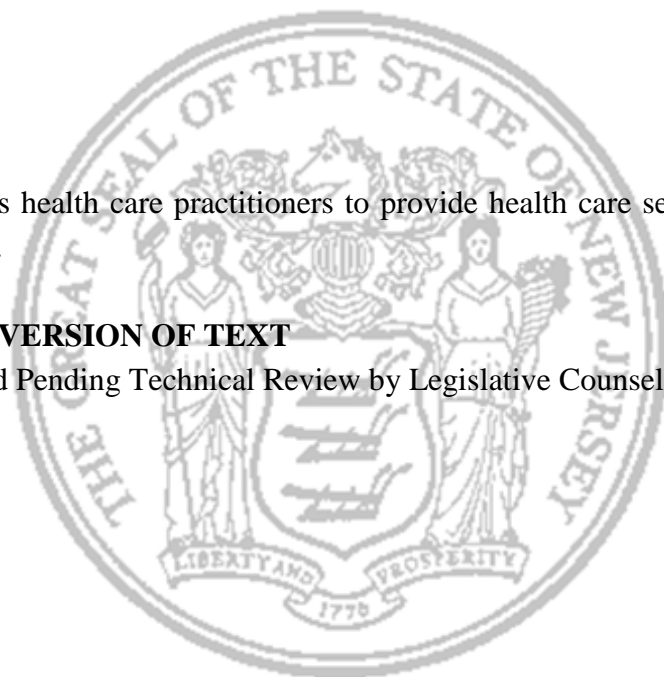
**Assemblymen Singleton, Benson, Assemblywoman N.Munoz,
Assemblyman Zwicker, Assemblywomen Jimenez, Pinkin, McKnight and
Assemblyman Johnson**

SYNOPSIS

Authorizes health care practitioners to provide health care services through telemedicine.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 3/7/2017)

1 AN ACT authorizing the provision of health care services through
2 telemedicine, supplementing and amending various parts of the
3 statutory law, and repealing R.S.45:9-18 and R.S.45:9-18.1.
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
7

8 1. (New section) a. Unless specifically prohibited or limited
9 by federal or State law, a health care practitioner may remotely
10 provide health care services to a patient in the State, and a bona fide
11 relationship between health care practitioner and patient may be
12 established, through the use of telemedicine.

13 b. A health care practitioner who provides a health care service
14 to a patient through the use of telemedicine shall be subject to the
15 same standards of care and rules of practice as are applicable to
16 traditional in-person practice, and the use of telemedicine shall not
17 alter or diminish any existing duty or responsibility of the health
18 care practitioner, or any assistant thereof, including, but not limited
19 to, any duty or responsibility related to recordkeeping, or the
20 maintenance of patient confidentiality. Any health care practitioner
21 who engages in telemedicine in a manner that does not comply with
22 the ordinary standards of care or rules of practice applicable to in-
23 person practice, shall be subject to discipline by the respective
24 licensing board, as provided by law.

25 c. A health care practitioner is authorized to engage in
26 consultations with an out-of-state peer professional, including, but
27 not limited to, a sub-specialist, using electronic or other means, and
28 shall not be required to obtain an additional license or separate
29 authorization in order to do so.

30 d. Notwithstanding any other provision of law to the contrary,
31 and in order to facilitate the increased use of telemedicine as
32 authorized by this section, when a health care practitioner proposes
33 to engage in telemedicine with patients in a hospital, the governing
34 body of the hospital, as necessary and appropriate, shall verify and
35 approve the credentials of, and grant telemedicine practice
36 privileges to, such practitioner, based solely upon the
37 recommendations of the hospital's medical staff, which
38 recommendations have been derived from information provided by
39 the originating site employer.

40 e. In accordance with the "Administrative Procedure Act,"
41 P.L.1968, c.410 (C.52:14B-1 et seq.), the State boards or other
42 entities that, pursuant to Title 45 of the Revised Statutes, are
43 responsible for the licensure of health care practitioners in the State,
44 shall each adopt rules and regulations that are applicable to the
45 health care practitioners under their respective jurisdictions, as may
46 be necessary to clarify that such practitioners, when engaged in

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.

1 telemedicine, will be subject to the same rules of practice and
2 standards of care as are applicable to health care practitioners who
3 are engaged in the provision of health care services to patients
4 through the use of traditional in-person means or methods. Such
5 rules and regulations may require an applicant for an initial or
6 renewed practice license to provide proof of their successful
7 completion of training in the effective use of technology and the
8 maintenance of records and patient confidentiality when engaging
9 in telemedicine.

10 f. As used in this section:

11 “Health care practitioner” means an individual who provides a
12 health care service to a patient in the State, and includes, but is not
13 limited to, a physician, nurse practitioner, psychologist,
14 psychiatrist, psychoanalyst, licensed clinical social worker,
15 physician assistant, or any other health care professional acting
16 within the scope of a valid license or certification issued pursuant to
17 Title 45 of the Revised Statutes.

18 “Health care service” means any health-related service,
19 including, but not limited to, diagnosis, testing, or treatment of
20 physical or mental human disease or dysfunction; consultation
21 related to such diagnosis, testing, or treatment; and any other
22 service which is rendered for the purpose of determining the status
23 of, or maintaining or restoring, an individual’s physical or mental
24 health, and for which a license or certification is required, as a pre-
25 condition to the rendering thereof, pursuant to Title 45 of the
26 Revised Statutes.

27 “Originating site employer” means the person or entity that
28 employs a health care practitioner at the site where the practitioner
29 originates and renders services, through the use of telemedicine, to
30 a patient who is located at a remote site.

31 “Telemedicine” means the delivery of a health care service using
32 electronic communications, information technology, or other
33 electronic or technological means to bridge the gap between the
34 health care practitioner who is located at one site, and a patient who
35 is located at a different, remote site, either with or without the
36 assistance of an intervening health care provider, and which
37 typically involves the provision of health care services through the
38 application of secure, two-way videoconferencing or store-and-
39 forward technology that is designed to replicate the traditional in-
40 person encounter and interaction between health care practitioner
41 and patient by allowing for interactive, real-time visual and auditory
42 communication, and the electronic transmission of images,
43 diagnostics, and medical records. “Telemedicine” does not include
44 the use of audio-only telephone conversation, electronic mail,
45 instant messaging, phone text, or facsimile transmission.

46

47 2. (New section) The Board of Medical Examiners shall
48 evaluate the Telemedicine Licensure Compact currently being

1 promoted by the Federation of State Medical Boards, and shall
2 determine what State actions and legislation are necessary to allow
3 the State to participate in the compact. Within 180 days after the
4 effective date of P.L. , c. (C.) (pending before the
5 Legislature as this bill), the board shall submit a report to the
6 Governor, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-
7 19.1), to the Legislature, containing its findings on the matter, and
8 providing recommendations for legislation or other State action that
9 may be necessary to implement the Telemedicine Licensure
10 Compact in this State.

11

12 3. (New section) a. Unless specifically prohibited or limited
13 by federal or State law, health care services that are delivered to a
14 patient through the use of telemedicine shall be covered, under the
15 State Medicaid and NJ FamilyCare programs, to the same extent
16 that such services would be covered if they were delivered through
17 traditional in-person means or methods. In-person contact between
18 a health care practitioner and a patient shall not be required as a
19 condition of provider reimbursement under the Medicaid or NJ
20 FamilyCare programs for: (1) health care services that are
21 delivered through the use of telemedicine, so long as the use of
22 telemedicine in the particular case is not medically contraindicated,
23 and the services would otherwise be eligible for reimbursement
24 under such programs if delivered in person; and (2) professional
25 fees and facility fees associated with the delivery of health care
26 services through the use of telemedicine, as authorized by section 1
27 of P.L. , c. (C.) (pending before the Legislature as this
28 bill), so long as the fees would otherwise be eligible for
29 reimbursement under such programs in the case of in-person service
30 delivery. Health care services delivered through telemedicine shall
31 be reimbursed at a rate that is equal to the reimbursement rate
32 provided for in-person services.

33 b. Unless expressly required by federal or State law, the
34 Commissioner of Human Services shall not establish any siting or
35 location restrictions on a patient or health care practitioner as a
36 condition of reimbursement under the Medicaid or NJ FamilyCare
37 programs, and shall authorize reimbursement for health care
38 services that are provided through telemedicine, as required by this
39 section, even if the patient is located in his or her own home or in
40 another non-medical facility at the time of the patient's receipt of
41 such services.

42 c. The Commissioner of Human Services, in consultation with
43 the Commissioner of Children and Families, shall apply for such
44 State plan amendments or waivers as may be necessary to
45 implement the provisions of this section, and shall secure federal
46 financial participation for State expenditures under the federal
47 Medicaid program and Children's Health Insurance Program.

1 d. The Commissioner of Human Services, in consultation with
2 the Commissioner of Children and Families, shall adopt rules and
3 regulations, pursuant to the “Administrative Procedure Act,”
4 P.L.1968, c.410 (C.52:14B-1 et seq.), as may be necessary to
5 implement the provisions of this section.

6 e. As used in this section:

7 “Health care practitioner” means an individual who provides a
8 health care service to a patient in the State, and includes, but is not
9 limited to, a physician, nurse practitioner, psychologist,
10 psychiatrist, psychoanalyst, licensed clinical social worker,
11 physician assistant, or any other health care professional acting
12 within the scope of a valid license or certification issued pursuant to
13 Title 45 of the Revised Statutes.

14 “Health care service” means any health-related service,
15 including, but not limited to, diagnosis, testing, or treatment of
16 physical or mental human disease or dysfunction; consultation
17 related to such diagnosis, testing, or treatment; and any other
18 service which is rendered for the purpose of determining the status
19 of, or maintaining or restoring, an individual’s physical or mental
20 health, and for which a license or certification is required, as a pre-
21 condition to the rendering thereof, pursuant to Title 45 of the
22 Revised Statutes.

23 “Medicaid” means the Medicaid program established pursuant to
24 P.L.1968, c.413 (C.30:4D-1 et seq.).

25 “NJ FamilyCare” means the NJ FamilyCare Program established
26 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

27 “Telemedicine” means the same as that term is defined by
28 section 1 of P.L. , c. (C.) (pending before the Legislature
29 as this bill).

30
31 4. (New section) a. Unless specifically prohibited or limited
32 by federal or State law, any carrier that offers a managed care plan
33 in this State shall provide coverage for health care services that are
34 delivered to a covered person through the use of telemedicine, to
35 the same extent that the services would be covered if they were
36 delivered through in-person means or methods. In-person contact
37 between a health care practitioner and a patient shall not be required
38 as a condition of carrier reimbursement under a managed care plan
39 for: (1) covered services that are delivered through the use of
40 telemedicine, so long as the use of telemedicine in the particular
41 case is not medically contraindicated, and the services would
42 otherwise be eligible for reimbursement if delivered in person; and
43 (2) professional fees and facility fees associated with the delivery of
44 covered services through the use of telemedicine, so long as the fees
45 would otherwise be eligible for reimbursement in the case of in-
46 person service delivery. Covered services delivered through the use
47 of telemedicine shall be reimbursed at a rate that is equal to the
48 reimbursement rate provided for in-person services.

1 b. Unless expressly required by federal or State law, a carrier
2 shall not establish any siting or location restrictions on a patient or
3 health care practitioner as a condition of reimbursement under a
4 managed care plan, and shall authorize reimbursement for health
5 care services that are delivered through telemedicine, as required by
6 this section, even if the patient is located in his or her own home or
7 in another non-medical facility at the time of the patient's receipt of
8 such services.

9 c. A carrier may:

10 (1) charge a deductible, co-payment, or coinsurance for a
11 covered service delivered through telemedicine, so long as it does
12 not exceed the deductible, co-payment, or coinsurance applicable to
13 such service when delivered in person;

14 (2) limit coverage to services that are delivered by health care
15 providers in the health benefits plan's network; and

16 (3) require originating site health care providers to document the
17 reasons the services are being delivered through the use of
18 telemedicine rather than in person.

19 d. Nothing in this section shall be construed to:

20 (1) prohibit a carrier from providing coverage for only those
21 health care services that are medically necessary, subject to the
22 terms and conditions of the covered person's health benefits plan;
23 or

24 (2) require a carrier to reimburse a remote site health care
25 provider if the remote site health care provider has insufficient
26 information to render an opinion.

27 e. As used in this section:

28 "Carrier" means the same as that term is defined by section 2 of
29 P.L.1997, c.192 (C.26:2S-2).

30 "Covered person" means the same as that term is defined by
31 section 2 of P.L.1997, c.192 (C.26:2S-2).

32 "Covered service" means the same as that term is defined by
33 section 2 of P.L.1997, c.192 (C.26:2S-2).

34 "Health care practitioner" means an individual who provides a
35 health care service to a patient in the State, and includes, but is not
36 limited to, a physician, nurse practitioner, psychologist,
37 psychiatrist, psychoanalyst, licensed clinical social worker,
38 physician assistant, or any other health care professional acting
39 within the scope of a valid license or certification issued pursuant to
40 Title 45 of the Revised Statutes.

41 "Health care provider" means the same as that term is defined by
42 section 2 of P.L.1997, c.192 (C.26:2S-2).

43 "Managed care plan" means the same as that term is defined by
44 section 2 of P.L.1997, c.192 (C.26:2S-2).

45 "Originating site" means the site at which a health care
46 practitioner originates and renders services, through the use of
47 telemedicine, to a patient who is located at a remote site.

1 “Remote site” means the distant site at which a patient receives
2 health care services that are being rendered thereto, through the use
3 of telemedicine, by a health care practitioner located at an
4 originating site.

5 “Telemedicine” means the same as that term is defined by
6 section 1 of P.L. , c. (C.) (pending before the Legislature
7 as this bill).

8
9 5. (New section) a. The State Health Benefits Commission
10 shall ensure that every contract purchased thereby, which provides
11 hospital and medical expense benefits, also provides coverage for
12 health care services that are delivered to a covered person through
13 the use of telemedicine, to the same extent that the services would
14 be covered if they were delivered through in-person means or
15 methods. In-person contact between a health care practitioner and a
16 patient shall not be required as a condition of carrier reimbursement
17 under a health benefits contract for: (1) health care services that are
18 delivered through the use of telemedicine, so long as the use of
19 telemedicine in the particular case is not medically contraindicated,
20 and the services would otherwise be eligible for reimbursement if
21 delivered in person; and (2) professional fees and facility fees
22 associated with the delivery of health care services through the use
23 of telemedicine, so long as the fees would otherwise be eligible for
24 reimbursement in the case of in-person service delivery. A contract
25 purchased by the State Health Benefits Commission shall provide
26 for the reimbursement of health care services delivered through the
27 use of telemedicine at a rate that is equal to the reimbursement rate
28 provided for in-person services.

29 b. Unless expressly required by federal or State law, a health
30 benefits contract purchased by the State Health Benefits
31 Commission shall not establish any siting or location restrictions on
32 a patient or health care practitioner as a condition of reimbursement
33 thereunder, and shall authorize reimbursement for health care
34 services that are delivered through telemedicine, as required by this
35 section, even if the patient is located in his or her own home or in
36 another non-medical facility at the time of the patient’s receipt of
37 such services.

38 c. A contract purchased by the State Health Benefits
39 Commission may:

40 (1) provide for a deductible, co-payment, or coinsurance for a
41 health care service delivered through telemedicine, so long as it
42 does not exceed the deductible, co-payment, or coinsurance
43 applicable to such service when delivered in person;

44 (2) limit coverage to services that are delivered by health care
45 providers in the health benefits plan’s network; and

46 (3) require originating site health care providers to document the
47 reasons the services are being delivered through the use of
48 telemedicine rather than in person.

1 d. Nothing in this section shall be construed to:

2 (1) prohibit the State Health Benefits Commission from
3 purchasing a contract that provides coverage for only those health
4 care services that are medically necessary, subject to the terms and
5 conditions of the covered person's health benefits plan; or

6 (2) require the contract purchased by the State Health Benefits
7 Commission to provide for the reimbursement of a remote site
8 health care provider if the remote site health care provider has
9 insufficient information to render an opinion.

10 e. As used in this section:

11 "Health care practitioner" means an individual who provides a
12 health care service to a patient in the State, and includes, but is not
13 limited to, a physician, nurse practitioner, psychologist,
14 psychiatrist, psychoanalyst, licensed clinical social worker,
15 physician assistant, or any other health care professional acting
16 within the scope of a valid license or certification issued pursuant to
17 Title 45 of the Revised Statutes.

18 "Health care provider" means and includes a health care
19 practitioner, and a hospital or other health care facility licensed
20 pursuant to Title 26 of the Revised Statutes.

21 "Health care service" means any health-related service,
22 including, but not limited to, diagnosis, testing, or treatment of
23 physical or mental human disease or dysfunction; consultation
24 related to such diagnosis, testing, or treatment; and any other
25 service which is rendered for the purpose of determining the status
26 of, or maintaining or restoring, an individual's physical or mental
27 health, and for which a license or certification is required, as a pre-
28 condition to the rendering thereof, pursuant to Title 45 of the
29 Revised Statutes.

30 "Originating site" means the site at which a health care
31 practitioner originates and renders health care services, through the
32 use of telemedicine, to a patient who is located at a remote site.

33 "Remote site" means the distant site at which a patient receives
34 health care services that are being rendered thereto, through the use
35 of telemedicine, by a health care practitioner who is located at an
36 originating site.

37 "Telemedicine" means the same as that term is defined by
38 section 1 of P.L. , c. (C.) (pending before the Legislature
39 as this bill).

40

41 6. (New section) a. The School Employees' Health Benefits
42 Commission shall ensure that every contract purchased thereby,
43 which provides hospital and medical expense benefits, also provides
44 coverage for health care services that are delivered to a covered
45 person through the use of telemedicine, to the same extent that the
46 services would be covered if they were provided through in-person
47 means or methods. In-person contact between a health care
48 practitioner and a patient shall not be required as a condition of

1 reimbursement under such a contract for: (1) health care services
2 that are delivered through the use of telemedicine, so long as the
3 use of telemedicine in the particular case is not medically
4 contraindicated, and the services would otherwise be eligible for
5 reimbursement if delivered in person; and (2) professional fees and
6 facility fees associated with the delivery of health care services
7 through the use of telemedicine, so long as the fees would otherwise
8 be eligible for reimbursement in the case of in-person service
9 delivery. A contract purchased by the School Employees' Health
10 Benefits Commission shall provide for the reimbursement of health
11 care services delivered through the use of telemedicine at a rate that
12 is equal to the reimbursement rate provided for in-person services.

13 b. Unless expressly required by federal or State law, a health
14 benefits contract purchased by the School Employees' Health
15 Benefits Commission shall not establish any siting or location
16 restrictions on a patient or health care practitioner as a condition of
17 reimbursement thereunder, and shall authorize reimbursement for
18 health care services that are delivered through telemedicine, as
19 required by this section, even if the patient is located in his or her
20 own home or in another non-medical facility at the time of the
21 patient's receipt of such services.

22 c. A contract purchased by the School Employees' Health
23 Benefits Commission may:

24 (1) provide for a deductible, co-payment, or coinsurance for a
25 health care service delivered through telemedicine, so long as it
26 does not exceed the deductible, co-payment, or coinsurance
27 applicable to such service when delivered in person;

28 (2) limit coverage to services that are delivered by health care
29 providers in the health benefits plan's network; and

30 (3) require originating site health care providers to document the
31 reasons the services are being delivered through the use of
32 telemedicine rather than in person.

33 d. Nothing in this section shall be construed to:

34 (1) prohibit the School Employees' Health Benefits Commission
35 from purchasing a contract that provides coverage for only those
36 health care services that are medically necessary, subject to the
37 terms and conditions of the covered person's health benefits plan;
38 or

39 (2) require the contract purchased by the School Employees'
40 Health Benefits Commission to provide for the reimbursement of a
41 remote site health care provider if the remote site health care
42 provider has insufficient information to render an opinion.

43 e. As used in this section:

44 "Health care practitioner" means an individual who provides a
45 health care service to a patient in the State, and includes, but is not
46 limited to, a physician, nurse practitioner, psychologist,
47 psychiatrist, psychoanalyst, licensed clinical social worker,
48 physician assistant, or any other health care professional acting

1 within the scope of a valid license or certification issued pursuant to
2 Title 45 of the Revised Statutes.

3 “Health care provider” means and includes a health care
4 practitioner, and a hospital or other health care facility licensed
5 pursuant to Title 26 of the Revised Statutes.

6 “Health care service” means any health-related service,
7 including, but not limited to, diagnosis, testing, or treatment of
8 physical or mental human disease or dysfunction; consultation
9 related to such diagnosis, testing, or treatment; and any other
10 service which is rendered for the purpose of determining the status
11 of, or maintaining or restoring, an individual’s physical or mental
12 health, and for which a license or certification is required, as a pre-
13 condition to the rendering thereof, pursuant to Title 45 of the
14 Revised Statutes.

15 “Originating site” means the site at which a health care
16 practitioner originates and renders health care services, through the
17 use of telemedicine, to a patient who is located at a remote site.

18 “Remote site” means the distant site at which a patient receives
19 health care services that are being rendered thereto, through the use
20 of telemedicine, by a health care practitioner who is located at an
21 originating site.

22 “Telemedicine” means the same as that term is defined by
23 section 1 of P.L. , c. (C.) (pending before the Legislature
24 as this bill).

25

26 7. Section 5 of P.L.1987, c.116 (C.30:4-27.5) is amended to
27 read as follows:

28 5. a. The commissioner shall adopt rules and regulations ,
29 pursuant to the "Administrative Procedure Act," P.L.1968,
30 c.410 (C.52:14B-1 et seq.) , regarding a screening service and its
31 staff **[that]** , as may be necessary to effectuate the following
32 purposes and procedures:

33 **[a. A]** (1) Except when mental health screening services are
34 provided remotely, through the use of telemedicine, a screening
35 service shall serve as the facility in the public mental health care
36 treatment system wherein a person believed to be in need of
37 involuntary commitment to outpatient treatment, a short-term care
38 facility, a psychiatric facility , or a special psychiatric hospital
39 **[undergoes]** will undergo an assessment to determine what mental
40 health services are appropriate for the person and where those
41 services may be most appropriately provided in the least restrictive
42 environment.

43 The screening service may provide emergency and consensual
44 treatment to the person receiving the assessment , and may transport
45 the person or detain the person up to 24 hours for the purposes of
46 providing the treatment and conducting the assessment.

47 **[b.]** (2) When a person is assessed by a mental health screener ,
48 either directly, through traditional in-person means or methods, or

1 remotely, through the use of telemedicine, and the mental health
2 screeener determines that the person's involuntary commitment to
3 treatment seems necessary, the screener shall provide, on a
4 screening document prescribed by the division, information
5 regarding the person's history and available alternative facilities and
6 services that are deemed inappropriate for the person. When
7 appropriate and available, and as permitted by law, the screener
8 shall make reasonable efforts to gather information from the
9 person's family or significant others for the purposes of preparing
10 the screening document. If a psychiatrist, in consideration of this
11 document and in conjunction with the psychiatrist's own complete
12 assessment, concludes that the person is in need of commitment to
13 treatment, the psychiatrist shall complete the screening certificate.
14 The screening certificate shall be completed by a psychiatrist except
15 in those circumstances where the division's contract with the
16 screening service provides that another physician may complete the
17 certificate.

18 Upon completion of the screening certificate, screening service
19 staff shall determine, in consultation with the psychiatrist or another
20 physician, as appropriate, the least restrictive environment for the
21 appropriate treatment to which the person shall be assigned or
22 admitted, taking into account the person's prior history of
23 hospitalization and treatment and the person's current mental health
24 condition. Screening service staff shall designate:

25 **[(1)]** (a) inpatient treatment for the person if he is immediately
26 or imminently dangerous ₂ or if outpatient treatment is deemed
27 inadequate to render the person unlikely to be dangerous to self,
28 others ₂ or property within the reasonably foreseeable future; and

29 **[(2)]** (b) outpatient treatment for the person when outpatient
30 treatment is deemed sufficient to render the person unlikely to be
31 dangerous to self, others ₂ or property within the reasonably
32 foreseeable future.

33 If the screening service staff determines that the person is in
34 need of involuntary commitment to outpatient treatment, the
35 screening service staff shall consult with an outpatient treatment
36 provider to arrange, if possible, for an appropriate interim plan of
37 outpatient treatment in accordance with section 9 of P.L.2009,
38 c.112 (C.30:4-27.8a).

39 If a person has been admitted three times or has been an inpatient
40 for 60 days at a short-term care facility during the preceding 12
41 months, consideration shall be given to not placing the person in a
42 short-term care facility.

43 The person shall be admitted to the appropriate facility or
44 assigned to the appropriate outpatient treatment provider, as
45 appropriate for treatment, as soon as possible. Screening service
46 staff are authorized to coordinate the initiation of outpatient
47 treatment ₂ or to transport **[the person]** ₂ or arrange for
48 transportation of ₂ the person to the appropriate facility.

1 **[c.]** (3) If the mental health screener determines that the
2 person is not in need of assignment or commitment to an outpatient
3 treatment provider, or admission or commitment to a short-term
4 care facility, psychiatric facility , or special psychiatric hospital, the
5 screener shall refer the person to an appropriate community mental
6 health or social services agency or appropriate professional or
7 inpatient care in a psychiatric unit of a general hospital.

8 **[d.]** (4) A mental health screener shall make a screening
9 outreach visit , or shall conduct a mental health screening through
10 the use of telemedicine, if the screener determines, based on
11 clinically relevant information provided by an individual with
12 personal knowledge of the person subject to screening, that the
13 person may need involuntary commitment to treatment and **[the**
14 **person]** is unwilling or unable to come to the screening service for
15 an assessment.

16 **[e.]** (5) If the mental health screener **[pursuant to this**
17 **assessment]** determines that there is reasonable cause to believe
18 that **[a]** the person is in need of involuntary commitment to
19 treatment, the screener shall so certify the need on a form prepared
20 by the division.

21 b. The rules and regulations adopted pursuant to this section
22 shall authorize the initiation and completion of mental health
23 screening through the use of telemedicine, subject only to the
24 existing rules and regulations that are applicable to in-person
25 mental health screening processes. A mental health screener shall
26 not be required to obtain a separate license or authorization in order
27 to engage in telemedicine for mental health screening purposes, and
28 shall not be required to request and obtain a waiver from existing
29 rules, as provided in N.J.A.C.10:31-11.1 et seq., prior to engaging
30 in the mental health screening process by means of telemedicine.

31 c. As used in this section, “telemedicine” means the same as
32 that term is defined by section 1 of P.L. , c. (C.) (pending
33 before the Legislature as this bill).

34 (cf: P.L.2009, c.112, s.5)

35
36 8. Section 5 of P.L.1939, c.115 (C.45:9-5.1) is amended to read
37 as follows:

38 5. **[Within the meaning of this chapter (45:9-1 et seq.), except]**
39 a. Except as [herein] may be otherwise expressly provided by
40 law , [and except for the purposes of the exemptions hereinafter
41 contained in sections 45:9-14.1 to 45:9-14.10, inclusive, the phrase
42 "the practice of medicine or surgery" and the phrase "the practice of
43 medicine and surgery" shall include] as used in Chapter 9 of Title
44 45 of the Revised Statutes:

45 “Board” means the Board of Medical Examiners established
46 pursuant to R.S.45:9-1.

1 “Medical practice license” means a board-issued license that
2 authorizes the holder thereof to engage in the practice of medicine
3 with patients in this State, and includes a license that is issued to an
4 in-State applicant, following an examination thereof, as provided by
5 R.S.45:9-6, and a reciprocal license that is issued to an out-of-State
6 applicant, without an examination thereof, as provided by R.S.45:9-
7 13.

8 “Physician” means a person who possesses a current and valid
9 license to engage in the practice of medicine.

10 “Practice of medicine” means the practice of any branch of
11 medicine [and/or] or surgery, including, but not limited to, the
12 practice of osteopathy, as defined by section 17 of P.L.1939,
13 c.115 (C.45:9-14.3), and [any method of] the diagnosis or
14 treatment of any human ailment, disease, pain, injury, deformity, or
15 mental or physical condition [, and the term "physician and
16 surgeon" or "physician or surgeon" shall be deemed to include
17 practitioners in any branch of medicine and/or surgery or method of
18 treatment of human ailment, disease, pain, injury, deformity, mental
19 or physical condition. Within the meaning of this act, except as
20 herein otherwise specifically provided, and except for the purposes
21 of the exemptions hereinafter contained in sections 45:9-14.1 to
22 45:9-14.10, inclusive, the practice of medicine and/or surgery shall
23 be deemed to include, inter alia, the practice of osteopathy, and
24 nothing herein contained shall be construed to exempt the holder of
25 a license issued under or validated by the provisions contained in
26 sections 45:9-14.1 to 45:9-14.10, inclusive, from the operation of
27 the provisions contained in section 45:9-16 of this Title. A
28 professional] using any means or method, including, but not limited
29 to, telemedicine. “Practice of medicine” does not include the
30 practice of healing through spiritual, religious, or mental means
31 alone, such as through prayer, provided that no material medicine is
32 prescribed or used, and no physical manipulation or material means
33 are employed, for healing purposes.

34 “Professional school or [college shall be taken to mean]
35 college” means a medical school or college , or any other school or
36 college having purposes similar to a medical school or college [;
37 provided, however, that as to any applicant for a license under the
38 provisions of this chapter who, prior to October first, one thousand
39 nine hundred and thirty-five, matriculated in such a school or
40 college, a professional school or college shall, for the purposes of
41 the provisions contained in sections 45:9-6 to 45:9-11, inclusive, be
42 taken to mean a medical school or college which required the study
43 of medicine and surgery in all of its branches. In all instances,
44 unless] , which, except as otherwise provided, [such school or
45 college shall be] has been approved by the board.

1 “Telemedicine” means the same as that term is defined by
2 section 1 of P.L. , c. (C.) (pending before the Legislature
3 as this bill).

4 b. Notwithstanding any other law, rule, or regulation to the
5 contrary:

6 (1) Whenever, in any law, rule, or regulation, reference is made
7 to “a physician or surgeon,” “a physician and surgeon,” “a person
8 licensed to practice medicine or surgery,” “a person licensed to
9 practice medicine and surgery,” “a physician licensed to practice
10 medicine or surgery,” or “a physician licensed to practice medicine
11 and surgery,” the same shall be deemed to mean a “physician,” as
12 defined by subsection a. of this section.

13 (2) Whenever, in any law, rule, or regulation, reference is made
14 to the “practice of medicine or surgery” or the “practice of medicine
15 and surgery,” the same shall be deemed to mean the “practice of
16 medicine,” as defined by subsection a. of this section.

17 (3) Whenever, in any law, rule, or regulation, reference is made
18 to a “license to practice medicine or surgery” or a “license to
19 practice medicine and surgery,” the same shall be deemed to mean a
20 “medical practice license,” as defined by subsection a. of this
21 section.

22 (4) Whenever, in any law, rule, or regulation, reference is made
23 to a “permit to practice medicine or surgery” or a “permit to
24 practice medicine and surgery,” the same shall be deemed to mean a
25 permit or certificate of registration that is issued, pursuant to
26 section 12 of P.L.1989, c.300 (C.45:9-19.12), to a person who is
27 engaging in the practice of medicine while in training.

28 (cf: P.L.1953, c.233, s.2)

29
30 9. R.S.45:9-6 is amended to read as follows:

31 45:9-6. **【All persons commencing the】** a. (1) No person shall
32 engage in the unauthorized practice of medicine 【or surgery】 in this
33 State. Any person who proposes to commence the practice of
34 medicine with any patient in the State shall first apply to the board
35 for a license 【so】 to do so, in accordance with the provisions of
36 subsection b. of this section, or the provisions of R.S.45:9-13, as
37 appropriate.

38 (2) A person shall be regarded as engaging in the unauthorized
39 practice of medicine in this State if the person, despite not being
40 licensed under this section or R.S.45:9-13: (a) holds himself or
41 herself out to the public as being able to diagnose, treat, issue
42 prescriptions for, or engage in physical operations to address, any
43 human ailment, disease, pain, injury, deformity, or mental or
44 physical condition, whether through the use of traditional in-person
45 means or methods, or through telemedicine; (b) holds himself or
46 herself out to the public as being able to diagnose or treat any
47 human ailment, disease, pain, injury, deformity, or mental or
48 physical condition through the use of quasi-medical processes, such

1 as faithcurism, faith healing, mind healing, laying on of hands, or
 2 similar non-traditional healing systems; or (c) actively engages in
 3 any of the activities described in subparagraphs (a) and (b) of this
 4 paragraph.

5 (3) Except as otherwise provided by section 3 of P.L.1989,
 6 c.153 (C.45:9-41.19), or by any other law, the association of a
 7 person's name with a medical abbreviation or designation, such as
 8 "doctor," "physician," "surgeon," "Dr.," "M.D.," "M.B.,"
 9 "professor of medicine," "professor of surgery," or any other title
 10 intended or designed to identify the person as a physician, shall
 11 constitute evidence of the person's engagement in the practice of
 12 medicine. [The board shall, except]

13 b. Except as [herein] otherwise provided by R.S.45:9-13, the
 14 board shall examine all [qualified] applicants for [such] a medical
 15 practice license. Every license applicant shall present to the board
 16 secretary [of the board], at least 20 days before [the
 17 commencement of] the examination at which [he desires] the
 18 applicant wishes to be examined, a written application for
 19 admission to the examination on a form provided by the board,
 20 together with satisfactory proof that [he] the applicant is more than
 21 21 years of age, is of good moral character, and is either a citizen of
 22 the United States or has declared his intention to become [such] a
 23 U.S. citizen. [He] The applicant shall also present [to] the board
 24 with a certificate [of] from the Commissioner of Education of this
 25 State showing that [, before entering a professional school or
 26 college, he had] the applicant has obtained an academic education
 27 consisting of a [4 years'] four year course of study in an approved
 28 public or private high school , or [the] an equivalent [thereof]
 29 course of study, prior to commencing training at a professional
 30 school or college, and shall additionally submit to the board, any
 31 other information and proofs required by R.S.45:9-7 and R.S.45:9-
 32 8.

33 c. Any license issued to an applicant [prior to becoming] who
 34 is not yet a citizen of the United States shall be treated as a
 35 temporary license , and shall be subject to the provisions of
 36 [Revised Statutes 45:9-14] R.S.45:9-14.

37 (cf: P.L.1968, c.16, s.1)

38

39 10. Section 1 of P.L.1971, c.236 (C.45:9-6.1) is amended to read
 40 as follows:

41 1. a. All [persons who are licensed to practice medicine and
 42 surgery] physicians engaging in the practice of medicine with
 43 patients in this State shall be required , on or before July 1
 44 biennially , to register on [the] a form prescribed by the board and
 45 furnished by the executive director [of the board] thereof, and to
 46 pay a biennial registration fee to be determined by the board. Upon

1 receipt of a physician's biennial registration form and fee payment,
2 the board shall provide the physician with a biennial certificate of
3 registration, which confirms the physician's compliance with this
4 section.

5 b. The license of any **[licensee]** physician who fails to procure
6 **[any]** a biennial certificate of registration, pursuant to subsection a.
7 of this section, shall be automatically suspended on July 1. It shall
8 be the duty of the executive director of the board , on June 1 of each
9 year , to send a written notice to the last known address of each
10 **[licensee]** physician practicing in the State whose license is
11 expiring that year, regardless of whether the physician is a State
12 resident or not, **[at his last address on file with the board,]**
13 reminding the physician that **[his]** the biennial registration fee is
14 due on or before July 1 , and that **[his]** the physician's license to
15 practice in this State will be suspended if **[he does not procure**
16 **said]** the fee is not paid and the certificate procured by July 1 of
17 that year.

18 c. Any **[licensee]** person whose medical practice license has
19 been suspended under this section may **[be]** have their license
20 reinstated by the payment of all past due annual registration fees
21 and , in addition thereto , a fee to be determined by the board to
22 cover cost of reinstatement.

23 d. Any **[person]** physician who **[desires]** intends to retire from
24 the practice of medicine **[and surgery,]** and refrain, during the
25 period of retirement **[to refrain]** , from practicing under the terms
26 of **[his]** their medical practice license, may, upon application to the
27 executive director of the board, **[may]** be registered biennially as a
28 retired physician, without the payment of **[any]** the registration fee
29 required by subsection a. of this section **[, as a retired physician].**
30 The certificate of registration **[which shall be]** issued to a retired
31 physician shall state, among other things, that the holder has been
32 licensed to practice in New Jersey, but **[that]** , during **[his]** the
33 period of retirement **[he]** , shall not so practice. The holder of such
34 a certificate of registration **[as a retired licensee]** shall be entitled
35 to resume the practice of medicine at any time; provided **[, he]** that
36 the retired physician first **[shall have obtained]** obtains, from the
37 executive director , a biennial certificate of registration for
38 practicing physicians, as **[herein before]** provided in subsection a.
39 of this section. Any person who holds a certificate of registration as
40 a retired physician shall, during the period of such retirement, be
41 regarded as an unlicensed person, and any such person who
42 commences or continues the practice of medicine under the terms of
43 their medical practice license, without first having obtained a
44 biennial certificate of registration authorizing the physician to

1 resume such practice, shall be liable to the penalties prescribed by
2 R.S.45:9-22.

3 e. If an applicant for reinstatement of licensure has not engaged
4 in the practice of medicine in any jurisdiction for a period of more
5 than five years, or the board's review of the reinstatement
6 application establishes a basis for concluding that there may be
7 clinical deficiencies in need of remediation, **【before reinstatement】**
8 the board may require the applicant , prior to reinstatement, to
9 submit to, and successfully pass, an examination or **【an】** skills
10 assessment **【of skills】**. If that examination or skills assessment
11 identifies clinical deficiencies or educational needs, the board may
12 require the **【licensee】** applicant, as a condition of reinstatement of
13 licensure, to take and successfully complete any educational
14 training, or to submit to any supervision, monitoring , or limitations
15 **【, as】** that the board determines are necessary to assure that the
16 **【licensee practices】** applicant, once reinstated, will practice with
17 reasonable skill and safety.

18 f. The license to practice medicine **【and surgery of】** , which is
19 held by any person who fails to procure **【any】** a biennial certificate
20 of registration **【, or in lieu thereof a biennial certificate of**
21 registration】 either as a practicing physician or a retired 【licensee】
22 physician, shall , at the time and in the manner required by this act
23 **【shall】** , be automatically suspended. Any person whose license
24 **【shall have been】** is automatically suspended shall, during the
25 period of such suspension, be regarded as an unlicensed person , and
26 **【, in case he shall continue or engage in】** any such person who
27 commences or continues the practice of medicine under the terms of
28 **【his】** their medical practice license during such period **【,】** shall be
29 liable to the penalties prescribed by R.S.45:9-22. **【Any person to**
30 whom a certificate of registration as a retired licensee shall have
31 been issued who shall continue or engage in practice under the
32 terms of his license without first having obtained a certificate of
33 registration authorizing him to resume such practice, shall be liable
34 to the penalties prescribed by R.S.45:9-22 for practicing without a
35 license. It shall be the duty of each such licensee holding】

36 g. Each physician who holds a biennial certificate of
37 registration 【to practice medicine and surgery in this State】 that has
38 been issued under this section , whether a State resident or not, 【to】
39 shall notify the executive director of the board , in writing , of any
40 change in **【his】** the physician's office address or **【his】** employment
41 within ten days after such change **【shall have】** has taken place.

42 h. This section shall not be construed so as to render
43 inoperative the provisions of R.S.45:9-17.

44 (cf: P.L.2001, c.307, s.5)

45

46 11. R.S.45:9-7 is amended to read as follows:

1 45:9-7. Except as otherwise provided in this chapter **[9** of
2 Title 45 of the Revised Statutes] and in addition to any other
3 requirements provided thereby , every applicant for admission to an
4 examination for a medical practice license **[to practice medicine**
5 and surgery] shall **[also]** present proof acceptable to the board
6 demonstrating that , in addition **[to]**, and subsequent , to **[,]**
7 obtaining the preliminary education specified in R.S.45:9-6, and
8 prior to commencing **[his]** study in a professional school or
9 college, **[he]** the applicant had completed a satisfactory course of
10 study in a college or school of arts and science accredited by an
11 agency recognized by the board, the duration of **[such]** which
12 course **[to have been]** was at least two years in length, **[during**
13 which period he had earned no] and resulted in the accrual of not
14 less than 60 course-hour credits, **[which credits include one three-**
15 credit course] including three credits each in chemistry, physics ,
16 and biology.

17 An applicant whose premedical education does not meet the
18 requirements set forth in this section may, at the discretion of the
19 board, be permitted to remediate the substantive deficiencies in a
20 manner determined by rules adopted by the board, and be deemed
21 eligible for licensure. The board may waive the educational
22 requirements of this section for any applicant who demonstrates that
23 he has attained the substantial equivalent of these requirements
24 through his post-secondary education, competency,
25 accomplishments , and achievements in the practice of medicine
26 **[and surgery]**.

27 (cf: P.L.1993, c.145, s.1)

28

29 12. R.S.45:9-8 is amended to read as follows:

30 45:9-8. a. Except as otherwise provided in **[R.S.45:9-1 et seq.]**
31 this chapter, and in addition to any other requirements provided
32 thereby, every applicant for admission to **[licensure by]** an
33 examination **[to]** for a medical practice **[medicine and surgery]**
34 license shall **[, in addition to the requirements set forth in R.S.45:9-
35 1 et seq.]:**

36 **[a.]** (1) Prove to the board that the applicant has received (a) a
37 diploma from some legally incorporated professional school or
38 college of the United States, Canada , or other foreign country,
39 which school or college, in the opinion of the board, was in good
40 standing at the time of the issuance of the diploma, or (b) a license
41 conferring the full right to practice all of the branches of medicine
42 and surgery in some foreign country; **[and]**

43 (2) **[Shall further prove]** Prove to the board that, prior to the
44 receipt of such diploma or license, as aforesaid, the applicant had
45 studied not less than **[4]** four full school years, including four
46 satisfactory courses of lectures of at least eight months each, either

1 consecutively or in four different calendar years, in some legally
2 incorporated and registered American or foreign professional school
3 or schools, college or colleges in good standing in the opinion of
4 the board, which courses shall have included a thorough and
5 satisfactory course of instruction in medicine and surgery; and

6 **【b. (1) The】** ~~(3) (a) If the~~ applicant **【, if he has】** graduated
7 from a professional school or college **【after July 1, 1916 and】**
8 before July 1, 2003, **【shall further】** prove to the board that, **【after**
9 **receiving such】** following graduation and receipt of a diploma or
10 license, **【he】** the applicant has completed **【an】** at least a one-year
11 internship , acceptable to the board **【for at least one year】** , in a
12 hospital approved **【by the board】** thereby , or , in lieu thereof **【he】** ,
13 has completed one year of post-graduate work , acceptable to the
14 board , in a school or hospital approved by the board, unless
15 required by regulation to complete additional post-graduate work;
16 or

17 **【(2) The】** ~~(b) If the~~ applicant **【, if he has】** graduated from a
18 **【medical】** professional school or college after July 1, 2003, **【shall**
19 **further】** prove to the board that, **【after receiving his】** following
20 graduation and receipt of a diploma, **【he】** the applicant has
21 completed , and received academic credit for , at least two years of
22 post-graduate training in an accredited program and has signed a
23 contract for a third year of post-graduate training in an accredited
24 program, and , moreover, that at least two years of that training are
25 in the same field , or would, when considered together, be credited
26 toward the criteria for certification by a single specialty board
27 recognized by the American Board of Medical Specialties **【or】** , the
28 American Osteopathic Association , or another certification entity
29 **【with】** having comparable standards **【that】** , and which is
30 acceptable to the board.

31 **【c.】** b. If an applicant for licensure has not engaged in practice
32 for a period of more than five years, or the board's review of the
33 application establishes a basis for concluding that there may be
34 clinical deficiencies in need of remediation, the board may require
35 the applicant to submit to, and successfully pass, an examination or
36 an assessment of skills. If that examination or assessment identifies
37 clinical deficiencies or educational needs, the board may require an
38 applicant, as a condition of licensure, to take and successfully
39 complete any educational training, or to submit to any supervision,
40 monitoring or limitations, as the board determines are necessary to
41 assure that the applicant will practice with reasonable skill and
42 safety.

43 (cf: P.L.2001, c.307, s.6)

44

45 13. R.S.45:9-13 is amended to read as follows:

1 45:9-13. **【Any】** a. (1) Whenever an applicant for a medical
2 practice license **【to practice medicine and surgery, upon proving】**
3 submits evidence to the board showing that **【he】** the applicant has
4 been examined and licensed by the examining and licensing board
5 of another **【State】** state of the United States , or by the National
6 Board of Medical Examiners , or **【by certificates of】** has received a
7 certificate from the National Board of Examiners for Osteopathic
8 Physicians and Surgeons, the board shall issue a reciprocal medical
9 practice license to the applicant, without conducting an examination
10 as required by R.S.45:9-6, provided that the criteria identified in
11 section 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been
12 satisfied.

13 (2) If a person applies for reciprocal medical practice licensure,
14 pursuant to subsection a. of this section, and the board finds that the
15 criteria in section 3 of P.L.2013, c.182 (C.45:1-7.5) are not
16 satisfied, the board may still elect, in **【the】** its discretion **【of the**
17 board of medical examiners of this State, be granted】 , to issue a
18 reciprocal medical practice license **【to practice medicine and**
19 surgery】 to such applicant, without further examination **【upon**
20 payment to the treasurer of the board of a license fee of \$150.00;】
21 thereof, provided **【,】** that such applicant **【shall furnish proof】**
22 establishes that he or she can fulfill the requirements **【demanded in**
23 the other sections】 of this article relating to applicants for
24 **【admission】** licensure by examination. **【In any such application for**
25 a license without examination, all】

26 b. For the purposes of this section, any questions **【of】** related
27 to the academic requirements of other **【States】** states shall be
28 determined by the Commissioner of Education of this State.

29 c. The board is authorized to impose a licensing fee of \$150 in
30 association with the issuance of a reciprocal medical practice
31 license under this section.

32 (cf: P.L.1973, c.166, s.3)

33

34 14. R.S.45:9-15 is amended to read as follows:

35 45:9-15. **【All examinations】** Any examination that is provided
36 in association with the issuance or reinstatement of a medical
37 practice license shall be written in the English language, and, except
38 as otherwise provided in **【the exemptions contained in】** this chapter
39 **【(45:9-1, et seq.), the questions】** , shall **【be】** include such questions
40 as can be answered in common by all schools of practice. The
41 examinations shall **【be】** test applicants in the following subjects:
42 Pharmacology and therapeutics; obstetrics and gynecology;
43 diagnosis, including diseases of the skin, nose and throat; surgery,
44 including surgical anatomy and diseases of the eye, ear and genito-
45 urinary organs; anatomy; physiology; chemistry; histology;
46 pathology; bacteriology; hygiene; medical jurisprudence; and such

1 other subjects as the board may decide. If any applicant has
2 completed a course of four full school years of study in , and has
3 **【been regularly】** graduated from , a school of homeopathy or
4 eclecticism, the member or members of the board of those schools,
5 respectively, shall examine such applicant in the pharmacology and
6 therapeutics of the school from which such applicant has **【been】** so
7 graduated. All examinations shall be both scientific and practical,
8 and of sufficient severity to test the candidate's fitness to engage in
9 the practice of medicine **【and surgery】**. If the applicant passes the
10 examination **【is satisfactory】**, the board shall issue or reinstate, as
11 appropriate, a medical practice license entitling the applicant to
12 engage in the practice of medicine **【and/or surgery】** with patients in
13 this State. **【Said】** The application and examination papers shall be
14 retained in the files of the board for a period of five years, and shall
15 be prima facie evidence of all matters therein contained. All
16 licenses shall be signed by the president and secretary of the board
17 and attested by the seal thereof. All licenses granted under the
18 exemptions contained in this chapter **【(45:9-1, et seq.)】** shall bear
19 indication of the **【school of】** practice area in which the licensee is
20 limited to practice, by virtue of **【said】** the license **【to practice】**.
21 (cf: P.L.1939, c.115, s.25)

22
23 15. R.S.45:9-19 is amended to read as follows:

24 45:9-19. The clerk of every court wherein **【any person**
25 licensed to practice medicine and surgery in this state】 a physician
26 is convicted of a crime shall **【make】** submit a written report thereof
27 **【in writing】** to the board , upon blanks provided **【by the board】**
28 thereby. The report shall state the name and address of the person
29 so convicted, the date thereof, the nature of the crime of which **【he】**
30 the person was convicted , and the sentence imposed by the court.
31 (cf: R.S.45:9-19)

32
33 16. Section 12 of P.L.1989, c.300 (C.45:9-19.12) is amended to
34 read as follows:

35 12. The State Board of Medical Examiners shall, by regulation,
36 provide for the issuance of permits to, or the registration of, persons
37 engaging in either the practice of medicine **【or surgery】** or the
38 practice of podiatric medicine while in training, and shall establish
39 the scope of permissible practice by **【these】** such persons , within
40 the context of an accredited graduate medical education program
41 conducted at a hospital licensed by the Department of Health. **【A】**
42 The holder of a permit **【holder】** or certificate of registration issued
43 pursuant to this section shall be **【permitted】** authorized to engage in
44 practice outside the context of a graduate medical education
45 program , for additional remuneration , only if that practice **【is】**:

1 a. **【Approved】** is approved by the director of the graduate
2 medical education program in which the permit holder is
3 participating; and

4 b. **【With respect to any practice】** (1) when conducted at or
5 through a health care facility licensed by the Department of Health,
6 is supervised by a plenary licensee who shall either remain on the
7 premises of the health care facility or be available through
8 electronic communications; or

9 **【c. With respect to any practice】** (2) when conducted outside of
10 a health care facility licensed by the Department of Health, is
11 supervised by a plenary licensee who shall remain on the premises.
12 (cf: P.L.2012, c.17, s.409)

13

14 17. Section 16 of P.L.1989, c.300 (C.45:9-19.14) is amended to
15 read as follows:

16 16. A physician or podiatrist whose federal or State privilege to
17 purchase, dispense , or prescribe controlled substances has been
18 revoked, suspended , or otherwise limited shall not be permitted to
19 administer , dispense, or prescribe controlled substances in a health
20 care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et
21 seq.) **【or】** , a health maintenance organization operating pursuant to
22 P.L.1973, c.337 (C.26:2J-1 et seq.), or a telemedicine situation,
23 unless **【the administration】** such action has been approved by the
24 State Board of Medical Examiners. The board may condition its
25 approval on the physician's or podiatrist's participation in a licensed
26 health care practitioner treatment program recognized by the board.
27 (cf: P.L.1989, c.300, s.16)

28

29 18. Section 25 of P.L.1989, c.300 (C.45:9-19.15) is amended to
30 read as follows:

31 25. a. The State Board of Medical Examiners shall increase the
32 licensing fee of physicians and podiatrists in an amount sufficient to
33 fund the costs of establishing and operating the Medical Practitioner
34 Review Panel and the position of medical director, established
35 pursuant to P.L.1989, c.300 (C.45:9-19.4 et al.).

36 b. The board shall establish a reduced licensing fee for
37 physicians and podiatrists who are 65 years of age or older and who
38 have no affiliation status with a licensed health care facility or a
39 health maintenance organization.

40 c. The board shall charge the following licensing fees to a
41 physician whose professional practice is limited to providing patient
42 care exclusively without compensation or the expectation or
43 promise of compensation and in a facility or through a program
44 conducted under the supervision of a physician licensed by and in
45 good standing with the State: \$150 for the license application fee;
46 \$125 each for the initial and biennial registration fees, respectively;
47 and \$100 for the endorsement fee.

1 Nothing in this subsection, except for the licensing fee, shall be
2 construed to exempt any person from , or abrogate any provision
3 in , Title 45 of the Revised Statutes **[or]** , any other **[Title]** law
4 applicable to the practice of medicine **[or surgery and]** , or any
5 regulations adopted pursuant thereto , including, but not limited to,
6 requirements for licensure or coverage by medical malpractice
7 liability insurance.

8 (cf: P.L.2001, c.410, s.1)

9
10 19. Section 1 of P.L.2005, c.257 (C.45:9-19.16a) is amended to
11 read as follows:

12 1. Notwithstanding the provisions of section 8 of P.L.1978,
13 c.73 (C.45:1-21) or any other law to the contrary, in any case in
14 which **[it]** the board receives documentation demonstrating that a
15 physician's authority to engage in the practice of medicine **[and**
16 **surgery is]** has been revoked by another state or by an out-of-State
17 agency or authority, or is currently subject to a final or interim
18 order of active suspension or other bar to clinical practice , which
19 has been imposed by **[any other state, agency or authority]** such
20 State or entity, the **[State Board of Medical Examiners]** board shall
21 immediately suspend the physician's medical practice license when
22 the action of the other state, agency , or authority is grounded on
23 facts that demonstrate that the physician's continued practice would
24 endanger or pose a risk to the public health or safety pending a
25 determination of findings by the board. Otherwise, when such an
26 action of another state, or out-of-State agency or authority , is
27 grounded on facts which would provide a basis for disciplinary
28 sanction in this State **[for reasons]** , consistent with section 8 of
29 P.L.1978, c.73 (C.45:1-21) , for actions or inactions involving gross
30 or repeated negligence, fraud , or other professional misconduct
31 adversely affecting the public health, safety or welfare, the board
32 may immediately suspend the physician's license, pending a
33 determination of findings by the board. The documentation from
34 the other state, or from the out-of-state agency or authority , shall
35 be a part of the record , and shall establish conclusively the facts
36 upon which the board rests its determination in any disciplinary
37 proceeding or action undertaken pursuant to this section. The
38 **[State Board of Medical Examiners]** board shall provide written
39 notification to the physician whose license is suspended pursuant to
40 the requirements of this section **[. The board]** , and shall provide
41 the physician with an opportunity to submit relevant evidence in
42 mitigation , or, for good cause shown, an opportunity for oral
43 argument , but only as to the discipline imposed by this State.
44 **[That relevant]** Relevant evidence in mitigation **[or oral argument]**
45 may be submitted to **[or]** , and oral argument conducted before , the
46 board or a committee **[to which it is has]** that has been delegated
47 the authority to hear argument and make **[a recommendation]**

1 recommendations to the board. A final determination as to
2 discipline shall be made within 60 days **[of]** after the date **[of]**
3 mailing or personal service of the notice **[on which the written**
4 notification is mailed to or served on the physician in accordance
5 with this section.

6 (cf: P.L.2005, c.257, s.1)

7

8 20. R.S.45:9-21 is amended to read as follows:

9 45:9-21. The prohibitory provisions of Article II of this
10 chapter, which relate to medical practice licensure and the practice
11 of medicine in this State, shall not apply to the following:

12 a. A person who is commissioned **[surgeon or physician of]** by
13 the regular United States Army, Navy, or Marine hospital service to
14 engage in the practice of medicine while so commissioned, and
15 who engages in such practice while actively engaged in the
16 performance of his official duties. This exemption shall not apply
17 to reserve officers of the United States Army, Navy or Marine
18 Corps, or to any officer of the National Guard of any state or of the
19 United States;

20 b. A **[lawfully qualified]** physician **[or surgeon of]** from
21 another state **[taking]** who temporarily takes charge **[temporarily,**
22 on written permission of the board,] of the practice of a **[lawfully**
23 qualified] physician **[or surgeon of]** in this State during **[his]** the
24 latter physician's temporary absence from the State **[, upon written**
25 request to the board for permission so to do. Before such
26 permission is granted by the board and before any person may enter
27 upon such practice he must submit **]; provided that: (1) the out-of-**
28 State physician receives written permission from the board to do so,
29 following submission of a written request and \$50 fee thereto; (2)
30 the out-of-State physician has submitted proof to the board showing
31 that **[he]** the physician can fulfill the requirements **[demanded in**
32 the other sections] of this article relating to applicants for
33 **[admission]** medical practice licensure by examination or
34 **[indorsement from another state. Such permission may be granted]**
35 applicants for reciprocal medical practice licensure; and (3) the
36 temporary placement will last for a total period of not less than two
37 weeks, nor more than four months **[upon payment of a fee of \$50.**
38 The board], or, in **[its]** the discretion **[may extend such**
39 permission for further] of the board, for additional periods of two
40 weeks to four months, but **[not to exceed in the]**, in no case, for a
41 period that exceeds an aggregate of one year;

42 c. A physician **[or surgeon of]** located in another state of the
43 United States **[and]** who is duly authorized under the laws thereof
44 to engage in the practice of medicine **[or surgery]** therein, **[if]** so
45 long as such **[practitioner]** physician does not **[open an office or**

- 1 place for] engage in the practice of [his profession] medicine,
2 including telemedicine, with patients in this State;
- 3 d. A person [while actually] who is actively serving as a
4 member of the resident medical staff of any legally incorporated
5 charitable or municipal hospital or asylum approved by the board [. Hereafter] , except that such exemption [of any such resident
6 physician] shall not apply with respect to any [individual after he
7 shall have] person who has served as a resident physician for a total
8 period of five years;
- 9 e. The practice of dentistry by any legally qualified and
10 registered dentist;
- 11 f. The ministration to, or treatment or healing of, the sick or
12 suffering by [prayer or] spiritual , religious, or mental means alone,
13 including through the use of prayer, whether gratuitously or for
14 compensation, [and without] , provided that such ministration,
15 treatment, or healing does not involve the use of any [drug material
16 remedy] drugs or medicine, physical manipulation, or material
17 means of healing;
- 18 g. The practice of optometry by any legally qualified and
19 registered optometrist;
- 20 h. The practice of podiatric medicine by any legally licensed
21 podiatrist;
- 22 i. The practice of pharmacy by a legally licensed and
23 registered pharmacist of this State, [but] except that this
24 [exception] exemption shall not be extended to give [to said] a
25 licensed pharmacist the right and authority to carry on the business
26 of a dispensary, unless the dispensary [shall be] is in charge of a
27 [legally licensed and registered] physician [and surgeon] of this
28 State;
- 29 j. [A person claiming the right to practice medicine and
30 surgery in this State who has been practicing therein since before
31 July 4, 1890, if said right or title was obtained upon a duly
32 registered diploma, of which the holder and applicant was the
33 lawful possessor, issued by a legally chartered medical institution
34 which, in the opinion of the board, was in good standing at the time
35 the diploma was issued;] (deleted by amendment, P.L. _____,
36 c. (pending before the Legislature as this bill).
- 37 k. A professional nurse, [or] a registered physical therapist, or
38 a masseur, while operating , in each particular case , under the
39 specific direction of a [regularly licensed] physician [or surgeon.
40 This] in this State, except that this exemption shall not apply to
41 such assistants of persons who are licensed as osteopaths,
42 chiropractors, optometrists , or other practitioners holding limited
43 licenses;
- 44 l. A person [while giving] who engages in the provision of
45 aid, assistance , or relief in an emergency or accident [cases]
- 46

1 situation, either under the direction of a physician, or pending the
 2 arrival of , or transport of the patient to, a [regularly licensed]
 3 physician [, or surgeon or under the direction thereof];

4 m. The operation of a bio-analytical laboratory by a licensed
 5 bio-analytical laboratory director, or by any person working under
 6 the direct and constant supervision of a licensed bio-analytical
 7 laboratory director;

8 n. Any [employee of a State or county institution holding]
 9 person who holds the degree of M.D. or D.O., and is regularly
 10 employed , on a [salary] salaried basis , on [its] the medical staff
 11 of a State or county agency or institution, or as a member of the
 12 teaching or scientific staff of a State agency, [may apply] and who,
 13 following application to [the State Board of Medical Examiners of
 14 New Jersey] , and [may], in the discretion of [said] , the board,
 15 [be] is granted an exemption from the provisions of this chapter;
 16 provided [said employee] that such person continues to be
 17 employed as a member of the medical staff of a State agency or
 18 county institution , or as a member of the teaching or scientific staff
 19 of a State agency , and does not [conduct any type of] engage in
 20 the private [medical] practice of medicine;

21 o. The practice of chiropractic by any legally licensed
 22 chiropractor; or

23 p. The practice of a physician assistant in compliance with the
 24 provisions of P.L.1991, c.378 (C.45:9-27.10 et al.).
 25 (cf: P.L.2005, c.259, s.16)

26
 27 21. R.S.45:9-22 is amended to read as follows:

28 45:9-22. a. Any person [commencing or continuing] who
 29 commences or continues the practice of medicine [and surgery] in
 30 this State without first having obtained a medical practice license,
 31 as provided in [this chapter or any supplement thereto] R.S.45:9-6
 32 or R.S.45:9-13, or without having obtained a certificate of biennial
 33 registration, as provided in section 1 of P.L.1971, c.236 (C.45:9-
 34 6.1), or in any other manner that is contrary to [any of] the
 35 provisions of this chapter [or any supplement thereto,] ; or who
 36 [practices] commences or continues the practice of medicine [and
 37 surgery] under a false or assumed name, or [falsely impersonates]
 38 while impersonating another practitioner of a like or different name
 39 [,] ; or who buys, sells , or fraudulently obtains a medical practice
 40 license, any record or registration pertaining thereto, or a diploma
 41 [as a doctor of medicine and surgery or any branch thereof, or
 42 method of treatment of human ailment, disease, pain, injury,
 43 deformity, mental or physical condition] indicating that the person
 44 has successfully completed training at a professional school or
 45 college in the practice of medicine; [or a license to practice
 46 medicine and surgery, record or registration pertaining to the same,

1 or] ; and any person , company , or association who [shall employ
 2 for a stated salary or otherwise,] employs an unlicensed person, on
 3 a paid or unpaid basis, in a job that entails the practice of medicine,
 4 or [aid or assist] who aids or assists any such person [not regularly
 5 licensed to practice medicine and surgery in this State, to] in the
 6 practice of medicine [and surgery therein] with patients in the
 7 State, or who violates any of the provisions of Article II of this
 8 chapter [or any supplement thereto], shall be liable to a penalty of
 9 [two hundred dollars (\$200.00), for the first offense] \$200.

10 b. Every person [practicing] engaged in the practice of
 11 medicine [and surgery] under a firm name , and every person
 12 [practicing] engaged in the practice of medicine [and surgery or]
 13 as an employee of another , shall cause [his] the person's name to
 14 be conspicuously displayed and kept in a conspicuous place at the
 15 entrance of the place where such practice [shall be] is conducted [,
 16 and any] . Any person who [shall neglect to cause his name to be
 17 displayed as herein required,] fails to comply with this requirement
 18 shall be liable to a penalty of [one hundred dollars (\$100.00)]
 19 \$100.

20 c. The penalties provided for by this section shall be sued for
 21 and recovered in a summary manner, by and in the name of the
 22 [State Board of Medical Examiners of New Jersey] board, [in a
 23 summary manner,] pursuant to ["the penalty enforcement law"
 24 (N.J.S.2A:58-1 et seq.)] the "Penalty Enforcement Law of 1999,"
 25 P.L.1999, c.274 (C.2A:58-10 et seq.) [and the Rules Governing the
 26 Courts of the State of New Jersey]. [Process] The Superior Court
 27 and the municipal court shall have jurisdiction to enforce the
 28 provisions of the "Penalty Enforcement Law of 1999" in connection
 29 with this section, and process shall be either in the nature of a
 30 summons or warrant.

31 (cf: P.L.1989, c.153, s.21)

32

33 22. Section 1 of P.L.1975, c.297 (C.45:9-22.1) is amended to
 34 read as follows:

35 1. No physician and no professional service corporation
 36 engaged in the practice of medicine [and surgery] in this State shall
 37 charge a patient an extra fee for services rendered in completing a
 38 medical claim form in connection with a health insurance policy.
 39 Any person violating the provisions of this [act] section shall be
 40 subject to a fine of [\$100.00] \$100 for each offense.

41 Such penalty shall be [collected and enforced by summary
 42 proceedings pursuant to "the penalty enforcement law"
 43 (N.J.S.2A:58-1 et seq.)] sued for and recovered in a summary
 44 manner, by and in the name of the board, pursuant to the "Penalty
 45 Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).

1 The Superior Court and the municipal court shall have jurisdiction
2 **【within its territory of such proceedings. Process】** to enforce the
3 provisions of the “Penalty Enforcement Law of 1999” in connection
4 with this section, and process shall be either in the nature of a
5 summons or warrant **【and shall issue in the name of the State, upon**
6 **the complaint of the State Board of Medical Examiners】**.

7 (cf: P.L.1991, c.91, s.453)

8

9 23. Section 1 of P.L.1997, c.249 (C.45:9-22.19) is amended to
10 read as follows.

11 1. a. A physician may prescribe, dispense, or administer a
12 medication or drug, including a controlled or non-controlled
13 substance, to a patient in this State, provided that:

14 (1) the physician has first engaged in a face-to-face examination
15 of the patient, either directly, through traditional in-person means or
16 methods, or remotely, through the use of telemedicine, as defined in
17 section 1 of P.L. , c. (C.) (pending before the Legislature
18 as this bill), in a manner that conforms to the accepted standards of
19 care and rules of practice; and

20 (2) the prescription, dispensation, or administration of the
21 medication or drug is done in compliance with any laws, rules, or
22 regulations, including, but not limited to, the provisions of
23 subsection b. and c. of this section, which are applicable to the
24 particular substance being prescribed, dispensed, or administered.

25 b. A physician **【licensed pursuant to chapter 9 of Title 45 of**
26 **the Revised Statutes】** may prescribe a Schedule II controlled
27 dangerous substance for **【the】** use **【of】** by a patient , in any
28 quantity which does not exceed a 30-day supply, as defined by
29 regulations adopted by the **【State Board of Medical Examiners】**
30 board, in consultation with the Department of Health and Senior
31 Services **【. The】** , provided that the physician 【shall document】
32 documents the diagnosis and the medical need for the prescription
33 in the patient's medical record, in accordance with guidelines
34 established by the **【State Board of Medical Examiners】** board.

35 **【b.】** c. A physician may issue multiple prescriptions
36 authorizing **【the】** a patient to receive a total of up to a 90-day
37 supply of a Schedule II controlled dangerous substance, provided
38 that the following conditions are met:

39 (1) each separate prescription is issued for a legitimate medical
40 purpose by the physician acting in the usual course of professional
41 practice;

42 (2) the physician provides written instructions on each
43 prescription, other than the first prescription if it is to be filled
44 immediately, indicating the earliest date on which a pharmacy may
45 fill each prescription;

1 (3) the physician determines that providing the patient with
2 multiple prescriptions in this manner does not create an undue risk
3 of diversion or abuse; and

4 (4) the physician complies with all other applicable State and
5 federal laws and regulations.

6 (cf: P.L.2009, c.165, s.1)

7
8 24. Section 3 of P.L.2003, c.96 (C.45:9-22.23) is amended to
9 read as follows:

10 3. a. The following information shall be included **【for】** in each
11 profile of a physician, podiatrist , or optometrist, as applicable:

12 (1) Name of all **【medical】** professional schools or colleges
13 attended by the physician or podiatrist, or optometry schools
14 attended by the optometrist, as the case may be, and the dates of
15 graduation;

16 (2) Graduate medical or optometry education, including all
17 internships, residencies , and fellowships;

18 (3) Year first licensed;

19 (4) Year first licensed in New Jersey;

20 (5) Location or locations of the **【physician's, podiatrist's or**
21 **optometrist's】** practitioner's office practice **【site or sites, as**
22 **applicable】** , if any, and an indication as to whether the practitioner
23 is available to provide health care services remotely, through the
24 use of telemedicine;

25 (6) A description of any criminal convictions for crimes of the
26 first, second, third , or fourth degree within the most recent 10
27 years. For the purposes of this paragraph, a person shall be deemed
28 to be convicted of a crime if the individual pleaded guilty or was
29 found or adjudged guilty by a court of competent jurisdiction. The
30 description of criminal convictions shall not include any
31 convictions that have been expunged. The following statement
32 shall be included with the information about criminal convictions:
33 "Information provided in this section may not be comprehensive.
34 Courts in New Jersey are required by law to provide information
35 about criminal convictions to the State Board of Medical Examiners
36 (or the New Jersey State Board of Optometrists).";

37 (7) A description of any final board disciplinary actions within
38 the most recent 10 years, except that any such disciplinary action
39 that is being appealed shall be identified;

40 (8) A description of any final disciplinary actions by appropriate
41 licensing boards in other states within the most recent 10 years,
42 except that any such disciplinary action that is being appealed shall
43 be identified. The following statement shall be included with the
44 information about disciplinary actions in other states: "Information
45 provided in this section may not be comprehensive. The State
46 Board of Medical Examiners (or the New Jersey State Board of
47 Optometrists) receives information about disciplinary actions in

1 other states from physicians (or optometrists) themselves and
2 outside sources.";

3 (9) In the case of physicians and podiatrists, a description of the
4 circumstances surrounding: (a) any revocation or involuntary
5 restriction of the practitioner's privileges at a health care facility by
6 the governing body or another official thereof, which has been
7 imposed, in accordance with rules of procedural due process, for
8 reasons related to the practitioner's competence **[or]** , misconduct ,
9 or impairment **[taken by a health care facility's governing body or**
10 **any other official of the health care facility after procedural due**
11 **process has been afforded]**; (b) the practitioner's resignation from ,
12 or nonrenewal of medical staff membership at **[the]** , a health care
13 facility for reasons related to the practitioner's competence **[or]** ,
14 misconduct , or impairment; or (c) the restriction of the
15 practitioner's privileges at a health care facility **[taken]** in lieu of ,
16 or **[in]** as settlement **[of]** for, a pending disciplinary case related to
17 the practitioner's competence **[or]** , misconduct , or impairment.
18 Only those cases that have occurred within the most recent 10 years
19 and that were reported by the health care facility pursuant to section
20 2 of P.L.2005, c.83 (C.26:2H-12.2b) shall be included in the profile;
21 and

22 (10) All medical malpractice court judgments and all medical
23 malpractice arbitration awards reported to the applicable board, in
24 which a payment has been awarded to the complaining party during
25 the most recent five years, and all settlements of medical
26 malpractice claims reported to the board, in which a payment is
27 made to the complaining party within the most recent five years, as
28 follows:

29 (a) Pending medical malpractice claims shall not be included in
30 the profile , and information on pending medical malpractice claims
31 shall not be disclosed to the public;

32 (b) A medical malpractice judgment that is being appealed shall
33 be so identified;

34 (c) The context in which the payment of a medical malpractice
35 claim occurs shall be identified by categorizing the number of
36 judgments, arbitration awards , and settlements against the
37 **[physician, podiatrist or optometrist]** practitioner into three
38 graduated categories: average, above average , and below average
39 **[number of judgments, arbitration awards and settlements]**. These
40 groupings shall be arrived at by **[comparing]** determining the
41 number of **[an individual physician's, podiatrist's or optometrist's]**
42 medical malpractice judgments, arbitration awards , and settlements
43 **[to]** associated with the particular practitioner, and comparing
44 these values with the experience of other **[physicians, podiatrists ,**
45 **or optometrists]** practitioners within the same **[speciality]**
46 specialty. In addition to any information provided by a physician,

1 podiatrist , or optometrist, an insurer or insurance association
2 authorized to issue medical malpractice liability insurance in the
3 State shall, at the request of the division, provide data and
4 information necessary to effectuate this subparagraph; and

5 (d) The following statement shall be included with the
6 information concerning medical malpractice judgments, arbitration
7 awards , and settlements: "Settlement of a claim and, in particular,
8 the dollar amount of the settlement may occur for a variety of
9 reasons, which do not necessarily reflect negatively on the
10 professional competence or conduct of the physician (or podiatrist
11 or optometrist). A payment in settlement of a medical malpractice
12 action or claim should not be construed as creating a presumption
13 that medical malpractice has occurred."

14 b. If requested by a physician, podiatrist , or optometrist, the
15 following information shall be included in **【a physician's,**
16 **podiatrist's or optometrist's】** the practitioner's profile:

17 (1) Names of the hospitals where the **【physician, podiatrist or**
18 **optometrist】** practitioner has practice privileges;

19 (2) Appointments of the physician or podiatrist to **【medical】**
20 professional school or college faculties, or of the optometrist to
21 optometry school faculties, within the most recent 10 years;

22 (3) Information regarding any board certification granted by a
23 specialty board or other certifying entity recognized by the
24 American Board of Medical Specialties, the American Osteopathic
25 Association or the American Board of Podiatric Medicine, or by
26 any other national professional organization that has been
27 demonstrated to have comparable standards;

28 (4) Information regarding any translating services that may be
29 available at the **【physician's, podiatrist's or optometrist's】**
30 practitioner's office practice **【site or sites, as applicable, or】**
31 locations, any translating services that may be available to a patient
32 who is receiving health care services remotely, through the use of
33 telemedicine, and any languages , other than English , that are
34 spoken by the **【physician, podiatrist or optometrist】** practitioner;

35 (5) Information regarding whether the **【physician, podiatrist or**
36 **optometrist】** practitioner participates in the Medicaid program or
37 accepts **【assignment】** assignments under the Medicare program;

38 (6) Information regarding the medical insurance plans in which
39 the **【physician, podiatrist or optometrist】** practitioner is a
40 participating provider;

41 (7) Information concerning the hours during which the
42 **【physician, podiatrist or optometrist conducts his】** practitioner
43 engages in traditional in-person practice , and the hours during
44 which the practitioner is available to engage in remote practice,
45 through the use of telemedicine; and

1 (8) Information concerning the accessibility of the practitioner's
2 office practice **【site or sites】** locations **【, as applicable,】** to persons
3 with disabilities.

4 The following disclaimer shall be included with the information
5 supplied by the **【physician, podiatrist or optometrist】** practitioner
6 pursuant to this subsection: "This information has been provided by
7 the physician (or podiatrist or optometrist) but has not been
8 independently verified by the State Board of Medical Examiners (or
9 the New Jersey State Board of Optometrists) or the Division of
10 Consumer Affairs."

11 If the **【physician, podiatrist or optometrist】** practitioner includes
12 information regarding medical insurance plans in which the
13 practitioner is a participating provider, the following disclaimer
14 shall be included with that information: "This information may be
15 subject to change. Contact your health benefits plan to verify if the
16 physician (or podiatrist or optometrist) currently participates in the
17 plan."

18 c. Before a profile is made available to the public, each
19 **【physician, podiatrist or optometrist】** practitioner shall be provided
20 with a copy of **【his】** their respective profile. The **【physician,**
21 **podiatrist or optometrist】** practitioner shall be given 30 calendar
22 days to correct a factual inaccuracy that may appear in the profile
23 and **【so】** advise the Division of Consumer Affairs ₂ or its
24 designated agent ₂ thereof; however, upon receipt of a written
25 request that the division or its designated agent deems reasonable,
26 the **【physician, podiatrist or optometrist】** practitioner may be
27 granted an extension of up to 15 calendar days to correct a factual
28 inaccuracy and **【so】** advise the division or its designated agent.

29 d. If new information or a change in existing information is
30 received by the division concerning a **【physician, podiatrist or**
31 **optometrist】** practitioner, the **【physician, podiatrist or optometrist】**
32 practitioner shall be provided with a copy of the proposed profile
33 revision ₂ and shall be given 30 calendar days to correct a factual
34 inaccuracy and **【to】** return the corrected information to the division
35 or its designated agent.

36 e. The profile and any revisions thereto shall not be made
37 available to the public until after the review period provided for in
38 this section has lapsed.

39 (cf: P.L.2005, c.83, s.18)

40

41 25. Section 1 of P.L.1975, c.240 (C.45:9-27.5) is amended to
42 read as follows:

43 1. As used in **【this act】** P.L.1975, c.240 (C.45:9-27.5 et seq.):

44 a. **【"Physician or surgeon"】** "Physician" means a person
45 **【licensed or permitted】** who possesses a current and valid license or

1 permit, which authorizes the person to engage in the practice of
2 medicine [or surgery] with patients in this State.

3 b. "Contingent fee arrangement" means an agreement for
4 medical services of one or more physicians [or surgeons],
5 including any associated or forwarding medical practitioners, under
6 which compensation in whole or in part is contingent upon the
7 successful accomplishment or disposition of the legal claim to
8 which such medical services are related.

9 (cf: P.L.1975, c. 240, s.1)

10

11 26. Section 2 of P.L.1975, c.240 (C.45:9-27.6) is amended to
12 read as follows:

13 2. Any physician [or surgeon] who renders treatment which
14 [he] the physician knows or reasonably should know is or will be
15 related to, or is or will be the basis of, a legal claim for workmen's
16 compensation or damages in negligence shall provide [his] the
17 patient with a true, accurate and itemized copy of the bill for
18 treatment rendered. Such physician [or surgeon should] shall
19 certify and attest by his signature on all originals and copies of such
20 bills to the actuality and accuracy of the examinations and
21 treatments rendered and the amounts charged for them.

22 (cf: P.L.1975, c.240, s.2)

23

24 27. Section 4 of P.L.1975, c.240 (C.45:9-27.8)

25 4. In any matter where medical services rendered to a client
26 form any part of the basis of a legal claim for damages or
27 workmen's compensation, a physician [or surgeon] shall not
28 contract for, charge, or collect a contingent fee.

29 (cf: P.L.1975, c.240, s.4)

30

31 28. Section 4 of P.L.1991, c.378 (C.45:9-27.13) is amended to
32 read as follows:

33 4. a. The board shall issue a license as a physician assistant to
34 an applicant who has fulfilled the following requirements:

35 (1) Is at least 18 years of age;

36 (2) Is of good moral character;

37 (3) Has successfully completed an approved program; and

38 (4) Has passed the national certifying examination administered
39 by the National Commission on Certification of Physician
40 Assistants, or its successor.

41 b. In addition to the requirements of subsection a. of this
42 section, an applicant for renewal of a license as a physician
43 assistant shall:

44 (1) Execute and submit a sworn statement made on a form
45 provided by the board that neither the license for which renewal is
46 sought nor any similar license or other authority issued by another
47 jurisdiction has been revoked, suspended or not renewed; and

1 (2) Present satisfactory evidence that any continuing education
2 requirements have been completed as required by this act.

3 c. **【The】** Whenever an applicant for a license under this section
4 submits evidence to the board showing that the applicant has been
5 examined and licensed as a physician assistant by the examining
6 and licensing board of another state of the United States, the board
7 shall issue a reciprocal practice license to the applicant based on
8 such evidence, and in lieu of the examination required by paragraph
9 (4) of subsection a. of this section, provided that the criteria
10 identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed
11 to have been satisfied. If the board determines that the criteria in
12 section 3 of P.L.2013, c.182 (C.45:1-7.5) are not satisfied, the
13 board, in consultation with the committee, may **【accept】** still elect,
14 in its discretion, to issue a reciprocal license to the applicant, in lieu
15 of the examination required by paragraph (4) of subsection a. of this
16 section, provided that the applicant submits proof showing that
17 **【an】** the applicant **【for licensure】** holds a current license in **【a】**
18 another state which has standards substantially equivalent to those
19 of this State.

20 d. The board shall issue a temporary license to an applicant
21 who meets the requirements of paragraphs (1), (2) and (3) of
22 subsection a. of this section and who is either waiting to take the
23 first scheduled examination following completion of an approved
24 program ₂ or is awaiting the results of the examination. The
25 temporary license shall expire upon the applicant's receipt of
26 notification of failure to pass the examination.

27 (cf: P.L.1993, c.337, s.1)

28

29 29. Section 6 of P.L.1991, c.378 (C.45:9-27.15) is amended to
30 read as follows:

31 6. a. A physician assistant may practice in all medical care
32 settings, including, but not limited to, a physician's office, a health
33 care facility, an institution, a veterans' home ₂ or a private home, or
34 may practice through the use of telemedicine, as defined by section
35 1 of P.L. ₂, c. (C. ₂) (pending before the Legislature as this
36 bill), provided that:

37 (1) the physician assistant is under the direct supervision of a
38 physician **【pursuant to】** , as provided by section 9 of **【this act】**
39 P.L.1991, c.378 (C.45:9-27.18) ;

40 (2) the practice of the physician assistant is limited to those
41 procedures authorized under section 7 of **【this act】** P.L.1991,
42 c.378 (C.45:9-27.16) ;

43 (3) an appropriate notice of employment has been filed with the
44 board pursuant to subsection b. of section 5 of **【this act】** P.L.1991,
45 c.378 (C.45:9-27.14) ;

1 (4) the supervising physician or physician assistant advises the
2 patient at the time that services are rendered that they are to be
3 performed by the physician assistant;

4 (5) the physician assistant conspicuously wears an identification
5 tag using the term "physician assistant" whenever acting in that
6 capacity; and

7 (6) any entry by a physician assistant in a clinical record is
8 appropriately signed and followed by the designation, "PA-C."

9 b. Any physician assistant who practices in violation of any of
10 the conditions specified in subsection a. of this section shall be
11 deemed to have engaged in professional misconduct in violation of
12 subsection f. of section 8 of P.L.1978, c.73 (C.45:1-21).

13 (cf: P.L.1992, c.102, s.4)

14

15 30. Section 1 of P.L.1947, c.262 (C.45:11-23) is amended to
16 read as follows:

17 1. a. As used in **[this act]** P.L.1947, c.262 (C.45:11-23 et
18 seq.):

19 **[a. The words "the board" mean]** "Advanced practice nurse"
20 means a person who holds a certification in accordance with section
21 8 or 9 of P.L.1991, c.377 (C.45:11-47 or C.45:11-48).

22 "Board" means the New Jersey Board of Nursing created by
23 **[this act]** section 2 of P.L.1947, c.262 (C.45:11-24).

24 **[b. The practice of nursing as a registered professional nurse is**
25 **defined as diagnosing and treating human]**

26 "Collaborating physician" means a person who is licensed to
27 practice medicine, pursuant to chapter 9 of Title 45 of the Revised
28 Statutes, and who agrees to work with an advanced practice nurse.

29 "Homemaker-home health aide" means a person employed with
30 a home care services agency who performs nursing regimens or
31 tasks that have been delegated thereto, pursuant to the authority of a
32 registered professional nurse.

33 "Home care services agency" means and includes any agency,
34 facility, or other entity that is engaged in the business of procuring
35 or offering to procure employment for homemaker-home health
36 aides in exchange for a direct or indirect fee, and includes home
37 health agencies, assisted living residences, comprehensive personal
38 care homes, assisted living programs, or alternate family care
39 sponsor agencies licensed by the Department of Health pursuant to
40 P.L.1971, c.136 (C.26:2H-1 et seq.); and health care service firms
41 or nonprofit homemaker-home health aide agencies regulated by the
42 Division of Consumer Affairs and the Attorney General, pursuant to
43 the respective provisions of P.L.1989, c.331 (C.34:8-43 et seq.),
44 P.L.2002, c.126 (C.34:8-45.1 et seq.), and P.L.1960, c.39 (C.56:8-1
45 et seq.).

1 “Licensed practical nurse” means a person who is licensed,
2 pursuant to R.S.45:11-27, to engage in the practice of practical
3 nursing.

4 “Practical nursing” means nursing practice that involves the
5 performance of tasks and responsibilities within the framework of
6 casefinding, the reinforcement of the patient and family teaching
7 program through health teaching and health counseling, and the
8 provision of supportive and restorative care, all under the direction
9 of a registered professional nurse or a licensed or otherwise legally
10 authorized physician or dentist.

11 “Professional nursing” means nursing practice that involves the
12 identification of, and discrimination between, physical and
13 psychosocial patient responses , including the signs, symptoms, and
14 processes that denote a patient’s health need or reaction to actual or
15 potential physical [and] or emotional health problems, and the
16 selection and implementation of therapeutic measures essential to
17 the effective management of such patient responses, through [such
18 services as] the use of casefinding, health teaching, health
19 counseling, [and provision of] supportive or restorative patient care
20 [supportive to or restorative of life and well-being], and
21 [executing] the execution of medical regimens as prescribed by a
22 licensed or otherwise legally authorized physician or dentist , using
23 any authorized means or methods, including telemedicine, as
24 defined by section 1 of P.L. , c. (C.) (pending before the
25 Legislature as this bill). [Diagnosing in the context of nursing
26 practice means the identification of and discrimination between
27 physical and psychosocial signs and symptoms essential to effective
28 execution and management of the nursing regimen within the scope
29 of practice of the registered professional nurse. Such diagnostic
30 privilege is distinct from a medical diagnosis. Treating means
31 selection and performance of those therapeutic measures essential
32 to the effective management and execution of the nursing regimen.
33 Human responses means those signs, symptoms, and processes
34 which denote the individual's health need or reaction to an actual or
35 potential health problem. The practice of nursing as a licensed
36 practical nurse is defined as performing tasks and responsibilities
37 within the framework of casefinding; reinforcing the patient and
38 family teaching program through health teaching, health counseling
39 and provision of supportive and restorative care, under the direction
40 of a registered nurse or licensed or otherwise legally authorized
41 physician or dentist. The]

42 “Registered professional nurse” means a person who is licensed,
43 pursuant to R.S.45:11-26, to engage in the practice of professional
44 nursing.

45 b. As used in P.L.1947, c.262 (C.45:11-23 et seq.), the terms
46 "nursing," "professional nursing," and "practical nursing" [as used
47 in this act] shall not be construed to include :

1 (1) nursing performed, in the prescribed course of study or
2 training, by students who are enrolled in a school of nursing
3 accredited or approved by the board **【performed in the prescribed**
4 **course of study and training, nor】** ;

5 (2) nursing performed by a graduate of a school identified in
6 paragraph (1) of this subsection, in **【hospitals, institutions and**
7 **agencies】** a hospital, institution, or agency approved by the board
8 for this purpose **【by graduates of such schools pending】** , during the
9 period of time that the graduate is awaiting the results of the first
10 licensing examination scheduled by the board following the
11 graduate's completion of a course of study **【and training】** and the
12 attaining of the age qualification for examination, or **【thereafter】** ,
13 with the approval of the board **【in the case of each individual**
14 **pending】** , during such extended period of time that the graduate is
15 awaiting the results of any subsequent examinations; **【nor shall any**
16 **of said terms be construed to include】**

17 (3) nursing performed by a nurse who is qualified under the
18 laws of another state or country, for a period not exceeding 12
19 months **【unless】** or, if approved by the board **【shall approve】** , for a
20 longer period of time , in **【hospitals, institutions or agencies by a**
21 **nurse legally qualified under the laws of another state or country】** a
22 hospital, institution, or agency in this State, pending the nurse's
23 receipt of results of an application for licensing under **【this act】**
24 P.L.1947, c.262 (C.45:11-23 et seq.), **【if】** provided that such nurse
25 does not represent or hold himself or herself out to the public as a
26 nurse who is licensed to practice **【under this act】** in this State; **【nor**
27 **shall any of said terms be construed to include the practice of】**

28 (4) nursing **【in this State】** performed by any legally qualified
29 nurse of another state whose engagement made outside of this State
30 requires such nurse to accompany and care for the patient while in
31 this State during the period of such engagement, not to exceed six
32 months in this State, **【if】** provided that such nurse does not
33 represent or hold himself or herself out to the public as a nurse who
34 is licensed to practice in this State; **【nor shall any of said terms be**
35 **construed to include】**

36 (5) nursing performed by employees or officers of the United
37 States Government or any agency or service thereof while in the
38 discharge of **【his or her】** their official duties; **【nor shall any of said**
39 **terms be construed to include】**

40 (6) services performed by nurses aides, attendants, orderlies and
41 ward helpers in hospitals, institutions , and agencies , or by
42 technicians, physiotherapists, or medical secretaries**【,** and such
43 duties performed by said persons aforementioned shall not be
44 subject to rules or regulations which the board may prescribe

1 concerning nursing; nor shall any of said terms be construed to
2 include】 ;

3 (7) first aid nursing assistance, or gratuitous care provided by
4 friends or members of the family of a sick or infirm person **【, or】** ;

5 (8) incidental care of the sick by a person employed primarily as
6 a domestic or housekeeper, notwithstanding that the occasion for
7 such employment may be sickness, **【if】** provided that such
8 incidental care does not constitute professional nursing and **【such】**
9 the person engaging in such care does not claim or purport to be a
10 licensed nurse; **【nor shall any of said terms be construed to**
11 **include】 and**

12 (9) services rendered in accordance with the practice of the
13 religious tenets of any well-recognized church or denomination
14 which subscribes to the art of healing by prayer. A person who is
15 otherwise qualified shall not be denied licensure as a professional
16 nurse or practical nurse by reason of the circumstances that such
17 person is in religious life and has taken a vow of poverty.

18 **【c. "Homemaker-home health aide" means a person who is**
19 **employed by a home care services agency and who is performing**
20 **delegated nursing regimens or nursing tasks delegated through the**
21 **authority of a duly licensed registered professional nurse. "Home**
22 **care services agency" means home health agencies, assisted living**
23 **residences, comprehensive personal care homes, assisted living**
24 **programs or alternate family care sponsor agencies licensed by the**
25 **Department of Health and Senior Services pursuant to P.L.1971,**
26 **c.136 (C.26:2H-1 et al.), nonprofit homemaker-home health aide**
27 **agencies, and health care service firms regulated by the Director of**
28 **the Division of Consumer Affairs in the Department of Law and**
29 **Public Safety and the Attorney General pursuant to P.L.1989,**
30 **c.331 (C.34:8-43 et seq.) and P.L.1960, c.39 (C.56:8-1 et seq.)**
31 **respectively, which are engaged in the business of procuring or**
32 **offering to procure employment for homemaker-home health aides,**
33 **where a fee may be exacted, charged or received directly or**
34 **indirectly for procuring or offering to procure that employment.**

35 d. "Advanced practice nurse" means a person who holds a
36 certification in accordance with section 8 or 9 of P.L.1991,
37 c.377 (C.45:11-47 or 45:11-48).

38 e. "Collaborating physician" means a person licensed to
39 practice medicine and surgery pursuant to chapter 9 of Title 45 of
40 the Revised Statutes who agrees to work with an advanced practice
41 nurse.】

42 c. Nothing in **【this act】** P.L.1947, c.262 (C.45:11-23 et seq.)
43 shall **【confer the authority to】** be deemed to provide a person who
44 is licensed to practice nursing with the authority to practice
45 **【another】** any other health profession **【as currently defined in】** ,

1 unless the person first obtains the appropriate license therefor,
2 pursuant to Title 45 of the Revised Statutes.
3 (cf: P.L.2004, c.122, s.1)
4

5 31. Section 4 of P.L.1947, c.262 (C.45:11-26) is amended to
6 read as follows:

7 4. a. Qualifications of applicants. An applicant for a license to
8 practice professional nursing shall submit evidence to the board
9 **[evidence]** , in such form as the board may prescribe , showing that
10 **[said]** the applicant: (1) has attained **[his or her eighteenth**
11 **birthday]** the age of 18; (2) is of good moral character, is not a
12 habitual user of drugs , and has never been convicted or has not
13 pleaded nolo contendere, non vult contendere or non vult to an
14 indictment, information or complaint alleging a violation of any
15 Federal or State law relating to narcotic drugs; (3) holds a diploma
16 from an accredited 4-year high school or the equivalent thereof as
17 determined by the New Jersey State Department of Education; and
18 (4) has completed a course of professional nursing study in an
19 accredited school of professional nursing , as defined by the board ,
20 and holds a diploma therefrom.

21 Notwithstanding anything herein contained, any person who
22 possesses the educational and school of professional nursing
23 qualifications for registration required by the law of this State at the
24 time of his or her graduation from an accredited school of
25 professional nursing shall be deemed to possess the qualifications
26 identified in paragraphs (3) and (4) [prescribed hereinabove in] of
27 this subsection.

28 Notwithstanding anything herein contained, any person who
29 **[shall have]** possesses the qualifications identified in paragraphs
30 (1) and (2) of this subsection, and **[shall have]** who has graduated
31 from a school of professional nursing, which need not be an
32 accredited school, shall be deemed to have qualifications identified
33 in paragraphs (3) and (4) of this subsection, but only upon
34 complying with such reasonable requirements as to high school and
35 school of nursing studies and training as the board may prescribe;
36 and provided [, however] further, that such person **[shall make]**
37 submits an application , in the form and manner prescribed by the
38 board , within **[1]** one year from the effective date of **[this act]**
39 P.L.1947, c.262 (C.45:11-23 et seq.), [and shall] satisfactorily
40 **[complete such]** complies with the reasonable requirements
41 established by the board, and successfully **[pass]** passes the
42 examinations required thereby, within two years after the filing of
43 the application, which examinations shall be limited to the subject
44 matters in the curriculum required by the board at the time of the
45 applicant's graduation, as provided for in subsection b. **[hereof,**
46 within 2 years after the date of the filing of such application] of this
47 section.

1 b. License.

2 (1) By examination. The applicant shall be required to pass a
3 written examination in such subjects as the board may determine,
4 which examination may be supplemented by an oral or practical
5 examination, or both. Upon successfully passing such examinations
6 the applicant shall be licensed by the board to practice professional
7 nursing.

8 (2) By indorsement without examination. ~~【The】 Whenever an~~
9 ~~applicant submits evidence to the board showing that the applicant~~
10 ~~has been examined and licensed as a registered or professional~~
11 ~~nurse by the examining and licensing board of another state of the~~
12 ~~United States, the board shall issue a reciprocal practice license to~~
13 ~~the applicant, by indorsement, and without conducting a written~~
14 ~~examination thereof, provided that the criteria identified in section~~
15 ~~3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been satisfied.~~
16 ~~If the board determines that these statutory criteria are not satisfied,~~
17 ~~the board may still elect, in its discretion, to issue a reciprocal~~
18 ~~professional nursing license 【to practice professional nursing】 ,~~
19 ~~without examination , to an applicant who has been duly licensed or~~
20 ~~registered as a registered or professional nurse , by examination or~~
21 ~~by original waiver , under the laws of another State, territory , or~~
22 ~~possession of the United States, or the District of Columbia, or any~~
23 ~~foreign country, if , in the opinion of the board , the applicant has~~
24 ~~the qualifications required by 【this act】 P.L.1947, c.262 (C.45:11-~~
25 ~~23 et seq.) for the licensing of professional nurses, or possesses~~
26 ~~equivalent qualifications.~~

27 c. Fees. An applicant for a license by examination shall pay to
28 the board , at the time of application , a fee of ~~【\$25.00】 \$25,~~ and ,
29 at the time of each application for re-examination , a fee of
30 ~~【\$20.00】 \$20.~~ An applicant for a reciprocal license without
31 examination shall pay to the board , at the time of application , a fee
32 of ~~【\$15.00】 \$15.~~

33 d. Nurses registered under a previous law. Any person who
34 ~~【on】 , as of~~ the effective date of ~~【this act】 P.L.1947,~~
35 ~~c.262 (C.45:11-23 et seq.),~~ holds a subsisting certificate of
36 registration as a registered nurse , which was issued pursuant to the
37 provisions of the act repealed by ~~【section 22 of this act】 P.L.1947,~~
38 ~~c.262 (C.45:11-23 et seq.),~~ shall be deemed to be licensed as a
39 professional nurse under ~~【this act】 P.L.1947, c.262 (C.45:11-23 et~~
40 ~~seq.)~~ during the calendar year in which ~~【this act shall take】~~
41 ~~P.L.1947, c.262 (C.45:11-23 et seq.)~~ takes effect, and such person
42 and any person who heretofore held a certificate of registration
43 under ~~【said act hereby】 such~~ repealed ~~【as aforesaid】 act~~ shall be
44 entitled to a renewal of such license as ~~【in the case of】 provided for~~
45 professional nurses who are licensed ~~【originally under this act】~~
46 pursuant to P.L.1947, c.262 (C.45:11-23 et seq.).

1 e. Title and abbreviations used by licensee. Any person who
2 holds a license to practice professional nursing , which has been
3 issued under this [act] section, shall , during the effective period of
4 such license , be entitled to use the title "Registered Nurse" and the
5 abbreviation "R.N." The effective period of a license , or a renewal
6 thereof , shall commence on the date of issuance and shall terminate
7 at the end of the calendar year in which it is issued, and shall not
8 include any period of suspension ordered by the board as
9 hereinafter provided.

10 (cf: P.L.1966, c.186, s.2)

11
12 32. Section 5 of P.L.1947, c.262 (C.45:11-27) is amended to
13 read as follows:

14 5. a. Qualifications of applicants. An applicant for a license to
15 practice practical nursing shall submit evidence to the board
16 **[evidence]** , in such form as the board may prescribe , showing that
17 the applicant ; (1) has attained **[his or her eighteenth birthday]** the
18 age of 18; (2) is of good moral character, is not an habitual user of
19 drugs , and has never been convicted or has not pleaded nolo
20 contendere, non vult contendere or non vult to an indictment,
21 information , or complaint alleging a violation of any Federal or
22 State law relating to narcotic drugs; (3) has completed **[2]** two
23 years of high school or the equivalent thereof, as determined by the
24 New Jersey State Department of Education; (4) has completed a
25 course of study in a school of practical nursing approved by the
26 board , and holds a diploma either therefrom, or **[holds a diploma]**
27 from a school of practical nursing operated by a board of education
28 in this State ; and (5) is certified by the Department of Education as
29 having completed the number of hours of instruction in the subjects
30 **[in the]** and curriculum prescribed by the board **[and an approved**
31 **course of affiliation]** , or has equivalent qualifications as
32 determined by the board.

33 b. License.

34 (1) By examination. The applicant shall be required to pass a
35 written examination in such subjects as the board may determine,
36 which examination may be supplemented by an oral or practical
37 examination₂, or both. Upon successfully passing such examinations,
38 the applicant shall be licensed by the board to practice practical
39 nursing.

40 (2) By indorsement without examination. **[The]** Whenever an
41 applicant submits evidence to the board showing that the applicant
42 has been examined and licensed as a practical nurse, or as a person
43 entitled to perform similar services under a different title, by the
44 examining and licensing board of another state of the United States,
45 the board shall issue a reciprocal practice license to the applicant,
46 by indorsement, and without conducting an examination thereof,
47 provided that the criteria identified in section 3 of P.L.2013,

1 c.182 (C.45:1-7.5) are deemed to have been satisfied. If the board
2 determines that these statutory criteria are not satisfied, the board
3 **【shall】** may still elect, in its discretion, to issue a reciprocal
4 practical nursing license 【to practice practical nursing】 , without
5 examination , to any applicant who has been duly licensed as a
6 practical nurse or as a person who is entitled to perform similar
7 services under a different title , either by 【practical nurse】
8 examination or by original waiver , under the laws of another State,
9 territory , or possession of the United States, or the District of
10 Columbia, if , in the opinion of the board , the applicant has the
11 qualifications required by 【this act】 P.L.1947, c.262 (C.45:11-23 et
12 seq.) for the licensing of practical nurses , or possesses equivalent
13 qualifications.

14 (3) Waiver. If application therefor is made, upon a form
15 prescribed by the board, on or before September 1, 1958, the board
16 shall issue , without examination , a license to practice practical
17 nursing to an applicant who submits evidence to the board
18 **【evidence】** , in such form as the board may prescribe , showing that
19 the applicant has the qualifications identified in paragraphs (1) and
20 (2) **【provided in】** of subsection 【"a"】 a. of this section , and had ,
21 within 【5】 five years prior to application , at least 【2】 two years of
22 satisfactory experience in practical nursing, at least 【1】 one year of
23 which shall have been performed in this State , except in cases of
24 **【such】** nursing performed in an agency or service of the Federal
25 Government; provided, however, that except in cases of such
26 nursing performed in an agency or service of the Federal
27 Government, such applicant is indorsed under oath by 【2】 two
28 physicians who are duly licensed to practice medicine 【and
29 surgery】 in New Jersey , and who have personal knowledge of the
30 applicant's qualifications and satisfactory performance of practical
31 nursing , and by 【2】 two persons who have employed the applicant.

32 c. Fees. An applicant for license by examination shall pay to
33 the board , at the time of application , a fee of **【\$20.00】** \$20, and at
34 the time of each application for re-examination , a fee of **【\$10.00】**
35 \$10. 【At the time of application an】 An applicant for a reciprocal
36 license , without examination , or for a license by waiver, shall pay
37 to the board , at the time of application, a fee of 【\$10.00, and an
38 applicant for license by waiver shall pay to the board a fee of
39 \$10.00】 \$10.

40 d. Title used by licensee. Any person who holds a license to
41 practice practical nursing , which has been issued under this **【act】**
42 section, shall , during the effective period of such license , be
43 entitled to practice practical nursing and to use the title "Licensed
44 Practical Nurse" and the abbreviation "L.P.N." The effective period
45 of a license or a renewal thereof shall commence on the date of
46 issuance , and shall terminate at the end of the calendar year in

1 which it is issued, and shall not include any period of suspension
2 ordered by the board as hereinafter provided.

3 (cf: P.L.1966, c.186, s.3)

4

5 33. Section 8 of P.L.1991, c.377 (C.45:11-47) is amended to
6 read as follows:

7 8. a. The New Jersey Board of Nursing may issue a certification
8 as an advanced practice nurse to an applicant who fulfills the
9 following requirements:

10 (1) Is at least 18 years of age;

11 (2) Is of good moral character;

12 (3) Is a registered professional nurse;

13 (4) Has successfully completed an educational program,
14 including pharmacology, approved by the board; and

15 (5) Has passed a written examination approved by the board.

16 b. In addition to the requirements of subsection a. of this
17 section, an applicant for renewal of a certification as an advanced
18 practice nurse shall present satisfactory evidence that, in the period
19 since the certification was issued or last renewed, all continuing
20 education requirements have been completed as required by
21 regulations adopted by the board.

22 c. **【The】** Notwithstanding the provisions of paragraph (5) of
23 subsection a. of this section to the contrary, whenever an applicant
24 submits evidence to the board showing that the applicant has been
25 examined and licensed or certified as an advanced practice nurse, or
26 as a person entitled to perform similar services under a different
27 title, by the examining and licensing or certification board of
28 another state of the United States, the board shall certify the
29 applicant as an advanced practice nurse, by indorsement, and
30 without conducting an examination thereof, provided that the
31 criteria identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are
32 deemed to have been satisfied. If the board determines that these
33 statutory criteria are not satisfied, the board may **【accept, in lieu of**
34 the**】** still elect, in its discretion, to certify the applicant as an
35 advanced practice nurse, by indorsement, and without requiring the
36 applicant to undergo the written examination required by paragraph
37 (5) of subsection a. of this section, provided that the applicant
38 submits proof showing that **【an】** the applicant **【for certification】**
39 holds a current license or certification as an advanced practice
40 nurse, or as a person entitled to perform similar services under a
41 different title, in a state which has standards substantially
42 equivalent to those of this State.

43 (cf: P.L.1999, c.85, s.6)

44

45 34. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to
46 read as follows:

47 10. a. In addition to all other tasks which a registered
48 professional nurse may, by law, perform, an advanced practice

1 nurse may manage preventive care services, and diagnose and
2 manage deviations from wellness and long-term illnesses, consistent
3 with the needs of the patient and within the scope of practice of the
4 advanced practice nurse, by:

- 5 (1) initiating laboratory and other diagnostic tests;
- 6 (2) prescribing or ordering medications and devices, as
7 authorized by subsections b. and c. of this section; and
- 8 (3) prescribing or ordering treatments, including referrals to
9 other licensed health care professionals, and performing specific
10 procedures in accordance with the provisions of this subsection.

11 b. An advanced practice nurse may order medications and
12 devices in the inpatient setting, subject to the following conditions:

13 (1) the collaborating physician and advanced practice nurse
14 shall address in the joint protocols whether prior consultation with
15 the collaborating physician is required to initiate an order for a
16 controlled dangerous substance;

17 (2) the order is written in accordance with standing orders or
18 joint protocols developed in agreement between a collaborating
19 physician and the advanced practice nurse, or pursuant to the
20 specific direction of a physician;

21 (3) the advanced practice nurse authorizes the order by signing
22 **his** the nurse's own name, printing the nurse's name and
23 certification number, and printing the collaborating physician's
24 name;

25 (4) the physician is present or readily available through
26 electronic communications;

27 (5) the charts and records of the patients treated by the advanced
28 practice nurse are reviewed by the collaborating physician and the
29 advanced practice nurse within the period of time specified by rule
30 adopted by the Commissioner of Health and Senior Services
31 pursuant to section 13 of P.L.1991, c.377 (C.45:11-52);

32 (6) the joint protocols developed by the collaborating physician
33 and the advanced practice nurse are reviewed, updated and signed at
34 least annually by both parties; and

35 (7) the advanced practice nurse has completed six contact hours
36 of continuing professional education in pharmacology related to
37 controlled substances, including pharmacologic therapy and
38 addiction prevention and management, in accordance with
39 regulations adopted by the New Jersey Board of Nursing. The six
40 contact hours shall be in addition to New Jersey Board of Nursing
41 pharmacology education requirements for advanced practice nurses
42 related to initial certification and recertification of an advanced
43 practice nurse as set forth in N.J.A.C.13:37-7.2 and 13:37-7.5.

44 c. An advanced practice nurse may prescribe medications and
45 devices in **all** any other medically appropriate **settings** setting,
46 or while engaging in telemedicine, as defined by section 1 of
47 P.L. , c. (C.) (pending before the Legislature as this bill),
48 subject to the following conditions:

- 1 (1) the collaborating physician and advanced practice nurse
2 shall address in the joint protocols whether prior consultation with
3 the collaborating physician is required to initiate a prescription for a
4 controlled dangerous substance;
- 5 (2) the prescription is written in accordance with standing orders
6 or joint protocols developed in agreement between a collaborating
7 physician and the advanced practice nurse, or pursuant to the
8 specific direction of a physician;
- 9 (3) the advanced practice nurse writes the prescription on a New
10 Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40
11 et seq.), signs **【his】** the nurse's name to the prescription and prints
12 **【his】** the nurse's name and certification number;
- 13 (4) the prescription is dated and includes the name of the patient
14 and the name, address , and telephone number of the collaborating
15 physician;
- 16 (5) the physician is present or readily available through
17 electronic communications;
- 18 (6) the charts and records of the patients treated by the advanced
19 practice nurse are periodically reviewed by the collaborating
20 physician and the advanced practice nurse;
- 21 (7) the joint protocols developed by the collaborating physician
22 and the advanced practice nurse are reviewed, updated and signed at
23 least annually by both parties; and
- 24 (8) the advanced practice nurse has completed six contact hours
25 of continuing professional education in pharmacology related to
26 controlled substances, including pharmacologic therapy and
27 addiction prevention and management, in accordance with
28 regulations adopted by the New Jersey Board of Nursing. The six
29 contact hours shall be in addition to New Jersey Board of Nursing
30 pharmacology education requirements for advanced practice nurses
31 related to initial certification and recertification of an advanced
32 practice nurse as set forth in N.J.A.C.13:37-7.2 and 13:37-7.5.
- 33 d. The joint protocols employed pursuant to subsections b. and
34 c. of this section shall conform with standards adopted by the
35 Director of the Division of Consumer Affairs pursuant to section 12
36 of P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999,
37 c.85 (C.45:11-49.2), as applicable.
- 38 e. (Deleted by amendment, P.L.2004, c.122.)
39 (cf: P.L.2004, c.122, s.2)
- 40
- 41 35. Section 2 of P.L.1966, c.282 (C.45:14B-2) is amended to
42 read as follows:
 - 43 2. As used in **【this act】** P.L.1966, c.282 (C.45:14B-1 et seq.),
44 **【unless the context clearly requires】** and except as otherwise **【and**
45 **except as in this act expressly otherwise】** provided therein:

1 **[(a)]** “Board” means the State Board of Psychological
 2 Examiners established pursuant to section 9 of P.L.1966,
 3 c.282 (C.45:14B-9).

4 "Licensed practicing psychologist" means an individual to whom
 5 a license has been issued pursuant to the provisions of **[this act]**
 6 P.L.1966, c.282 (C.45:14B-1 et seq.), which license is in force and
 7 not suspended or revoked as of the particular time in question.

8 **[(b)]** The "practice" **["Practice** of psychology" means the
 9 rendering of professional psychological services for a fee, monetary
 10 or otherwise, to an individual or group of individuals **[**, singly or in
 11 groups**]**, whether in the general public or in public or private
 12 organizations, by any authorized means or method, including
 13 telemedicine, as defined by section 1 of P.L. , c. (C.)
 14 (pending before the Legislature as this bill) **[either public or**
 15 private, for a fee, monetary or otherwise**]**.

16 "Professional psychological services" means the application of
 17 psychological principles and procedures in the assessment,
 18 counseling , or psychotherapy of individuals for the purposes of
 19 promoting the optimal development of their potential or
 20 ameliorating their personality disturbances and maladjustments as
 21 manifested in personal and interpersonal situations. **[Within the**
 22 meaning of this act, professional psychological services**]**
 23 “Professional psychological services” does not include the
 24 application for a fee, monetary or otherwise, of psychological
 25 principles and procedures for purposes other than those described in
 26 this section.

27 **[(c)]** "Board" means the State Board of Psychological Examiners
 28 acting as such under the provisions of this act.

29 **[(d)]** "Recognized educational institution" means any educational
 30 institution **[which]** that is a **[2-year]** two-year junior college or
 31 **[one which]** that grants the Bachelor's, Master's, **[and]** or Doctor's
 32 degrees**[**, or any one or more thereof**]**, and which is recognized by
 33 the New Jersey State Board of Education or by any accrediting
 34 body acceptable to the State Board of Psychological Examiners.
 35 (cf: P.L.1966, c.282, s.2)

36
 37 36. Section 14 of P.L.1966, c.282 (C.45:14B-14) is amended to
 38 read as follows:

39 14. Each person desiring to obtain a license as a practicing
 40 psychologist shall make application therefor to the board upon such
 41 form , and in such manner , as the board shall prescribe , and shall
 42 furnish evidence satisfactory to the board showing that **[he]** the
 43 applicant:

44 **[(a)]** a. Is at least 21 years of age;

45 **[(b)]** b. Is of good moral character;

1 **[(c)]** c. Is not engaged in any practice or conduct which would
2 be a ground for refusing to issue, suspending , or revoking a license
3 issued pursuant to **[this act]** P.L.1966, c. 282 (C.45:14B-1 et seq.);
4 and

5 **[(d)]** d. Qualifies for reciprocal licensing **[by an examination**
6 **of credentials or]** , as provided by section 20 of P.L.1966,
7 c.282 (C.45:14B-20), or for admission to an assembled licensure
8 examination to be conducted by the board pursuant to section 18
9 of P.L.1966, c.282 (C.45:14B-18).

10 (cf: P.L.1966, c.282, s.14)

11
12 37. Section 20 of P.L.1966, c.282 (C.45:14B-20) is amended to
13 read as follows:

14 20. **[The]** Whenever an applicant for a license under P.L.1966,
15 c.282 (C.45:14B-1 et seq.) submits evidence to the board showing
16 that the applicant has been examined and licensed by the examining
17 and licensing board of another state of the United States, the board
18 shall issue a reciprocal practice license to the applicant, without
19 conducting a written examination thereof, provided that the criteria
20 identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed
21 to have been satisfied. If the board determines that these statutory
22 criteria are not satisfied, the board may still elect, in its discretion,
23 to issue a reciprocal practice license [by an examination of
24 credentials] , without prior examination, to any applicant who
25 presents evidence that **[he]** the applicant: **[(a)]** is licensed or
26 certified as a psychologist in another State **[with]** , which has
27 licensure or certification requirements **[for said license or**
28 **certificate]** that are substantially similar to this State, such that the
29 board is of the opinion that **[said]** the applicant is competent to
30 engage in the practice of psychology in this State ; or [(b)] holds a
31 diploma from a nationally recognized psychological board or
32 agency.

33 (cf: P.L.1966, c.282, s.20)

34
35 38. Section 3 of P.L.2000, c.57 (C.45:14BB-3) is amended to
36 read as follows:

37 3. As used in **[this act]** P.L.2000, c.57 (C.45:14BB-1 et seq.):

38 "Advisory committee" means the Certified Psychoanalysts
39 Advisory Committee established pursuant to section 4 of **[this act]**
40 P.L.2000, c.57 (C.45:14BB-4).

41 "Director" means the Director of the Division of Consumer
42 Affairs in the Department of Law and Public Safety or his
43 designee.

44 "National psychoanalytic association" means a national
45 professional organization of psychoanalysts that conducts on-site

1 visits of psychoanalytic institutes applying for association
2 membership.

3 "Psychoanalytic services" means therapeutic services **【that】** ,
4 which are based on an understanding of the unconscious and how
5 unconscious processes affect the human mind as a whole, including
6 actions, thoughts, perceptions , and emotions , and which are
7 delivered to a patient by a State certified psychoanalyst through any
8 appropriate means or method, including, but not limited to,
9 telemedicine.

10 "State certified psychoanalyst" means an individual who has met
11 the eligibility requirements contained in section 6 of **【this act】**
12 P.L.2000, c.57 (C.45:14BB-6) and holds a current, valid certificate
13 of State certification.

14 (cf: P.L.2000, c.57, s.3)

15

16 39. Section 10 of P.L.2000, c.57 (C.45:14BB-10) is amended to
17 read as follows:

18 10. a. Notwithstanding the provisions of section 6 of P.L.2000,
19 c.57 (C.45:14BB-6) to the contrary, whenever an applicant for
20 certification under P.L.2000, c.57 (C.45:14BB-1 et seq.) submits
21 evidence to the director showing that the applicant has been
22 examined and licensed or certified as a psychoanalyst by the
23 examining and licensing board of another state of the United States,
24 the director shall certify the applicant as a State certified
25 psychoanalyst, by indorsement, and without conducting an
26 examination thereof, provided that the criteria identified in section
27 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been satisfied.
28 If the director determines that these statutory criteria are not
29 satisfied, the director may still elect, in his or her discretion, to
30 certify the applicant as a State certified psychoanalyst, by
31 endorsement, and without requiring the applicant to undergo the
32 examination required by subsection e. of section 6 of P.L.2000,
33 c.57 (C.45:14BB-6), provided that the conditions described in
34 section b. of this section are satisfied.

35 b. The director may waive the education, experience , and
36 examination requirements for State certification **【pursuant to this**
37 **act】** that are provided by P.L.2000, c.57 (C.45:14BB-1 et seq.), and
38 may issue a State certification , by endorsement , to any applicant
39 who holds a current license, registration , or certificate to practice
40 psychoanalysis issued by the agency of another state or country
41 which, in the opinion of the director, has requirements for licensure,
42 registration , or certification that are equivalent to , or higher than
43 **【those required to be certified pursuant to this act】** the requirements
44 provided by P.L.2000, c.57 (C.45:14BB-1 et seq.).

45 (cf: P.L.2000, c.57, s.10)

1 40. Section 3 of P.L.1991, c.134 (C.45:15BB-3) is amended to
2 read as follows:

3 3. As used in **[this act]** P.L.1991, c.134 (C.45:15BB-1 et seq.):

4 "Board" means the State Board of Social Work Examiners,
5 established in section 10 of **[this act]** P.L.1991, c.134 (C.45:15BB-
6 10).

7 "Certified social worker" means a person who holds a current,
8 valid certificate issued pursuant to subsection c. of section 6 or
9 subsection c. of section 8 of **[this act]** P.L.1991, c.134 (C.45:15BB-
10 6 or C.45:15BB-8).

11 "Clinical social work" means the professional application of
12 social work methods and values in the assessment and
13 psychotherapeutic counseling of individuals, families, or groups **[.**
14 **Clinical social work services shall include]** using any authorized
15 means or method, including telemedicine, as defined by section 1 of
16 P.L. , c. (C.) (pending before the Legislature as this bill).
17 The practice of clinical social work includes, but shall not be
18 limited to: assessment; psychotherapy; client-centered advocacy;
19 and consultation.

20 "Director" means the Director of the Division of Consumer
21 Affairs.

22 "Licensed clinical social worker" means a person who holds a
23 current, valid license issued pursuant to subsection a. of section 6 or
24 subsection a. or d. of section 8 of **[this act]** P.L.1991,
25 c.134 (C.45:15BB-6 or C.45:15BB-8).

26 "Licensed social worker" means a person who holds a current,
27 valid license issued pursuant to subsection b. of section 6 or
28 subsection b. of section 8 of **[this act]** P.L.1991,
29 c.134 (C.45:15BB-6 or C.45:15BB-8).

30 "Psychotherapeutic counseling" means the ongoing interaction
31 between a social worker and an individual, family , or group for the
32 purpose of helping to resolve symptoms of mental disorder,
33 psychosocial stress, relationship problems , or difficulties in coping
34 with the social environment, through the practice of psychotherapy.

35 "Social work" means the activity directed at enhancing,
36 protecting , or restoring a person's capacity for social functioning,
37 whether impaired by physical, environmental, or emotional factors.
38 The practice of social work shall include, but shall not be limited to:
39 policy and administration; clinical social work; social work
40 counseling; planning and community organization; social work
41 education; and research.

42 "Social work counseling" means the professional application of
43 social work methods and values in advising and providing guidance
44 to individuals, families , or groups for the purpose of enhancing,
45 protecting , or restoring the capacity for coping with the social
46 environment, exclusive of the practice of psychotherapy.

1 "Supervision" means the direct review of a supervisee for the
2 purpose of teaching, training, administration, accountability, or
3 clinical review by a supervisor in the same area of specialized
4 practice.

5 (cf: P.L.1995, c.66, s.1)

6
7 41. Section 7 of P.L.1991, c.134 (C.45:15BB-7) is amended to
8 read as follows:

9 7. **【An】** Notwithstanding the provisions of section 6 of
10 P.L.1991, c.134 (C.45:15BB-6) to the contrary, whenever an
11 applicant for licensure under P.L.1991, c.134 (C.45:15BB-1 et seq.)
12 submits evidence to the board showing that the applicant has been
13 examined and licensed by the examining and licensing board of
14 another state of the United States, the board shall issue a reciprocal
15 practice license to the applicant, without conducting a written
16 examination thereof, provided that the criteria identified in section
17 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been satisfied.
18 If the board determines that these statutory criteria are not satisfied,
19 the board may **【be exempted】** still elect, in its discretion, to issue a
20 reciprocal practice license to the applicant, and thereby exempt the
21 applicant from the **【requirement of】** provisions of P.L.1991,
22 c.134 (C.45:15BB-1 et seq.) requiring the taking and passing of any
23 licensure examination **【provided for in this act if】** , provided that
24 the applicant **【satisfies the board that the applicant】** is licensed or
25 registered under the laws of a state, territory, or jurisdiction of the
26 United States, which, in the opinion of the board, imposes
27 substantially the same educational and experiential requirements as
28 this **【act】** State, and the applicant, pursuant to the laws of **【the】**
29 such state, territory, or jurisdiction, has taken and passed an
30 examination similar to that from which exemption is sought.

31 (cf: P.L.1991, c.134, s.7)

32
33 42. The following sections of law are repealed:

34 R.S.45:9-18; and

35 R.S.45:9-18.1.

36
37 43. This act shall take effect immediately, and sections 4, 5, and
38 6 of this act shall apply to contracts that are entered into on or after
39 the effective date hereof.

40
41
42 STATEMENT

43
44 This bill would authorize health care practitioners in the State –
45 including physicians, nurse practitioners, psychologists,
46 psychiatrists, psychoanalysts, licensed clinical social workers,
47 physician assistants, and any other health care professional acting

1 within the scope of a valid license or certification issued pursuant to
2 Title 45 of the Revised Statutes – to deliver health care services,
3 and establish a practitioner/patient relationship, through the use of
4 telemedicine. This authorization would extend to mental health
5 screeners, who, as specified by the bill, would be allowed to engage
6 in mental health screening procedures through telemedicine without
7 necessitating a waiver from existing rules.

8 “Telemedicine” is defined by the bill to mean the delivery of a
9 health care service using electronic communications, information
10 technology, or other electronic or technological means to bridge the
11 gap between the health care practitioner who is located at one site,
12 and a patient who is located at a different, remote site, either with or
13 without the assistance of an intervening health care provider, and
14 which typically involves the provision of health care services
15 through the application of secure, two-way videoconferencing or
16 store-and-forward technology that is designed to replicate the
17 traditional in-person encounter and interaction between health care
18 practitioner and patient by allowing for interactive, real-time visual
19 and auditory communication, and the electronic transmission of
20 images, diagnostics, and medical records. “Telemedicine” would
21 not include the use of audio-only telephone conversation, electronic
22 mail, instant messaging, phone text, or facsimile transmission.

23 Pursuant to the bill’s provisions, the delivery of health care
24 services through the use of telemedicine would be subject to the
25 same standards of care and rules of practice as are applicable to
26 traditional in-person practice, and the use of telemedicine would not
27 reduce or eliminate any existing duty or responsibility of the health
28 care practitioner, or any assistant thereof, including any duty or
29 responsibility related to recordkeeping or the maintenance of patient
30 confidentiality. Any health care practitioner who engages in
31 telemedicine without complying with the ordinary standards of care
32 or rules of practice applicable to in-person practice would be
33 subject to discipline by the respective licensing board, as provided
34 by law.

35 The bill would authorize an out-of-State health care practitioner
36 to engage in telemedicine with patients in this State, but only
37 pursuant to a reciprocal medical practice (or other appropriate
38 practice) license. Existing law at N.J.S.A.45:1-7.5 – which was
39 enacted in 2013 and became effective on July 1, 2014 – already
40 provides that a reciprocal license must be granted to any out-of-
41 State health care practitioner, upon application therefor, if: (1) the
42 other state has substantially equivalent requirements for licensure,
43 registration, or certification; (2) the applicant has practiced in the
44 profession within the five-year period preceding application; (3) the
45 respective New Jersey State board receives documentation showing
46 that the applicant’s out-of-State license is in good standing, and that
47 the applicant has no conviction for a disqualifying offense; and (4)
48 an agent in this State is designated for service of process if the non-

1 resident applicant does not have an office in this State. Consistent
2 with the provisions of N.J.S.A.45:1-7.5, this bill would amend the
3 individual practice laws pertaining to the reciprocal licensure (or
4 licensure by indorsement) of physicians, nurse practitioners, social
5 workers, psychologists, psychoanalysts, and physician assistants –
6 which, in most cases, currently provide only for discretionary
7 reciprocal licensure – in order to clarify that a reciprocal license:
8 (1) must be granted if the conditions established by N.J.S.A.45:1-
9 7.5 are satisfied; and (2) may still be granted, in the discretion of
10 the respective licensing board, in cases where those statutory
11 conditions are not satisfied.

12 In addition to clarifying the existing State law that pertains to the
13 reciprocal licensing of health care practitioners, the bill would also
14 require the Board of Medical Examiners to evaluate the interstate
15 Telemedicine Licensure Compact that is currently being promoted
16 by the Federation of State Medical Boards, and which, if adopted,
17 would establish a universally-accepted and more simplistic system
18 of reciprocal licensing for physicians. Within 180 days after the
19 bill's effective date, the board would be required to submit to the
20 Governor and Legislature, a report of its findings on the matter, and
21 recommendations for legislation or other State action necessary to
22 implement the compact in this State.

23 In order to facilitate the use of telemedicine in this State, and
24 except when contrary to federal or State law, the bill would prohibit
25 the State Medicaid and NJ FamilyCare programs, as well as any
26 private health benefits plan – including those provided by private
27 carriers, and those contained in contracts purchased by the State
28 Health Benefits Commission and the School Employees' Health
29 Benefits Commission – from requiring in-person contact between a
30 health care practitioner and a patient, or from establishing any siting
31 or location restrictions on a health care practitioner or a patient, as a
32 condition of reimbursement under the respective program or plan.
33 The bill would further require such programs and plans to provide
34 coverage and reimbursement for: (1) health care services that are
35 delivered through telemedicine, to the same extent, and at the same
36 reimbursement rate, that such services are covered and reimbursed
37 when provided in-person (so long as the use of telemedicine is not
38 medically contraindicated), and (2) any professional or facility fees
39 that may be associated with the delivery of covered services
40 through telemedicine, so long as such fees would otherwise be
41 eligible for coverage or reimbursement in the case of in-person
42 service delivery.

43 Finally, the bill would specify that a health care practitioner may
44 engage in consultations with out-of-State peer professionals,
45 including, but not limited to, a sub-specialist, using electronic or
46 other means, without obtaining a separate license or authorization
47 therefor.

1 In addition to the substantive changes described above, the bill
2 would incorporate a number of technical and stylistic changes to the
3 existing laws that govern the practice of various types of health care
4 practitioners, as is necessary to both accomplish the bill’s purposes
5 and enhance clarity and readability in these areas. In particular, the
6 bill would:

7 (1) redefine various statutory terms and revise various statutory
8 provisions that are used to delineate the scope of practice for
9 various health care practitioners, in order to expressly include
10 telemedicine as an acceptable means or method of practice and
11 service delivery;

12 (2) update language contained in relevant sections of Title 45 of
13 the Revised Statutes, in order to reflect the changes that have been
14 made by the bill;

15 (3) ensure that the laws being amended by the bill contain
16 modern language, avoid the use of archaic or redundant
17 terminology, use language consistently from section to section, and
18 conform to modern tenets of statutory drafting (including, for
19 instance, the tenet that provides for the alphabetization of
20 definitional terms);

21 (4) consolidate two existing sections of law (R.S.45:9-18 and
22 R.S.45:9-18.1) that are used to help define both the “practice of
23 medicine” and the unauthorized practice thereof, but which are
24 presently allocated separately from other similar provisions of law,
25 and incorporate these provisions into a more logical and cohesive
26 statutory location – in particular, into the existing statutory
27 definitions and sections of law that outline the parameters of
28 acceptable medical practice;

29 (5) repeal the existing sections of law being consolidated; and

30 (6) eliminate certain provisions of law which are applicable to a
31 class of people who are no longer practicing (specifically, persons
32 who matriculated in college prior to 1935 and persons who were
33 practicing medicine before July 4, 1890).

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 1464

STATE OF NEW JERSEY

DATED: JUNE 12, 2017

The Assembly Health and Senior Services committee reports favorably an Assembly Committee Substitute for Assembly Bill No. 1464.

This Assembly Committee Substitute authorizes health care providers, including, but not limited to, licensed physicians, nurses, nurse practitioners, psychologists, psychiatrists, psychoanalysts, clinical social workers, physician assistants, professional counselors, respiratory therapists, speech pathologists, audiologists, and optometrists, to remotely provide health care services to patients through the use of telemedicine and telehealth.

“Telehealth” is defined to mean the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

“Telemedicine” is defined to mean means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. “Telemedicine” would not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

Specifically, a health care provider will be permitted to remotely provide health care services to a patient through the use of telemedicine, and will be permitted to engage in telehealth as may be necessary to support and facilitate the provision of health care services to patients.

The substitute bill requires any health care provider who uses telemedicine or engages in telehealth while providing health care services to a patient to: (1) be validly licensed, certified, or registered to provide such services in the State of New Jersey; (2) remain subject to regulation by the appropriate New Jersey State licensing board or professional regulatory entity; (3) act in compliance with existing

requirements regarding the maintenance of liability insurance; and (4) remain subject to New Jersey jurisdiction if either the patient or the provider is located in New Jersey at the time services are provided.

The substitute bill requires telemedicine services to be provided using interactive, real-time, two-way communication technologies. A health care provider engaging in telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of images, diagnostics, data, and medical information; except that the health care provider may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video capabilities, if, after accessing and reviewing the patient's medical records, the provider determines that the provider is able to meet the same standard of care as if the health care services were being provided in person. The provider's identity, professional credentials, and contact information are to be made available to the patient during and after the provision of services. The substitute bill requires the contact information to enable the patient to contact the health care provider, or a substitute health care provider authorized to act on the provider's behalf, for at least 72 hours following the provision of services.

A health care provider engaging in telemedicine or telehealth will be required to review the medical history and any medical records provided by the patient. In the case of an initial encounter with the patient, the provider is to conduct the review before initiating contact with the patient; in the case of a subsequent encounter pursuant to an ongoing provider-patient relationship, the provider may conduct the review prior to initiating contact or contemporaneously with the telemedicine or telehealth encounter.

Health care providers who engage in telemedicine or telehealth will be required to maintain a complete record of the patient's care and comply with all applicable State and federal statutes and regulations for recordkeeping, confidentiality, and disclosure of the patient's medical record. Health care providers will not be subject to any professional disciplinary action under Title 45 of the Revised Statutes solely on the basis that the provider engaged in telemedicine or telehealth pursuant to the substitute bill.

Following the provision of services using telemedicine or telehealth, the patient's medical information is to be made available to the patient, and, with the patient's affirmative consent, forwarded directly to the patient's primary care provider or health care provider of record, or, upon request by the patient, to other health care providers. For patients without a primary care provider or other health care provider of record, the health care provider engaging in telemedicine or telehealth may advise the patient to contact a primary care provider, and, upon request by the patient, may assist the patient with locating a primary care provider or other in-person medical

assistance that, to the extent possible, is located within reasonable proximity to the patient.

Health care providers providing health care services using telemedicine or telehealth will be subject to the same standard of care or practice standards as are applicable to in-person settings. If telemedicine services would not be consistent with this standard of care, the health care provider is to direct the patient to seek in-person care. Similarly, treatment and consultation recommendations made through the use of telemedicine or telehealth, including the issuance of a prescription based on a telemedicine encounter, are to be held to the same standard of care or practice standards as are applicable to in-person settings. A provider may not issue a prescription to a patient based solely on the responses provided in an online questionnaire, unless the provider has established a proper provider-patient relationship with the patient.

Schedule II controlled dangerous substances may be prescribed through the use of telemedicine only after the provider conducts an initial in-person examination of the patient. Subsequent in-person visits with the patient will be required every three months for the duration of time that the patient is being prescribed the Schedule II controlled dangerous substance. However, these restrictions do not apply when a health care provider is prescribing a stimulant which is a Schedule II controlled dangerous substance for use by a minor patient under the age of 18, provided that the health care provider is using interactive, real-time, two-way audio and video technologies when treating the patient, and the provider has first obtained written consent for the waiver of these in-person examination requirements from the minor patient's parent or guardian.

The substitute bill provides that mental health screeners, screening services, and screening psychiatrists subject to the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.) will not be required to obtain a separate authorization in order to engage in telemedicine or telehealth for mental health screening purposes, and will not be required to request and obtain a waiver from existing regulations prior to engaging in telemedicine or telehealth.

Professional licensing and certification boards will be required to adopt rules and regulations, which will be applicable to the health care providers under their respective jurisdictions, in order to implement the provisions of the bill and facilitate the provision of telemedicine and telehealth services. The rules and regulations are to, at a minimum: include best practices for the professional engagement in telemedicine and telehealth; ensure that the services patients receive using telemedicine or telehealth are appropriate, medically necessary, and meet current quality of care standards; include measures to prevent fraud and abuse in connection with the use of telemedicine and telehealth, including requirements concerning the filing of claims and maintaining appropriate records of services provided; and provide

substantially similar metrics for evaluating quality of care and patient outcomes in connection with services provided using telemedicine and telehealth as currently apply to services provided in person. The rules and regulations may not include any provision requiring an initial in-person visit with a patient before providing services using telemedicine or telehealth.

In order to engage in telemedicine or telehealth, a health care provider will be required to establish a proper patient-provider relationship with the patient. Establishing this relationship includes, but is not be limited to: (1) properly identifying the patient using certain patient identifiers, including, at a minimum, the patient's name, date of birth, phone number, address, and social security number; (2) disclosing and validating the provider's identity and credentials; (3) prior to initiating contact with a patient during an initial encounter, reviewing the patient's medical history and any available medical records; (4) prior to initiating contact with the patient, determining whether the provider will be able to provide the appropriate standard of care using telemedicine and telehealth as would be provided in an inpatient setting; (5) obtaining suitable informed consents to treatment from the patient or the patient's representative; (6) establishing a patient history and a diagnosis and treatment plan; (7) discussing with the patient the diagnosis and evidence supporting the diagnosis, as well as the risks and benefits of the patient's treatment options; (8) reviewing with the patient clinically appropriate health care information developed by a nationally recognized medical society for the applicable medical profession or specialty; (9) ensuring the availability of coverage for appropriate follow-up care of the patient, including making appropriate referrals; and (10) providing the patient with access to a summary of the encounter or the patient's medical record, and, with the patient's affirmative consent, timely sharing the summary of the encounter with the patient's primary care provider or other health care provider of record. The substitute bill provides that telemedicine may be practiced without establishing a proper provider-patient relationship during informal consultations without compensation; during episodic consultations by a medical specialist located in another jurisdiction; when a health care provider furnishes medical assistance in response to an emergency or disaster, provided that there is no charge for the medical assistance; and when a substitute health care provider acting on behalf of an absent health care provider in the same specialty provides health care services on an on-call or cross-coverage basis, provided that the absent health care provider has designated the substitute provider as an on-call provider or cross-coverage service provider. The provisions concerning the establishment of a proper provider-patient relationship will expire three years after the effective date of the substitute bill.

The substitute bill requires each telemedicine or telehealth organization operating in the State to annually register with the

Department of Health (DOH) and to submit an annual report to DOH, the Department of Human Services, the Department of Banking and Insurance, and the appropriate State board or other entity responsible for the professional licensure, certification, or registration of health care providers. A telemedicine or telehealth organization that fails to register or that fails to submit the annual report will be subject to disciplinary action.

The annual report submitted by each telemedicine and telehealth organization is to include de-identified and discrete data setting forth the total number of telemedicine encounters conducted; the type of technology utilized to provide services using telemedicine or telehealth; the category of medical condition for which services were sought; and, for each encounter, the patient's age, race, sex, and geographic region, and the diagnostic codes, evaluation management codes, any prescriptions issued, the charges for the encounter, the payer status, and such additional information as the commissioner deems necessary and appropriate. DOH will be required to compile the reported information to generate Statewide data concerning telemedicine and telehealth services provided in New Jersey, and report the Statewide data to the Legislature on an annual basis. The report is to include an analysis of the effect that the provision of health care services using telemedicine and telehealth is having in New Jersey on health care delivery, health care outcomes, and in-person health care services provided in facility-based and office-based settings.

Additionally, the substitute bill establishes the Telemedicine and Telehealth Review Commission in DOH, which will be required to review the information reported by telemedicine and telehealth organizations and make recommendations for such executive, legislative, regulatory, administrative, and other actions as may be necessary and appropriate to promote and improve the quality, efficiency, and effectiveness of telemedicine and telehealth services provided in New Jersey. The commission will consist of seven members: the Commissioner of Health, or a designee, who will serve ex officio, and six public members, with two members each to be appointed by the Governor, the Senate President, and the Speaker of the General Assembly. The public members are to be health care professionals with a background in the provision of health care services using telemedicine and telehealth. The public members will serve at the pleasure of the appointing authority, and vacancies in the membership shall be filled in the same manner as the original appointments. Members of the commission will serve without compensation but may be reimbursed for necessary travel expenses incurred in the performance of their duties within the limits of funds made available for that purpose. The commission will meet at least twice a year and at such other times as the chairperson may require. The commission will be entitled to call to its assistance and avail itself

of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available for its purposes. The commission will be required to report its findings and recommendations to the Governor, the Commissioner of Health, and the Legislature no later than two years after the effective date of the bill. The commission will expire upon submission of its report.

The substitute bill specifies that Medicaid, NJ FamilyCare, and certain health insurance providers, including the carriers of health benefits plans, the State Health Benefits Commission, and the School Employees' Health Benefits Commission, are each to provide coverage and payment for services provided through telemedicine and telehealth on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered in-person in New Jersey. Reimbursement payments may be made to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the practitioner.

Each such carrier or insurance provider will be authorized to charge a deductible, copayment, or coinsurance for a health care service delivered through telemedicine or telehealth, provided that the amount charged does not exceed the charge for an in-person consultation. Where applicable, each carrier or insurance provider will be limited in its ability to impose annual or lifetime dollar maximum amounts on the coverage of services provided through telemedicine. Nothing in the substitute bill will prohibit a carrier or other insurance provider from providing coverage only for services deemed to be medically necessary, and nothing will allow a carrier or other insurance provider to coerce a covered person to use telehealth or telemedicine in lieu of receiving an in-person service. In the case of health benefits plans, carriers will be prohibited from offering the services of telemedicine providers for the purposes of satisfying network adequacy and geographic service area requirements.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR **ASSEMBLY, No. 1464**

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 19, 2017

The Assembly Appropriations Committee reports favorably Assembly Bill No. 1464 (ACS), with committee amendments.

As amended, this bill authorizes health care providers, including, but not limited to, licensed physicians, nurses, nurse practitioners, psychologists, psychiatrists, psychoanalysts, clinical social workers, physician assistants, professional counselors, respiratory therapists, speech pathologists, audiologists, and optometrists, to remotely provide health care services to patients through the use of telemedicine and telehealth.

“Telehealth” is defined to mean the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

“Telemedicine” is defined to mean means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. “Telemedicine” would not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

Specifically, a health care provider will be permitted to remotely provide health care services to a patient through the use of telemedicine, and will be permitted to engage in telehealth as may be necessary to support and facilitate the provision of health care services to patients.

The bill requires any health care provider who uses telemedicine or engages in telehealth while providing health care services to a patient to: (1) be validly licensed, certified, or registered to provide such services in the State of New Jersey; (2) remain subject to regulation by the appropriate New Jersey State licensing board or professional

regulatory entity; (3) act in compliance with existing requirements regarding the maintenance of liability insurance; and (4) remain subject to New Jersey jurisdiction if either the patient or the provider is located in New Jersey at the time services are provided.

The bill requires telemedicine services to be provided using interactive, real-time, two-way communication technologies. A health care provider engaging in telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of images, diagnostics, data, and medical information; except that the health care provider may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video capabilities, if, after accessing and reviewing the patient's medical records, the provider determines that the provider is able to meet the same standard of care as if the health care services were being provided in person. The provider's identity, professional credentials, and contact information are to be made available to the patient during and after the provision of services. The bill requires the contact information to enable the patient to contact the health care provider, or a substitute health care provider authorized to act on the provider's behalf, for at least 72 hours following the provision of services.

A health care provider engaging in telemedicine or telehealth will be required to review the medical history and any medical records provided by the patient. In the case of an initial encounter with the patient, the provider is to conduct the review before initiating contact with the patient; in the case of a subsequent encounter pursuant to an ongoing provider-patient relationship, the provider may conduct the review prior to initiating contact or contemporaneously with the telemedicine or telehealth encounter.

Health care providers who engage in telemedicine or telehealth will be required to maintain a complete record of the patient's care and comply with all applicable State and federal statutes and regulations for recordkeeping, confidentiality, and disclosure of the patient's medical record. Health care providers will not be subject to any professional disciplinary action under Title 45 of the Revised Statutes solely on the basis that the provider engaged in telemedicine or telehealth pursuant to the bill.

Following the provision of services using telemedicine or telehealth, the patient's medical information is to be made available to the patient upon the patient's request, and, with the patient's affirmative consent, forwarded directly to the patient's primary care provider or health care provider of record, or, upon request by the patient, to other health care providers. For patients without a primary care provider or other health care provider of record, the health care provider engaging in telemedicine or telehealth may advise the patient to contact a primary care provider, and, upon request by the patient, may assist the patient with locating a primary care provider or other in-

person medical assistance that, to the extent possible, is located within reasonable proximity to the patient. The health care provider engaging in telemedicine or telehealth is also required to refer the patient to appropriate follow up care where necessary, including appropriate referrals for emergency or complimentary care, if needed. The patient's consent may be oral, written, or digital in nature, provided that the chosen method of consent is deemed appropriate under the standard of care.

Health care providers providing health care services using telemedicine or telehealth will be subject to the same standard of care or practice standards as are applicable to in-person settings. If telemedicine services would not be consistent with this standard of care, the health care provider is to direct the patient to seek in-person care. Similarly, diagnosis, treatment, and consultation recommendations, including discussions regarding the risk and benefits of the patient's treatment options, which are made through the use of telemedicine or telehealth, including the issuance of a prescription based on a telemedicine encounter, are to be held to the same standard of care or practice standards as are applicable to in-person settings. A provider may not issue a prescription to a patient based solely on the responses provided in an online questionnaire, unless the provider has established a proper provider-patient relationship with the patient.

Schedule II controlled dangerous substances may be prescribed through the use of telemedicine only after the provider conducts an initial in-person examination of the patient. Subsequent in-person visits with the patient will be required every three months for the duration of time that the patient is being prescribed the Schedule II controlled dangerous substance. However, these restrictions do not apply when a health care provider is prescribing a stimulant which is a Schedule II controlled dangerous substance for use by a minor patient under the age of 18, provided that the health care provider is using interactive, real-time, two-way audio and video technologies when treating the patient, and the provider has first obtained written consent for the waiver of these in-person examination requirements from the minor patient's parent or guardian.

The bill also provides that mental health screeners, screening services, and screening psychiatrists subject to the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.) will not be required to obtain a separate authorization in order to engage in telemedicine or telehealth for mental health screening purposes, and will not be required to request and obtain a waiver from existing regulations prior to engaging in telemedicine or telehealth.

Professional licensing and certification boards will be required to adopt rules and regulations, which will be applicable to the health care providers under their respective jurisdictions, in order to implement the provisions of the bill and facilitate the provision of telemedicine

and telehealth services. The rules and regulations are to, at a minimum: include best practices for the professional engagement in telemedicine and telehealth; ensure that the services patients receive using telemedicine or telehealth are appropriate, medically necessary, and meet current quality of care standards; include measures to prevent fraud and abuse in connection with the use of telemedicine and telehealth, including requirements concerning the filing of claims and maintaining appropriate records of services provided; and provide substantially similar metrics for evaluating quality of care and patient outcomes in connection with services provided using telemedicine and telehealth as currently apply to services provided in person. The rules and regulations may not include any provision requiring an initial in-person visit with a patient before providing services using telemedicine or telehealth.

In order to engage in telemedicine or telehealth, a health care provider will be required to establish a proper patient-provider relationship with the patient. Establishing this relationship includes, but is not be limited to: (1) properly identifying the patient using certain patient identifiers, including, at a minimum, the patient's name, date of birth, phone number, and address; (2) disclosing and validating the provider's identity and credentials; (3) prior to initiating contact with a patient during an initial encounter, reviewing the patient's medical history and any available medical records; and (4) prior to initiating contact with the patient, determining whether the provider will be able to provide the appropriate standard of care using telemedicine and telehealth as would be provided in an inpatient setting.

The bill provides that telemedicine may be practiced without establishing a proper provider-patient relationship during informal consultations without compensation; during episodic consultations by a medical specialist located in another jurisdiction; when a health care provider furnishes medical assistance in response to an emergency or disaster, provided that there is no charge for the medical assistance; and when a substitute health care provider acting on behalf of an absent health care provider in the same specialty provides health care services on an on-call or cross-coverage basis, provided that the absent health care provider has designated the substitute provider as an on-call provider or cross-coverage service provider

The bill requires each telemedicine or telehealth organization operating in the State to annually register with the Department of Health (DOH) and to submit an annual report to DOH. A telemedicine or telehealth organization that fails to register or that fails to submit the annual report will be subject to disciplinary action.

The annual report submitted by each telemedicine and telehealth organization is to include de-identified encounter data including, but not limited to: the total number of telemedicine and telehealth encounters conducted; the type of technology utilized to provide

services using telemedicine or telehealth; the category of medical condition for which services were sought; the geographic region of the patient and the provider; the patient's age and sex; and any prescriptions issued, and any additional information as the commissioner deems necessary and appropriate. Commencing six months after the passage of this bill, telemedicine and telehealth organizations will include in their annual report, for each telemedicine or telehealth encounter: the patient's race and ethnicity; the diagnostic codes; the evaluation management codes; and the source of payment for the encounter. The DOH shall share the report with the Department of Banking and Insurance, the Telemedicine and Telehealth Review Commission, State board and other entities responsible for the professional licensure, certification, or registration of health care providers in the State who provide health care services using telemedicine or telehealth. DOH will be required to compile the reported information to generate Statewide data concerning telemedicine and telehealth services provided in New Jersey, and report the Statewide data to the Legislature on an annual basis. The report is to include an analysis of the effect that the provision of health care services using telemedicine and telehealth is having in New Jersey on health care delivery, health care outcomes, population health, and in-person health care services provided in facility-based and office-based settings.

Additionally, the bill establishes the Telemedicine and Telehealth Review Commission in DOH, six months after the passage of the bill, which will be required to review the information reported by telemedicine and telehealth organizations and make recommendations for such executive, legislative, regulatory, administrative, and other actions as may be necessary and appropriate to promote and improve the quality, efficiency, and effectiveness of telemedicine and telehealth services provided in New Jersey. The commission will consist of seven members: the Commissioner of Health, or a designee, who will serve ex officio, and six public members, with two members each to be appointed by the Governor, the Senate President, and the Speaker of the General Assembly. The public members are to be health care professionals with a background in the provision of health care services using telemedicine and telehealth. The public members will serve at the pleasure of the appointing authority, and vacancies in the membership shall be filled in the same manner as the original appointments. Members of the commission will serve without compensation but may be reimbursed for necessary travel expenses incurred in the performance of their duties within the limits of funds made available for that purpose. The commission will meet at least twice a year and at such other times as the chairperson may require. The commission will be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require

and as may be available for its purposes. The commission will be required to report its findings and recommendations to the Governor, the Commissioner of Health, the State boards or other entities which are responsible for the licensure, certification, or registration of health care providers in the State who provide health care services using telemedicine or telehealth, and the Legislature no later than two years after the commission first meets. The commission will expire upon submission of its report.

The bill specifies that Medicaid, NJ FamilyCare, and certain health insurance providers, including the carriers of health benefits plans, the State Health Benefits Commission, and the School Employees' Health Benefits Commission, are each to provide coverage and payment for services provided through telemedicine and telehealth on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered in-person in New Jersey. Reimbursement payments may be made to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the practitioner.

Each such carrier or insurance provider will be authorized to charge a deductible, copayment, or coinsurance for a health care service delivered through telemedicine or telehealth, provided that the amount charged does not exceed the charge for an in-person consultation. Where applicable, each carrier or insurance provider will be limited in its ability to impose annual or lifetime dollar maximum amounts on the coverage of services provided through telemedicine. Nothing in this bill will prohibit a carrier or other insurance provider from providing coverage only for services deemed to be medically necessary, and nothing will allow a carrier or other insurance provider to coerce a covered person to use telehealth or telemedicine in lieu of receiving an in-person service.

COMMITTEE AMENDMENTS:

The committee amendments are as follows:

- (1) Provide that the patient's medical information will be made upon the patient's request;
- (2) Provide that the health care provider will refer the patient to appropriate follow up care when necessary;
- (3) Clarify that diagnosis, treatment, and consultation recommendations include discussions regarding the risks and benefits of the patient's treatment options;
- (4) Clarify that the provider may use the patient's social security number as an optional, rather than mandatory, means of identifying the patient;
- (5) Clarify the factors that would establish a patient-provider relationship;

- (6) Clarify the data which is required to be included in each telemedicine or telehealth organization's report to the Department of Health and provide that, six months after the passage of this bill, the telemedicine and telehealth organization is required to include in their annual report, for each encounter: the patient's race and ethnicity; the diagnostic codes; the evaluation management codes; and the source of payment for the encounter.
- (7) Clarify that the Department of Health report is required to share its Statewide data collected with the Department of Human_Services, the Department of Banking and Insurance, the Telemedicine and Telehealth Review Commission, State boards and other entities responsible for the professional licensure, certification, or registration of health care providers in the State who provide health care services using telemedicine or telehealth.
- (8) Provide that the Department of Health is required to transmit its report to the Legislature and the Telemedicine and Telehealth Review Commission and clarify the factors analyzed in such report;
- (9) Clarify that the Telemedicine and Telehealth Review Commission is required to report its findings to the State boards or other entities which are responsible for the licensure, certification, or registration of health care providers in the State who provide health care services using telemedicine or telehealth;
- (10) Delay the establishment of the Telemedicine and Telehealth Review Commission for six months after the passage of this bill and provide that the Commission's first report is to be issued two years after the establishment of the Commission;
- (11) Delete references to "network adequacy;" and
- (12) Make various technical changes.

FISCAL IMPACT:

The Office of Legislative Services (OLS) cannot quantify the annual fiscal impact of the bill's provisions concerning the authorization and regulation of telemedicine and telehealth services in New Jersey.

The OLS estimates that the bill's telemedicine and telehealth provisions may increase in the short-term, but decrease in the long-term, the annual expenditures of the State and local governments for employee health benefits. In addition, annual State administrative expenditures may increase from the creation of the temporary Telemedicine and Telehealth Review Commission; the licensing and regulation of out-of-State health care providers who would become newly licensed in New Jersey to practice telemedicine; the promulgation, application, and enforcement of implementing rules and

regulations; and compliance with reporting requirements. Annual revenue collections of certain State professional boards may also increase as out-of-State health care providers would become newly licensed in New Jersey to practice telemedicine.

The OLS estimates that this bill may result in greater access to health care services, which may result in more frequent use of medical providers and short-term increases in costs for health care paid through the School Employees' Health Benefits Plan, the State Health Benefits Plan, Medicaid, and NJ FamilyCare, and for local governments. The OLS also estimates that the implementation of telemedicine may result in decreased employee health care expenditures in the long-term due to improved management and coordination of treatment for chronic diseases.

SENATE, No. 652

STATE OF NEW JERSEY

217th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2016 SESSION

Sponsored by:

Senator SHIRLEY K. TURNER

District 15 (Hunterdon and Mercer)

SYNOPSIS

Provides for Medicaid and NJ FamilyCare coverage and reimbursement for health care services provided through telemedicine.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning Medicaid and NJ FamilyCare coverage of
2 telemedicine and supplementing P.L.1968, c.413.

3

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

6

7 1. Unless specifically prohibited or limited by federal or State
8 law or deemed to be clinically inappropriate, in-person contact
9 between a health care provider and a patient shall not be required
10 for health care services delivered by telemedicine as a condition of
11 provider reimbursement under the Medicaid or NJ FamilyCare
12 program, if the services otherwise would be eligible for
13 reimbursement.

14 As used in this section:

15 "Medicaid" means the Medicaid program established pursuant to
16 P.L.1968, c.413 (C.30:4D-1 et seq.).

17 "NJ FamilyCare" means the NJ FamilyCare Program established
18 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

19 "Telemedicine" means the use of interactive audio, video, or
20 other telecommunications or electronic technology by a licensed
21 health care provider to deliver a health care service at a site other
22 than the site at which the patient is located. Telemedicine does not
23 include audio-only telephone, electronic mail, or facsimile
24 transmission between a health care provider and a patient.

25

26 2. The Commissioner of Human Services, in consultation with
27 the Commissioner of Children and Families, shall apply for such
28 State plan amendments or waivers as may be necessary to
29 implement the provisions of this act and to secure federal financial
30 participation for State expenditures under the federal Medicaid
31 program and Children's Health Insurance Program.

32

33 3. The Commissioner of Human Services and the
34 Commissioner of Children and Families shall adopt rules and
35 regulations pursuant to the "Administrative Procedure Act"
36 P.L.1968, c.410 (C.52:14B-1 et seq.) to effectuate the purposes of
37 this act.

38

39 4. This act shall take effect on the first day of the fourth month
40 next following the date of enactment, but the Commissioner of
41 Human Services and the Commissioner of Children and Families
42 may take such anticipatory administrative action in advance thereof
43 as shall be necessary for the implementation of this act.

1 STATEMENT

2

3 This bill provides that, unless specifically prohibited or limited
4 by federal or State law or deemed to be clinically inappropriate, in-
5 person contact between a health care provider and a patient is not
6 required for health care services delivered by telemedicine as a
7 condition of provider reimbursement under the Medicaid or NJ
8 FamilyCare program, if the services otherwise would be eligible for
9 reimbursement.

10 The bill defines “telemedicine” as the use of interactive audio,
11 video, or other telecommunications or electronic technology by a
12 licensed health care provider to deliver a health care service at a site
13 other than the site at which the patient is located. Telemedicine
14 does not include audio-only telephone, electronic mail, or facsimile
15 transmission.

16 To obtain the federal approval, the Commissioner of Human
17 Services, in consultation with the Commissioner of Children and
18 Families, is to apply for such State plan amendments or waivers as
19 may be necessary to implement the provisions of the bill and to
20 secure federal financial participation for State Medicaid
21 expenditures under the federal Medicaid program.

22 According to the National Conference of State Legislatures, New
23 Jersey is one of only seven states that do not provide Medicaid
24 reimbursements for services provided by telemedicine. It is
25 intended that Medicaid and NJ FamilyCare coverage and
26 reimbursement for telemedicine will reduce wait times, improve
27 access to health care services, and attract more health care
28 professionals to practice in the State.

SENATE, No. 1954

STATE OF NEW JERSEY
217th LEGISLATURE

INTRODUCED MARCH 14, 2016

Sponsored by:

Senator SHIRLEY K. TURNER

District 15 (Hunterdon and Mercer)

SYNOPSIS

Requires health insurance carriers, SHBP, and SEHBP to provide coverage for telemedicine.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning telemedicine and supplementing various parts
2 of statutory law.

3

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

6

7 1. a. A carrier which offers a managed care plan in this State
8 shall provide coverage for telemedicine services delivered to a
9 covered person in a health care facility to the same extent that the
10 services would be covered if they were provided through in-person
11 consultation.

12 b. A carrier may:

13 (1) charge a deductible, co-payment, or coinsurance for a health
14 care service provided through telemedicine so long as it does not
15 exceed the deductible, co-payment, or coinsurance applicable to an
16 in-person consultation;

17 (2) limit coverage to health care providers in the health benefits
18 plan's network; and

19 (3) require originating site health care providers to document the
20 reasons the services are being provided by telemedicine rather than
21 in person.

22 c. Nothing in this section shall be construed to:

23 (1) prohibit a carrier from providing coverage for only those
24 services that are medically necessary, subject to the terms and
25 conditions of the covered person's health benefits plan; or

26 (2) require a carrier to reimburse the distant site health care
27 provider if the distant site health care provider has insufficient
28 information to render an opinion.

29 d. As used in this section:

30 "Health care facility" means the same as defined in section 2 of
31 P.L.1971, c.136 (C.26:2H-2).

32 "Telemedicine" means the delivery of health care services such
33 as diagnosis, consultation, or treatment through the use of live
34 interactive audio and video over a secure connection that complies
35 with the requirements of the Health Insurance Portability and
36 Accountability Act of 1996, Pub.L.104-191. Telemedicine shall not
37 include the use of audio-only telephone, e-mail, or facsimile.

38

39 2. a. The State Health Benefits Commission shall ensure that
40 every contract purchased by the commission that provides hospital
41 and medical expense benefits shall provide coverage for
42 telemedicine services delivered to a covered person in a health care
43 facility to the same extent that the services would be covered if they
44 were provided through in-person consultation.

45 b. The contract may:

46 (1) provide for a deductible, co-payment, or coinsurance for a
47 health care service provided through telemedicine so long as it does

S1954 TURNER

- 1 not exceed the deductible, co-payment, or coinsurance applicable to
2 an in-person consultation;
- 3 (2) limit coverage to services provided by health care providers
4 in the health benefits plan's network; and
- 5 (3) require originating site health care providers to document the
6 reasons the services are being provided by telemedicine rather than
7 in person.
- 8 c. Nothing in this section shall be construed to:
- 9 (1) prohibit the contract from providing coverage for only those
10 services that are medically necessary, subject to the terms and
11 conditions of the covered person's health benefits plan; or
- 12 (2) require the contract to reimburse the distant site health care
13 provider if the distant site health care provider has insufficient
14 information to render an opinion.
- 15 d. As used in this section:
- 16 "Health care facility" means the same as defined in section 2 of
17 P.L.1971, c.136 (C.26:2H-2).
- 18 "Telemedicine" means the delivery of health care services such
19 as diagnosis, consultation, or treatment through the use of live
20 interactive audio and video over a secure connection that complies
21 with the requirements of the Health Insurance Portability and
22 Accountability Act of 1996, Pub.L.104-191. Telemedicine shall not
23 include the use of audio-only telephone, e-mail, or facsimile.
- 24
- 25 3. a. The School Employees' Health Benefits Commission
26 shall ensure that every contract purchased by the commission that
27 provides hospital and medical expense benefits shall provide
28 coverage for telemedicine services delivered to a covered person in
29 a health care facility to the same extent that the services would be
30 covered if they were provided through in-person consultation.
- 31 b. The contract may:
- 32 (1) provide for a deductible, co-payment, or coinsurance for a
33 health care service provided through telemedicine so long as it does
34 not exceed the deductible, co-payment, or coinsurance applicable to
35 an in-person consultation;
- 36 (2) limit coverage to services provided by health care providers
37 in the health benefits plan's network; and
- 38 (3) require originating site health care providers to document the
39 reasons the services are being provided by telemedicine rather than
40 in person.
- 41 c. Nothing in this section shall be construed to:
- 42 (1) prohibit the contract from providing coverage for only those
43 services that are medically necessary, subject to the terms and
44 conditions of the covered person's health benefits plan; or
- 45 (2) require the contract to reimburse the distant site health care
46 provider if the distant site health care provider has insufficient
47 information to render an opinion.
- 48 d. As used in this section:

