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RWH/JA

P.L.2017, CHAPTER 107, *approved July 13, 2017*
Senate, No. 2878

1 AN ACT concerning the use of clinical space by health care
2 facilities that provide both primary and behavioral health care
3 services, and supplementing Title 26 of the Revised Statutes
4

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

8 1. a. In order to promote the integrated provision of primary
9 health care services and behavioral health care services by health
10 care facilities in the State, and in order to reduce any potential
11 stigma associated with a patient's receipt of behavioral health care,
12 the department shall permit any licensed health care facility, which
13 is engaged in the provision of primary health care services and the
14 provision of behavioral health care services for mild to moderate
15 behavioral health conditions, to use the same shared clinical space
16 for the purposes of providing both primary health care and
17 behavioral health care. No such health care facility shall be
18 required or authorized to construct or use duplicative clinical
19 spaces, such as duplicative waiting rooms, entrances or exits,
20 hallways, bathrooms, or any other duplicative clinical areas in the
21 physical plant, which are designed or intended to separate
22 behavioral health care patients from primary health care patients, or
23 which may otherwise be stigmatizing to any patient, or may
24 facilitate or result in the discriminatory treatment of any patient on
25 the basis of their medical or disability status. However, nothing in
26 this subsection shall prohibit a health care facility from establishing
27 and utilizing separate clinical areas as may be necessary to prevent
28 and control infection, to maintain sanitation, to protect public
29 safety, to prevent the unlawful diversion of controlled dangerous
30 substances, or to maintain the confidentiality of medical or
31 behavioral health records in compliance with federal requirements.

32 b. (1) Any licensed health care facility that provides primary
33 health care services and behavioral health care services in the same
34 shared clinical space, pursuant to the provisions of subsection a. of
35 this section, shall: (a) continue to comply with the department's
36 health care facility licensing requirements, as set forth in P.L.1971,
37 c.136 (C.26:2H-1 et seq.) and the regulations adopted thereunder;
38 (b) be appropriately licensed by the Department of Human Services
39 as a mental health or substance use disorder service provider; and
40 (c) comply with all applicable regulatory requirements, adopted by
41 the Department of Human Services, which govern the operation of
42 mental health or substance use disorder treatment facilities, as

1 appropriate. Such a health care facility shall submit to the
2 department, a copy of any license obtained from Department of
3 Human Services, which authorizes the facility to provide behavioral
4 health care services.

5 (2) When applying for an initial license from the Department of
6 Human Services, pursuant to the requirements of paragraph (1) of
7 this subsection, a health care facility shall include the following
8 information in the license application:

9 (a) a copy of any Medicaid “Change in Scope of Service”
10 reporting forms that have been prepared in association with the
11 facility’s provision of behavioral health care services;

12 (b) a written statement attesting that the applicant is the exact
13 same legal entity that holds the health care facility license issued by
14 the department pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.); and

15 (c) a written statement indicating whether the license applicant
16 is or is not planning to make any changes to the physical plant to
17 accommodate the provision of behavioral health care services, and,
18 if any physical plant changes are planned, a copy of the letter
19 received from the department approving and authorizing the
20 changes, or indicating that such department approval is not
21 required.

22 (3) If a licensed health care facility, as of the effective date of
23 this act, has already obtained a license from the Department of
24 Human Services authorizing the facility’s provision of behavioral
25 health care services, the facility shall submit the information
26 required by paragraph (2) of this subsection on the date that it is
27 next required to file an application for license renewal with the
28 Department of Human Services.

29 c. As used in this section:

30 “Behavioral health care” and “behavioral health care services”
31 mean procedures or services, other than primary health care
32 services, which are provided by a health care practitioner to a
33 patient for the treatment of a mental illness, emotional disorder, or
34 drug or alcohol use disorder that is of mild to moderate severity.
35 “Behavioral health care” and “behavioral health care services” shall
36 not include procedures or services that are provided for the
37 treatment of severe mental illness, severe emotional disorder, or
38 severe drug or alcohol use disorder.

39 “Health care facility” means the same as that term is defined by
40 section 2 of P.L.1971, c.136 (C.26:2H-2).

41 “Primary health care” and “primary health care services” mean
42 preventative, diagnostic, treatment, management, or reassessment
43 services, which are provided in a family-centered and community
44 oriented manner to an individual with acute or chronic illness: (1)
45 in the areas of family practice, general internal medicine, general
46 pediatrics, general obstetrics, gynecology, or clinical prevention;
47 (2) at the time of the individual’s initial point of contact with the
48 health care system; and (3) by a health care practitioner who,

1 regardless of the presence or absence of disease, has assumed
2 responsibility for the individual and has an ongoing responsibility
3 to coordinate the individual's medical care. "Primary health care
4 services" includes sick or well care that is provided to any and all
5 age groups, from perinatal and pediatric care to geriatric care.

6
7 2. Within 180 days after the effective date of this act, the
8 Commissioners of Health and Human Services, in consultation with
9 each other, shall adopt rules and regulations, pursuant to the
10 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
11 seq.), as may be necessary to implement the provisions of this act.

12
13 3. This act shall take effect immediately.

14
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16 STATEMENT

17
18 This bill would require the Department of Health (DOH) to
19 permit any licensed health care facility, which is engaged in the
20 provision of primary health care services and the provision of
21 behavioral health care services for mild or moderate behavioral
22 health conditions, to use the same shared clinical space for the
23 purposes of providing primary health care and behavioral health
24 care. The bill would specify that no such health care facility may
25 be required or authorized to construct or use duplicative clinical
26 spaces, such as duplicative waiting rooms, entrances or exits,
27 hallways, bathrooms, or any other duplicative clinical areas in the
28 physical plant, which are designed or intended to separate
29 behavioral health care patients from primary health care patients, or
30 which may otherwise be stigmatizing to any patient, or which may
31 facilitate or result in the discriminatory treatment of any patient on
32 the basis of their medical or disability status. However, nothing in
33 the bill's provisions would prohibit a health care facility from
34 establishing and utilizing separate clinical areas as may be
35 necessary to prevent and control infection, to maintain sanitation, to
36 protect public safety, to prevent the unlawful diversion of controlled
37 dangerous substances, or to maintain the confidentiality of medical
38 or behavioral health records in compliance with federal
39 requirements. Similarly the sharing of clinical space under the bill
40 would not be authorized or required in cases where a patient is
41 receiving treatment for a severe (as opposed to a mild or moderate)
42 mental illness, emotional disorder, or drug or alcohol use disorder.

43 Any licensed health care facility seeking to provide primary
44 health care services and behavioral health care services in a shared
45 clinical space, pursuant to the bill's provisions, would be required
46 to continue to comply with DOH licensing requirements and
47 regulations, and would further be required to be licensed by the
48 Department of Human Services (DHS) as a mental health or

1 substance use disorder treatment provider; and to comply with all of
2 the regulatory requirements applicable to mental health or substance
3 use disorder treatment facilities, as appropriate. The facility would
4 be required to forward to the DOH, a copy of any DHS license that
5 is obtained thereby.

6 When applying for an initial DHS license, pursuant to the bill's
7 requirements, a health care facility would be required to include the
8 following information in the license application:

9 (1) a copy of any Medicaid "Change in Scope of Service"
10 reporting forms that have been prepared in association with the
11 facility's provision of behavioral health care services;

12 (2) a written statement attesting that the applicant is the exact
13 same legal entity that holds the health care facility license issued by
14 the DOH; and

15 (3) a written statement indicating whether the license applicant
16 is or is not planning to make any changes to the physical plant to
17 accommodate the provision of behavioral health care services, and,
18 if any plant changes are planned, a copy of the letter received from
19 the DOH approving and authorizing the changes, or indicating that
20 DOH approval is not required.

21 If a licensed health care facility, as of the bill's effective date,
22 has already obtained a DHS license, which authorizes the facility to
23 provide behavioral health care services, the facility will be required
24 to submit the above-described information on the date that it is next
25 required to file a license renewal application with the DHS.

26 The DOH and DHS would each be required, in consultation with
27 each other, to adopt rules and regulations as may be necessary to
28 implement the bill's provisions.

29 This bill is intended to better facilitate the integration of primary
30 health care services and behavioral health care services in the State,
31 and reduce any potential stigma associated with the receipt of
32 behavioral health care for mild to moderate conditions. It would
33 codify and make permanent the provisions of a global waiver,
34 which was executed by the DOH on October 16, 2015, in
35 consultation with DHS, and which authorizes all DOH-licensed
36 health care facilities to use shared clinical space for the purposes of
37 providing both primary and behavioral health care.

38

39

40

41

42 Requires DOH to permit certain health care facilities to use
43 shared clinical space when providing primary health care and
44 behavioral health care for mild to moderate behavioral health
45 conditions.

SENATE, No. 2878

STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED JANUARY 9, 2017

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator RICHARD J. CODEY

District 27 (Essex and Morris)

Assemblyman GARY S. SCHAER

District 36 (Bergen and Passaic)

Assemblyman TROY SINGLETON

District 7 (Burlington)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblywoman NANCY J. PINKIN

District 18 (Middlesex)

Co-Sponsored by:

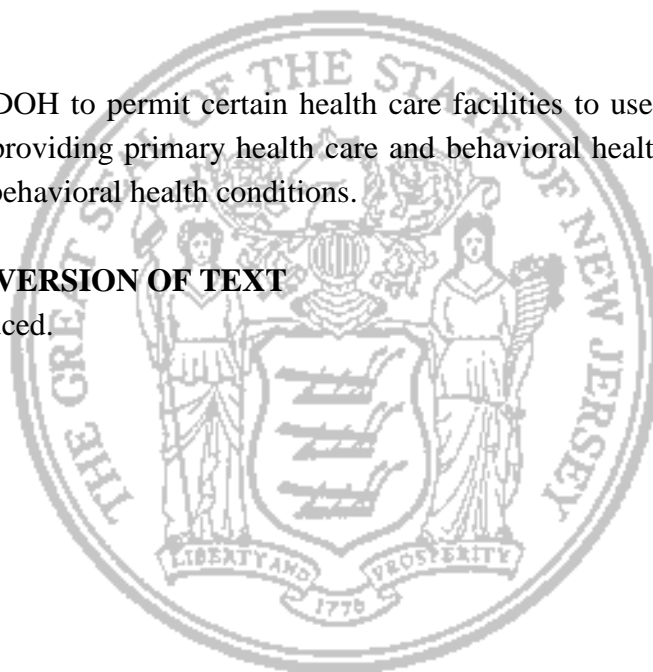
Senator Madden and Assemblywoman Downey

SYNOPSIS

Requires DOH to permit certain health care facilities to use shared clinical space when providing primary health care and behavioral health care for mild to moderate behavioral health conditions.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/23/2017)

1 AN ACT concerning the use of clinical space by health care
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3 services, and supplementing Title 26 of the Revised Statutes

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5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
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24 facilitate or result in the discriminatory treatment of any patient on
25 the basis of their medical or disability status. However, nothing in
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39 as a mental health or substance use disorder service provider; and
40 (c) comply with all applicable regulatory requirements, adopted by
41 the Department of Human Services, which govern the operation of
42 mental health or substance use disorder treatment facilities, as
43 appropriate. Such a health care facility shall submit to the
44 department, a copy of any license obtained from Department of
45 Human Services, which authorizes the facility to provide behavioral
46 health care services.

47 (2) When applying for an initial license from the Department of
48 Human Services, pursuant to the requirements of paragraph (1) of

1 this subsection, a health care facility shall include the following
2 information in the license application:

3 (a) a copy of any Medicaid “Change in Scope of Service”
4 reporting forms that have been prepared in association with the
5 facility’s provision of behavioral health care services;

6 (b) a written statement attesting that the applicant is the exact
7 same legal entity that holds the health care facility license issued by
8 the department pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.); and

9 (c) a written statement indicating whether the license applicant
10 is or is not planning to make any changes to the physical plant to
11 accommodate the provision of behavioral health care services, and,
12 if any physical plant changes are planned, a copy of the letter
13 received from the department approving and authorizing the
14 changes, or indicating that such department approval is not
15 required.

16 (3) If a licensed health care facility, as of the effective date of
17 this act, has already obtained a license from the Department of
18 Human Services authorizing the facility’s provision of behavioral
19 health care services, the facility shall submit the information
20 required by paragraph (2) of this subsection on the date that it is
21 next required to file an application for license renewal with the
22 Department of Human Services.

23 c. As used in this section:

24 “Behavioral health care” and “behavioral health care services”
25 mean procedures or services, other than primary health care
26 services, which are provided by a health care practitioner to a
27 patient for the treatment of a mental illness, emotional disorder, or
28 drug or alcohol use disorder that is of mild to moderate severity.
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31 treatment of severe mental illness, severe emotional disorder, or
32 severe drug or alcohol use disorder.

33 “Health care facility” means the same as that term is defined by
34 section 2 of P.L.1971, c.136 (C.26:2H-2).

35 “Primary health care” and “primary health care services” mean
36 preventative, diagnostic, treatment, management, or reassessment
37 services, which are provided in a family-centered and community
38 oriented manner to an individual with acute or chronic illness: (1)
39 in the areas of family practice, general internal medicine, general
40 pediatrics, general obstetrics, gynecology, or clinical prevention;
41 (2) at the time of the individual’s initial point of contact with the
42 health care system; and (3) by a health care practitioner who,
43 regardless of the presence or absence of disease, has assumed
44 responsibility for the individual and has an ongoing responsibility
45 to coordinate the individual’s medical care. “Primary health care
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47 age groups, from perinatal and pediatric care to geriatric care.

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2 requirements, a health care facility would be required to include the
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7 (2) a written statement attesting that the applicant is the exact
8 same legal entity that holds the health care facility license issued by
9 the DOH; and

10 (3) a written statement indicating whether the license applicant
11 is or is not planning to make any changes to the physical plant to
12 accommodate the provision of behavioral health care services, and,
13 if any plant changes are planned, a copy of the letter received from
14 the DOH approving and authorizing the changes, or indicating that
15 DOH approval is not required.

16 If a licensed health care facility, as of the bill's effective date,
17 has already obtained a DHS license, which authorizes the facility to
18 provide behavioral health care services, the facility will be required
19 to submit the above-described information on the date that it is next
20 required to file a license renewal application with the DHS.

21 The DOH and DHS would each be required, in consultation with
22 each other, to adopt rules and regulations as may be necessary to
23 implement the bill's provisions.

24 This bill is intended to better facilitate the integration of primary
25 health care services and behavioral health care services in the State,
26 and reduce any potential stigma associated with the receipt of
27 behavioral health care for mild to moderate conditions. It would
28 codify and make permanent the provisions of a global waiver,
29 which was executed by the DOH on October 16, 2015, in
30 consultation with DHS, and which authorizes all DOH-licensed
31 health care facilities to use shared clinical space for the purposes of
32 providing both primary and behavioral health care.

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

SENATE, No. 2878

STATE OF NEW JERSEY

DATED: MARCH 20, 2017

The Assembly Human Services Committee reports favorably Senate Bill No. 2878.

This bill would require the Department of Health (DOH) to permit any licensed health care facility, which is engaged in the provision of primary health care services and the provision of behavioral health care services for mild or moderate behavioral health conditions, to use the same shared clinical space for the purposes of providing primary health care and behavioral health care. The bill would specify that no such health care facility may be required or authorized to construct or use duplicative clinical spaces, such as duplicative waiting rooms, entrances or exits, hallways, bathrooms, or any other duplicative clinical areas in the physical plant, which are designed or intended to separate behavioral health care patients from primary health care patients, or which may otherwise be stigmatizing to any patient, or which may facilitate or result in the discriminatory treatment of any patient on the basis of their medical or disability status. However, nothing in the bill's provisions would prohibit a health care facility from establishing and utilizing separate clinical areas as may be necessary to prevent and control infection, to maintain sanitation, to protect public safety, to prevent the unlawful diversion of controlled dangerous substances, or to maintain the confidentiality of medical or behavioral health records in compliance with federal requirements. Similarly, the sharing of clinical space under the bill would not be authorized or required in cases where a patient is receiving treatment for a severe (as opposed to a mild or moderate) mental illness, emotional disorder, or drug or alcohol use disorder.

Any licensed health care facility seeking to provide primary health care services and behavioral health care services in a shared clinical space, pursuant to the bill's provisions, would be required to continue to comply with DOH licensing requirements and regulations, and would further be required to be licensed by the Department of Human Services (DHS) as a mental health or substance use disorder treatment provider, and comply with all of the regulatory requirements applicable to mental health or substance use disorder treatment facilities, as appropriate. The facility would be required to forward to the DOH, a copy of any DHS license that is obtained thereby.

When applying for an initial DHS license, pursuant to the bill's requirements, a health care facility would be required to include the following information in the license application:

(1) a copy of any Medicaid "Change in Scope of Service" reporting forms that have been prepared in association with the facility's provision of behavioral health care services;

(2) a written statement attesting that the applicant is the exact same legal entity that holds the health care facility license issued by the DOH; and

(3) a written statement indicating whether the license applicant is or is not planning to make any changes to the physical plant to accommodate the provision of behavioral health care services, and, if any plant changes are planned, a copy of the letter received from the DOH approving and authorizing the changes, or indicating that DOH approval is not required.

If a licensed health care facility, as of the bill's effective date, has already obtained a DHS license, which authorizes the facility to provide behavioral health care services, the facility will be required to submit the above-described information on the date that it is next required to file a license renewal application with the DHS.

The DOH and DHS would each be required, in consultation with each other, to adopt rules and regulations as may be necessary to implement the bill's provisions.

This bill is intended to better facilitate the integration of primary health care services and behavioral health care services in the State, and reduce any potential stigma associated with the receipt of behavioral health care for mild to moderate conditions. It would codify and make permanent the provisions of a global waiver, which was executed by the DOH on October 16, 2015, in consultation with DHS, and which authorizes all DOH-licensed health care facilities to use shared clinical space for the purposes of providing both primary and behavioral health care.

As reported by the committee, Senate Bill No. 2878 is identical to Assembly Bill No. 4523 which was reported by the committee on this date

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 2878

STATE OF NEW JERSEY

DATED: JANUARY 30, 2017

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 2878.

This bill would require the Department of Health (DOH) to permit any licensed health care facility, which is engaged in the provision of primary health care services and the provision of behavioral health care services for mild or moderate behavioral health conditions, to use the same shared clinical space for the purposes of providing primary health care and behavioral health care. The bill would specify that no such health care facility may be required or authorized to construct or use duplicative clinical spaces, such as duplicative waiting rooms, entrances or exits, hallways, bathrooms, or any other duplicative clinical areas in the physical plant, which are designed or intended to separate behavioral health care patients from primary health care patients, or which may otherwise be stigmatizing to any patient, or which may facilitate or result in the discriminatory treatment of any patient on the basis of their medical or disability status. However, nothing in the bill's provisions would prohibit a health care facility from establishing and utilizing separate clinical areas as may be necessary to prevent and control infection, to maintain sanitation, to protect public safety, to prevent the unlawful diversion of controlled dangerous substances, or to maintain the confidentiality of medical or behavioral health records in compliance with federal requirements. Similarly, the sharing of clinical space under the bill would not be authorized or required in cases where a patient is receiving treatment for a severe (as opposed to a mild or moderate) mental illness, emotional disorder, or drug or alcohol use disorder.

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When applying for an initial DHS license, pursuant to the bill's requirements, a health care facility would be required to include the following information in the license application:

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If a licensed health care facility, as of the bill's effective date, has already obtained a DHS license, which authorizes the facility to provide behavioral health care services, the facility will be required to submit the above-described information on the date that it is next required to file a license renewal application with the DHS.

The DOH and DHS would each be required, in consultation with each other, to adopt rules and regulations as may be necessary to implement the bill's provisions.

This bill is intended to better facilitate the integration of primary health care services and behavioral health care services in the State, and reduce any potential stigma associated with the receipt of behavioral health care for mild to moderate conditions. It would codify and make permanent the provisions of a global waiver, which was executed by the DOH on October 16, 2015, in consultation with DHS, and which authorizes all DOH-licensed health care facilities to use shared clinical space for the purposes of providing both primary and behavioral health care.

ASSEMBLY, No. 4523

STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED JANUARY 23, 2017

Sponsored by:

Assemblyman GARY S. SCHAER

District 36 (Bergen and Passaic)

Assemblyman TROY SINGLETON

District 7 (Burlington)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblywoman NANCY J. PINKIN

District 18 (Middlesex)

Co-Sponsored by:

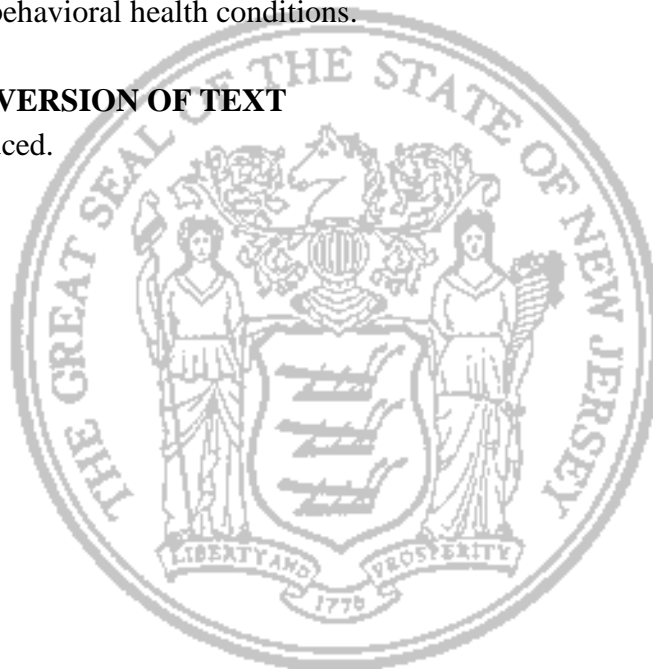
Assemblywoman Downey

SYNOPSIS

Requires DOH to permit certain health care facilities to use shared clinical space when providing primary health care and behavioral health care for mild to moderate behavioral health conditions.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/23/2017)

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37 c.136 (C.26:2H-1 et seq.) and the regulations adopted thereunder;
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16 (3) If a licensed health care facility, as of the effective date of
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21 next required to file an application for license renewal with the
22 Department of Human Services.

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35 “Primary health care” and “primary health care services” mean
36 preventative, diagnostic, treatment, management, or reassessment
37 services, which are provided in a family-centered and community
38 oriented manner to an individual with acute or chronic illness: (1)
39 in the areas of family practice, general internal medicine, general
40 pediatrics, general obstetrics, gynecology, or clinical prevention;
41 (2) at the time of the individual’s initial point of contact with the
42 health care system; and (3) by a health care practitioner who,
43 regardless of the presence or absence of disease, has assumed
44 responsibility for the individual and has an ongoing responsibility
45 to coordinate the individual’s medical care. “Primary health care
46 services” includes sick or well care that is provided to any and all
47 age groups, from perinatal and pediatric care to geriatric care.

48

1 When applying for an initial DHS license, pursuant to the bill's
2 requirements, a health care facility would be required to include the
3 following information in the license application:

4 (1) a copy of any Medicaid "Change in Scope of Service"
5 reporting forms that have been prepared in association with the
6 facility's provision of behavioral health care services;

7 (2) a written statement attesting that the applicant is the exact
8 same legal entity that holds the health care facility license issued by
9 the DOH; and

10 (3) a written statement indicating whether the license applicant
11 is or is not planning to make any changes to the physical plant to
12 accommodate the provision of behavioral health care services, and,
13 if any plant changes are planned, a copy of the letter received from
14 the DOH approving and authorizing the changes, or indicating that
15 DOH approval is not required.

16 If a licensed health care facility, as of the bill's effective date,
17 has already obtained a DHS license, which authorizes the facility to
18 provide behavioral health care services, the facility will be required
19 to submit the above-described information on the date that it is next
20 required to file a license renewal application with the DHS.

21 The DOH and DHS would each be required, in consultation with
22 each other, to adopt rules and regulations as may be necessary to
23 implement the bill's provisions.

24 This bill is intended to better facilitate the integration of primary
25 health care services and behavioral health care services in the State,
26 and reduce any potential stigma associated with the receipt of
27 behavioral health care for mild to moderate conditions. It would
28 codify and make permanent the provisions of a global waiver,
29 which was executed by the DOH on October 16, 2015, in
30 consultation with DHS, and which authorizes all DOH-licensed
31 health care facilities to use shared clinical space for the purposes of
32 providing both primary and behavioral health care.

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4523

STATE OF NEW JERSEY

DATED: MARCH 20, 2017

The Assembly Human Services Committee reports favorably Assembly Bill No. 4523.

This bill would require the Department of Health (DOH) to permit any licensed health care facility, which is engaged in the provision of primary health care services and the provision of behavioral health care services for mild or moderate behavioral health conditions, to use the same shared clinical space for the purposes of providing primary health care and behavioral health care. The bill would specify that no such health care facility may be required or authorized to construct or use duplicative clinical spaces, such as duplicative waiting rooms, entrances or exits, hallways, bathrooms, or any other duplicative clinical areas in the physical plant, which are designed or intended to separate behavioral health care patients from primary health care patients, or which may otherwise be stigmatizing to any patient, or which may facilitate or result in the discriminatory treatment of any patient on the basis of their medical or disability status. However, nothing in the bill's provisions would prohibit a health care facility from establishing and utilizing separate clinical areas as may be necessary to prevent and control infection, to maintain sanitation, to protect public safety, to prevent the unlawful diversion of controlled dangerous substances, or to maintain the confidentiality of medical or behavioral health records in compliance with federal requirements. Similarly the sharing of clinical space under the bill would not be authorized or required in cases where a patient is receiving treatment for a severe (as opposed to a mild or moderate) mental illness, emotional disorder, or drug or alcohol use disorder.

Any licensed health care facility seeking to provide primary health care services and behavioral health care services in a shared clinical space, pursuant to the bill's provisions, would be required to continue to comply with DOH licensing requirements and regulations, and would further be required to: be licensed by the Department of Human Services (DHS) as a mental health or substance use disorder treatment provider; and comply with all of the regulatory requirements applicable to mental health or substance use disorder treatment facilities, as appropriate. The facility would be required to forward to the DOH, a copy of any DHS license that is obtained thereby.

When applying for an initial DHS license, pursuant to the bill's requirements, a health care facility would be required to include the following information in the license application:

(1) a copy of any Medicaid "Change in Scope of Service" reporting forms that have been prepared in association with the facility's provision of behavioral health care services;

(2) a written statement attesting that the applicant is the exact same legal entity that holds the health care facility license issued by the DOH; and

(3) a written statement indicating whether the license applicant is or is not planning to make any changes to the physical plant to accommodate the provision of behavioral health care services, and, if any plant changes are planned, a copy of the letter received from the DOH approving and authorizing the changes, or indicating that DOH approval is not required.

If a licensed health care facility, as of the bill's effective date, has already obtained a DHS license, which authorizes the facility to provide behavioral health care services, the facility will be required to submit the above-described information on the date that it is next required to file a license renewal application with the DHS.

The DOH and DHS would each be required, in consultation with each other, to adopt rules and regulations as may be necessary to implement the bill's provisions.

This bill is intended to better facilitate the integration of primary health care services and behavioral health care services in the State, and reduce any potential stigma associated with the receipt of behavioral health care for mild to moderate conditions. It would codify and make permanent the provisions of a global waiver, which was executed by the DOH on October 16, 2015, in consultation with DHS, and which authorizes all DOH-licensed health care facilities to use shared clinical space for the purposes of providing both primary and behavioral health care.

As reported by the committee, Assembly Bill No. 4523 is identical to Senate Bill No. 2878 which was reported by the committee on this date

Governor Christie Takes Action On Pending Legislation

Thursday, July 13, 2017

Tags: [Bill Action](#)

Trenton, NJ - Governor Chris Christie today announced that he has taken action on the following pending legislation:

BILL SIGNINGS:

S-1451/A-3856 (Ruiz, Allen/Holley, McKnight, Singleton) - Directs DOE to make database of special education decisions available on website

S-2059/A-3769 (Weinberg/Vainieri Huttie, Mukherji) - Requires DOH to ensure that fetal death certification and reporting requirements are consistent with current federal standards

S-2348/A-3799 (Ruiz, Diegnan/Lampitt, Vainieri Huttie, Muoio, Oliver, Mosquera, DiMaio, McKnight, Mukherji) - Includes students who participate in school intramural sports programs in the student-athlete head injury safety program

S-2492/A-4091 (Gordon, O'Toole/Eustace, Chiaravalloti, Mukherji, Benson, Jasey) - Enhances resident voting participation rights in common interest communities

S-2878/A-4523 (Vitale, Codey/Schaer, Singleton, Vainieri Huttie, Pinkin) - Requires DOH to permit certain health care facilities to use shared clinical space when providing primary health care and behavioral health care for mild to moderate behavioral health conditions

SJR-50/AJR-69 (Weinberg, Gordon/DiMaio, Pinkin, Quijano) - Designates April as "Genocide Awareness Month"

SJR-62/AJR-96 (Codey/Eustace, Lampitt, Pinkin, Mukherji, Jones, Downey, Rooney) - Designates month of May of each year as "Mental Health Awareness Month"

A-374/S-2462 (Auth, Prieto, Schepisi, Jimenez, Mukherji/Sacco, Cruz-Perez) - Prohibits MVC from imposing duplicate license or identification card fee and digitized picture fee if duplicate is requested to reflect change in organ donor status

A-2181/S-2809 (Caride, Schaer/Sarlo) - Prohibits NJTA from requiring county guarantee to provide maintenance of pedestrian bridge under certain circumstances when determining approval for construction of pedestrian bridge

A-2690/S-1944 (Johnson, Rible, Dancer, O'Scanlon, Space, Phoebus/Cardinale, Van Drew) - Expands list of retired law enforcement officers eligible to carry handgun

A-4334/S-2724 (Conaway, Pinkin/Codey, Vitale) - Requires alternative payment models to register with DOH; permits health care practitioners to refer patients to health care service in which the practitioner has beneficial interest when related to alternative payment model

A-4350/S-2914 (Eustace, Karabinchak/Greenstein) - Precludes DEP from imposing certain certification requirements on installers of individual subsurface sewage disposal systems

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More Information

[Senate Bill 587](#)

[Senate Bill 677](#)

[Senate Bill 806](#)

[Senate Bill 3006](#)

[ASSEMBLY BILL NO. 1855](#)

[ASSEMBLY BILL NO. 4701](#)

A-4583/S-2991 (Zwicker, Conaway, Land, Downey, Houghtaling/Turner, T. Kean) - Appropriates \$2,988,859 from 2009 Historic Preservation Fund and constitutionally dedicated CBT revenues to provide capital preservation grants for certain historic preservation projects

AJR-27/SJR-59 (Muio, Gusciora, Benson, Eustace, Pinkin, Sumter, Mukherji/Turner) - Designates May of each year as "Asthma Awareness Month"

BILLS VETOED:

S-587/A-2937 (Cunningham/Sumter, Mukherji, Quijano) – ABSOLUTE - Requires incarcerated individual from State to be counted at residential address for legislative redistricting purposes

S-677/A-3677 (Rice, Turner/Wimberly, Singleton, Holley, Tucker, Sumter, Quijano) – CONDITIONAL - Requires racial and ethnic impact statement for certain bills and regulations affecting sentencing

S-806/A-2463 (Weinberg, Gordon/Eustace, Vainieri Huttie, Caride, Muio, Lagana, Lampitt, Mukherji) – CONDITIONAL - Requires owner or operator of certain trains to have discharge response, cleanup, and contingency plans to transport certain hazardous materials by rail; requires NJ DOT to request bridge inspection reports from US DOT

S-3006/A-4589 (Weinberg, Gordon/Vainieri Huttie, Quijano, Wisniewski, Johnson, Mukherji) – ABSOLUTE - Prohibits PANYNJ from providing assistance for enforcement of March 6, 2017 US Executive Order banning entry into US of individuals from certain countries

A-1855/S-3123 (Wimberly, Prieto, Oliver, Sumter/Cruz-Perez, Cunningham) – CONDITIONAL - Concerns outreach and training for minorities and women in the construction industry

A-4701/S-3059 (Eustace, Zwicker, Vainieri Huttie, Gusciora, Kennedy, Benson, Jasey/Sweeney, Smith) – ABSOLUTE - Requires State full participation in Regional Greenhouse Gas Initiative

Press Contact:
Brian Murray
609-777-2600



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Office of the Governor
PO Box 001
Trenton, NJ 08625
609-292-6000