



**GOVERNOR'S PRESS RELEASE ON SIGNING:**

Yes

**FOLLOWING WERE PRINTED:**

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or <mailto:refdesk@njstatelib.org>

**REPORTS:**

No

**HEARINGS:**

No

**NEWSPAPER ARTICLES:**

Yes

"State Briefs", Burlington County Times (Willingboro, NJ) - August 16, 2019

"Response plans required after fatal N.J. outbreak," The Press of Atlantic City, August 16, 2019

"Law mandates response plans after outbreak," The Times of Trenton, August 17, 2019

"Long-term care facilities must have outbreak response plans under new law"  
NJBIZ (New Brunswick, NJ) - August 15, 2019

"After 11 died at Wanaque nursing home, Murphy signs law to prevent future deadly outbreaks"  
northjersey.com (Published as northjersey.com (NJ)) - August 15, 2019

"DEADLY WANAQUE NURSING HOME OUTBREAK SPURS LAW"  
Record, The (Hackensack, NJ) - August 17, 2019

RWH/CL

P.L. 2019, CHAPTER 243, *approved August 15, 2019*  
Assembly, No. 5527 (*Second Reprint*)

1 AN ACT concerning certain long-term care facilities and  
2 supplementing Title 26 of the Revised Statutes.

3

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

6

7 1. a. As used in this section:

8 <sup>1</sup>“Cohorting” means the practice of grouping patients who are or  
9 are not colonized or infected with the same organism to confine  
10 their care to one area and prevent contact with other patients.

11 <sup>2</sup>“Department” means the Department of Health.

12 “Endemic level” means the usual level of given disease in a  
13 geographic area.<sup>2</sup>

14 “Isolating” means the process of separating sick, contagious  
15 persons from those who are not sick.<sup>1</sup>

16 "Long-term care facility" means a nursing home, assisted living  
17 residence, comprehensive personal care home, residential health  
18 care facility, or dementia care home licensed pursuant to P.L.1971,  
19 c.136 (C.26:2H-1 et seq.).

20 <sup>2</sup>“Long-term care facility that provides care to ventilator-  
21 dependent residents” means a long-term care facility that has been  
22 licensed to provide beds for ventilator care.

23 “Outbreak” means any unusual occurrence of disease or any  
24 disease above background or endemic levels.<sup>2</sup>

25 b. Notwithstanding any provision of law to the contrary, the  
26 <sup>2</sup>**[Department of Health]** department<sup>2</sup> shall require long-term care  
27 facilities <sup>1</sup>**[that provide care to ventilator-dependent residents]**<sup>1</sup> to  
28 develop <sup>2</sup>**[and submit to the department]**<sup>2</sup> an outbreak response  
29 plan within 180 days after the effective date of this act, which plan  
30 shall be customized to the facility, based upon national standards  
31 and developed in consultation with the facility’s infection control  
32 committee <sup>2</sup>, if the facility has established an infection control  
33 committee<sup>2</sup>. At a minimum, each facility’s plan shall include, but  
34 shall not be limited to:

35 (1) a protocol for isolating and cohorting infected and at-risk  
36 patients in the event of an outbreak of a <sup>1</sup>**[life-threatening,]**<sup>1</sup>  
37 contagious disease <sup>1</sup>**[, or of a similar health emergency at a**  
38 **facility,]**<sup>1</sup> until the cessation of the outbreak <sup>1</sup>**[or emergency]**<sup>1</sup>;

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Assembly AHE committee amendments adopted June 6, 2019.

<sup>2</sup>Senate floor amendments adopted June 27, 2019.

1 (2) clear policies for the notification of <sup>1</sup>["patients, patients'  
2 residents, residents'<sup>1</sup> families, <sup>1</sup>visitors,<sup>1</sup> and staff in the event of an  
3 outbreak of a <sup>1</sup>["life-threatening,]<sup>1</sup> contagious disease<sup>1</sup>["], or of a  
4 similar health emergency]<sup>1</sup> at a facility;

5 (3) information on the availability of laboratory testing,  
6 protocols for assessing whether facility visitors are ill, protocols to  
7 require ill staff to not present at the facility for work duties, and  
8 processes for implementing evidence-based outbreak response  
9 measures;

10 (4) <sup>2</sup>["policies to meet staffing, training, and facility demands  
11 during an infectious disease outbreak to successfully implement the  
12 outbreak response plan, including either employing on a full-time or  
13 part-time basis, or contracting with on a consultative basis:

14 (a) an individual certified by the <sup>1</sup>["National Board of Infection  
15 Control in infection prevention and control"] Certification Board of  
16 Infection Control and Epidemiology<sup>1</sup>; and

17 (b) a physician who has completed an infectious disease  
18 fellowship;

19 (5)<sup>2</sup> policies to conduct routine <sup>1</sup>["surveillance on"] monitoring  
20 of<sup>1</sup> residents and staff to quickly identify signs of a communicable  
21 disease that could develop into an outbreak; and

22 <sup>2</sup>["(6)"] (5)<sup>2</sup> policies for reporting outbreaks to public health  
23 officials in accordance with applicable laws and regulations.

24 c. <sup>2</sup>["Each long term care facility shall notify the department  
25 <sup>1</sup>[".]<sup>1</sup> on an annual basis <sup>1</sup>["unless otherwise required by the  
26 department,"] thereafter<sup>1</sup> of any material changes or updates to its  
27 outbreak response plan. <sup>1</sup>The department shall, within 180 days of  
28 the submission of the outbreak plan, review the plan and ensure that  
29 all criteria are satisfied as set forth in this act.]

30 (1) In addition to the requirements set forth in subsection b. of  
31 this section, the department shall require long-term care facilities  
32 that provide care to ventilator-dependent residents to include in the  
33 facility's outbreak response plan written policies to meet staffing,  
34 training, and facility demands during an infectious disease outbreak  
35 to successfully implement the outbreak response plan, including  
36 either employing on a full-time or part-time basis, or contracting  
37 with on an consultative basis, the following individuals:

38 (a) an individual certified by the Certification Board of  
39 Infection Control and Epidemiology; and

40 (b) a physician who has completed an infectious disease  
41 fellowship.

42 (2) Each long-term care facility that provides care to ventilator-  
43 dependent residents shall submit to the department the facility's  
44 outbreak response plan within 180 days after the effective date of  
45 this act.

1       (3) The department shall verify that the outbreak response plans  
2 submitted by long-term care facilities that provide care to  
3 ventilator-dependent residents are compliance with the requirements  
4 of subsection b. of this section and with the requirements of  
5 paragraph (1) of this subsection<sup>2</sup> .<sup>1</sup>

6       d. <sup>2</sup>**【The Department of Health shall develop and implement**  
7 **procedures as are necessary for the submission of the long-term**  
8 **care facility outbreak response plans required pursuant to this**  
9 **section】**

10       (1) Each long-term care facility that submits an outbreak  
11 response plan to the department pursuant to subsection c. of this  
12 section shall review the plan on an annual basis.

13       (2) If a long-term care facility that provides care to ventilator-  
14 dependent residents makes any material changes to its outbreak  
15 response plan, the facility shall, within 30 days after completing the  
16 material change, submit to the department an updated outbreak  
17 response plan. The department shall, upon receiving an updated  
18 outbreak response plan, verify that the plan is compliant with the  
19 requirements of subsections b. and c. of this section<sup>2</sup> .

20       <sup>1</sup>**【e. Notwithstanding any provision of law to the contrary, the**  
21 **Department of Health shall, no later than 180 days after the**  
22 **submission of the outbreak response plan pursuant to subsection b.**  
23 **of this section, issue a certificate of need to a long-term care facility**  
24 **which the department determines is in need of a physical expansion**  
25 **of its facilities to permit the long-term care facility to execute the**  
26 **outbreak response plan submitted pursuant to subsection b. of this**  
27 **section.**

28       f. Notwithstanding any provision of law to the contrary,  
29 following the Department of Health's initial issuance of certificates  
30 of need pursuant to this section, the department shall triennially  
31 assess the State's need for additional space in long-term care  
32 facilities and issue certificates of need to facilities in need of  
33 physical expansion to permit long-term care facilities to execute an  
34 outbreak response plan submitted pursuant to this section.<sup>1</sup>

35       <sup>1</sup>**【g.】** e.<sup>1</sup> (1) The <sup>2</sup>**【Department of Health】** department<sup>2</sup> shall  
36 require a long-term care facility <sup>1</sup>**【,** which provides care to  
37 ventilator-dependent residents,<sup>1</sup> <sup>2</sup>that provides care to ventilator-  
38 dependent residents<sup>2</sup> to assign to the facility's infection control  
39 committee <sup>1</sup>, on a full-time or part-time basis, or on a consultative  
40 basis<sup>1</sup>:

41       (a) an <sup>1</sup>**【employee】** individual<sup>1</sup> who is a physician <sup>2</sup>**【that】** who<sup>2</sup>  
42 has completed an infectious disease fellowship; <sup>1</sup>and<sup>1</sup>

43       (b) <sup>1</sup>**【and】**<sup>1</sup> an <sup>1</sup>**【employee】** individual<sup>1</sup> designated as the  
44 infection control coordinator, who has education, training,  
45 completed course work, or experience in infection control or

1 epidemiology, including certification in infection control by the  
2 ~~1~~ **[National Board of Infection Control]** Certification Board of  
3 Infection Control and Epidemiology<sup>1</sup>. The infection control  
4 committee shall meet on <sup>1</sup>at least<sup>1</sup> a quarterly basis and both  
5 ~~1~~ **[employees]** individuals<sup>1</sup> assigned to the committee pursuant to  
6 this subsection shall attend at least half of the meetings held by the  
7 infection control committee.

8 ~~1~~ **[h.]** ~~2~~ **[f.]**<sup>1</sup> If necessary, the Department of Health is authorized  
9 to ~~1~~ **[temporality]** temporarily<sup>1</sup> remove licensing requirements to  
10 permit long-term care facilities to utilize ancillary space, such as  
11 space normally reserved for dining or staff purposes, to assist in the  
12 effort to cohort residents in the event of an outbreak. **]**<sup>2</sup>

13

14 2. The Department of Health shall implement the provisions of  
15 this act, and pursuant to the "Administrative Procedure Act,"  
16 P.L.1968, c.410 (C.52:14B-1 et seq.), adopt rules or regulations as  
17 are necessary to effectuate the provisions of this act.

18

19 3. This act shall take effect immediately.

20

21

22

23

24 \_\_\_\_\_  
25 Requires certain long-term care facilities to submit outbreak  
response plan to DOH.

# ASSEMBLY, No. 5527

## STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JUNE 6, 2019

**Sponsored by:**

**Assemblyman HERB CONAWAY, JR.**

**District 7 (Burlington)**

**Assemblyman P. CHRISTOPHER TULLY**

**District 38 (Bergen and Passaic)**

**Assemblywoman LISA SWAIN**

**District 38 (Bergen and Passaic)**

**Co-Sponsored by:**

**Assemblywomen Vainieri Huttle, Murphy and Schepisi**

**SYNOPSIS**

Requires certain long-term care facilities to submit outbreak response plan to DOH.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 6/7/2019)**

1 AN ACT concerning certain long-term care facilities and  
2 supplementing Title 26 of the Revised Statutes.

3

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

6

7 1. a. As used in this section:

8 "Long-term care facility" means a nursing home, assisted living  
9 residence, comprehensive personal care home, residential health  
10 care facility, or dementia care home licensed pursuant to P.L.1971,  
11 c.136 (C.26:2H-1 et seq.).

12 b. Notwithstanding any provision of law to the contrary, the  
13 Department of Health shall require long-term care facilities, which  
14 provide care to ventilator dependent residents, to develop and  
15 submit to the department an outbreak response plan within 180 days  
16 after the effective date of this act, with any material changes to the  
17 plan submitted annually unless otherwise required by the  
18 department, customized to the facility that is based upon national  
19 standards and developed in consultation with the facility's infection  
20 control committee, which plan shall include, but shall not be limited  
21 to:

22 (1) a protocol for isolating and cohorting infected and at-risk  
23 patients in the event of an outbreak of a life-threatening, contagious  
24 disease, or of a similar health emergency at a facility, until the  
25 cessation of the outbreak or emergency;

26 (2) clear policies for the notification of patients, patients'  
27 families, and staff in the event of an outbreak of a life-threatening,  
28 contagious disease, or of a similar health emergency at a facility;

29 (3) information on the availability of laboratory testing,  
30 protocols for assessing whether facility visitors are ill, protocols to  
31 require ill staff to not present at the facility for work duties, and  
32 processes for implementing evidence-based outbreak response  
33 measures;

34 (4) policies to meet staffing, training, and facility demands  
35 during an infectious disease outbreak to successfully implement the  
36 outbreak response plan;

37 (5) policies to conduct routine surveillance on residents and  
38 staff to quickly identify signs of a communicable disease that could  
39 develop into an outbreak;

40 (6) policies for reporting outbreaks to public health officials in  
41 accordance with applicable laws and regulations; and

42 (7) employing or contracting with an individual certified by the  
43 Board of Infection Control and Epidemiology, Inc., in infection  
44 prevention and control, and a physician who has completed an  
45 infectious disease fellowship, to successfully implement the  
46 outbreak response plan.



1 c. The Department of Health shall develop and implement  
2 procedures as are necessary for the submission of the long-term  
3 care facility outbreak response plans required pursuant to  
4 subsection b. of this section.

5 d. Notwithstanding any provision of law to the contrary, the  
6 Department of Health shall, no later than 180 days after the  
7 submission of the outbreak response plan pursuant to subsection b.  
8 of this section, issue a certificate of need to a long-term care facility  
9 which the department determines is in need of a physical expansion  
10 of its facilities to permit the long-term care facility to execute the  
11 outbreak response plan submitted pursuant to subsection b. of this  
12 section.

13 e. Notwithstanding any provision of law to the contrary,  
14 following the Department of Health's initial issuance of certificates  
15 of need pursuant to subsection d. of this section, the department  
16 shall triennially assess the State's need for additional space in long-  
17 term care facilities and issue certificates of need to facilities in need  
18 of physical expansion to permit long-term care facilities to execute  
19 an outbreak response plan submitted pursuant to subsection b. of  
20 this section.

21

22 2. The Department of Health shall implement the provisions of  
23 this act, and pursuant to the "Administrative Procedure Act,"  
24 P.L.1968, c.410 (C.52:14B-1 et seq.), adopt rules or regulations as  
25 are necessary to effectuate the provisions of this act.

26

27 3. This act shall take effect immediately.

28

29

30

#### STATEMENT

31

32 This bill provides that the Department of Health (DOH) is to  
33 require certain long-term care facilities to submit outbreak response  
34 plans.

35 Under the bill, the DOH is to require long-term care facilities,  
36 which provide care to ventilator dependent residents, to develop and  
37 submit to the DOH an outbreak response plan within 180 days after  
38 the effective date of this act that is developed in consultation with  
39 the facility's infection control committee, which plan is to include,  
40 but is not to be limited to: (1) a protocol for isolating and cohorting  
41 infected and at-risk patients in the event of an outbreak of a life-  
42 threatening, contagious disease, or of a similar health emergency at  
43 a facility, until the cessation of the outbreak or emergency; (2) clear  
44 policies for the notification of patients, patients' families, and staff  
45 in the event of an outbreak of a life-threatening, contagious disease,  
46 or of a similar health emergency at a facility; (3) information on the  
47 availability of laboratory testing, protocols for assessing whether

1 facility visitors are ill, protocols to require ill staff to not present at  
2 the facility for work duties, and processes for implementing  
3 evidence-based outbreak response measures; (4) policies to meet  
4 staffing, training, and facility demands during an infectious disease  
5 outbreak to successfully implement the outbreak response plan; (5)  
6 policies to conduct routine surveillance on residents and staff to  
7 quickly identify signs of a communicable disease that could develop  
8 into an outbreak; (6) policies for reporting outbreaks to public  
9 health officials in accordance with applicable laws and regulations;  
10 and (7) employing or contracting with an individual certified by the  
11 Board of Infection Control and Epidemiology, Inc., in infection  
12 prevention and control, and a physician who has completed an  
13 infectious disease fellowship, to successfully implement the  
14 outbreak response plan.

15 The DOH is to issue a certificate of need to a long-term care  
16 facility which the department determines is in need of a physical  
17 expansion of its facilities to permit the long-term care facility to  
18 execute the outbreak response plan submitted pursuant to the bill's  
19 provisions.

20 The bill provides that the DOH is to develop and implement  
21 procedures as are necessary for the submission of the outbreak  
22 response plans required under the bill.

# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 5527**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JUNE 6, 2019

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 5527.

As amended, this bill provides that the Department of Health (DOH) is to require certain long-term care facilities to submit outbreak response plans.

Under the bill, the DOH is to require long-term care facilities to develop and submit to the DOH an outbreak response plan within 180 days after the bill's effective date that is developed in consultation with the facility's infection control committee, which plan is to include, but is not to be limited to: (1) a protocol for isolating and cohorting infected and at-risk patients in the event of an outbreak of a contagious disease until the cessation of the outbreak; (2) clear policies for the notification of residents, residents' families, visitors, and staff in the event of an outbreak of a contagious disease at a facility; (3) information on the availability of laboratory testing, protocols for assessing whether facility visitors are ill, protocols to require ill staff to not present at the facility for work duties, and processes for implementing evidence-based outbreak response measures; (4) policies to meet staffing, training, and facility demands during an infectious disease outbreak to successfully implement the outbreak response plan, including either employing on a full-time or part-time basis, or contracting with on a consultative basis, an individual certified by the Certification Board of Infection Control and Epidemiology, and a physician who has completed an infectious disease fellowship; (5) policies to conduct routine monitoring of residents and staff to quickly identify signs of a communicable disease that could develop into an outbreak; and (6) policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations. Each long term care facility is to notify the DOH on an annual basis of any material changes or updates to its outbreak response plan, and the DOH is to, within 180 days of the submission of the outbreak plan, review the plan and ensure that all criteria are satisfied as set forth in this bill.

The bill provides that the DOH is to develop and implement procedures as are necessary for the submission of the outbreak response plans required under the bill.

Under the bill, the DOH is to require a long-term care facility to assign to its infection control committee: (1) an individual who is a physician that has completed an infectious disease fellowship, and (2) an individual designated as the infection control coordinator, who has education, training, completed course work, or experience in infection control or epidemiology, including certification by the Certification Board of Infection Control and Epidemiology. The infection control committee is to meet on at least a quarterly basis and both individuals assigned pursuant to the bill's provisions are to attend at least half of the meetings held by the infection control committee. If necessary, the DOH is authorized to temporarily remove licensing requirements to permit long-term care facilities to utilize ancillary space, such as space normally reserved for dining or staff purposes, to assist in the effort to cohort residents in the event of an outbreak.

#### COMMITTEE AMENDMENTS

The committee amendments define the terms “cohorting” “and isolating,” remove provisions of the bill regarding certificates of need, and make various technical changes, including citation and usage.

The amendments provide that each long term care facility is to notify the DOH on an annual basis of any material changes or updates to its outbreak response plan, and the DOH is to, within 180 days of the submission of the outbreak plan, review the plan and ensure that all criteria are satisfied as set forth in this bill. The amendments provide that the infection control committee is to meet on at least a quarterly basis. Finally, the amendments remove the term “ventilator-dependent” from the bill.

STATEMENT TO  
[First Reprint]  
**ASSEMBLY, No. 5527**

with Senate Floor Amendments  
(Proposed by Senator VITALE)

ADOPTED:

These Senate amendments revise the requirements for long-term care facilities to develop outbreak response plans to provide that all facilities are to develop a plan, but only facilities that provide care to ventilator-dependent residents are required to submit the plan to the Department of Health (DOH) for review. The amendments clarify that only facilities that have established an infection control committee are required to develop a plan in consultation with that committee. The amendments continue to require the DOH to review submitted plans, but remove a requirement that the review be completed within 180 days after the plan is submitted.

The amendments revise the requirements for facilities that submit an outbreak response plan to the DOH to annually review the plan to additionally provide that the updated plan is to be submitted to the DOH within 30 days, and the DOH is to review the updated plan to ensure it is compliant with the requirements of the bill.

The amendments revise the requirement for facilities to employ or contract with both an individual certified by the Certification Board of Infection Control and Epidemiology and a physician who has completed an infectious disease fellowship, to provide that this requirement only applies to facilities that provide care to ventilator-dependent residents.

The amendments revise the requirement for facilities to develop policies to meet staffing, training, and facility demands during an infectious disease outbreak to successfully implement the outbreak response plan to provide that this requirement only applies to facilities that provide care to ventilator-dependent residents.

The amendments remove a provision that allowed the DOH to temporarily remove licensing requirements to allow long-term care facilities to utilize ancillary space to assist in cohorting residents in the event of an outbreak.

The amendments add definitions of “outbreak,” “endemic level,” and “long-term care facility that provides care to ventilator-dependent residents.”

The amendments make certain technical revisions concerning references to the Department of Health.

# LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

**ASSEMBLY, No. 5527**

## **STATE OF NEW JERSEY 218th LEGISLATURE**

DATED: JULY 26, 2019

### SUMMARY

- Synopsis:** Requires certain long-term care facilities to submit outbreak response plan to DOH.
- Type of Impact:** Increase in State and county expenditures.
- Agencies Affected:** Department of Health; Department of Military and Veterans Affairs; and certain county governments.

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Annual</u></b>
<b>State Cost Increase</b>	Indeterminate
<b>County Cost Increase</b>	Indeterminate

- The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate costs under the bill in reviewing and verifying compliance of outbreak response plans submitted by long-term care facilities that provide care to ventilator-dependent residents, as required under the bill. Without more information from the Executive, however, the OLS cannot quantify the costs that may be incurred by the DOH under the bill.
- The OLS finds that nursing homes operated by the Department of Military and Veterans Affairs (DMAVA) and certain county governments may incur indeterminate increases in operating expenditures to develop and implement an outbreak response plan and, in the case of those facilities that provide care to ventilator-dependent residents, in submitting the plan to the department and complying with the staffing requirements of the bill. Certain costs may be minimized to the extent that affected nursing homes currently fulfill the provisions of the bill and that the bill codifies existing regulatory requirements regarding mandatory infection control and sanitation. The OLS, however, does not have access to information regarding the existing policies at these facilities or which of these facilities provide care to ventilator-dependent residents, and therefore cannot quantify the fiscal impact.

## **BILL DESCRIPTION**

This bill directs the DOH to require long-term care facilities to develop an outbreak response plan within 180 days after the bill's effective date that is developed in consultation with the facility's infection control committee, if the facility has established an infection control committee. At a minimum, the plan is to include: (1) a protocol for isolating and cohorting infected and at-risk patients in the event of an outbreak of a contagious disease until the cessation of the outbreak; (2) clear policies for the notification of residents, residents' families, visitors, and staff in the event of an outbreak of a contagious disease at a facility; (3) information on the availability of laboratory testing, protocols for assessing whether facility visitors are ill, protocols to require ill staff to not present at the facility for work duties, and processes for implementing evidence-based outbreak response measures; (4) policies to conduct routine monitoring of residents and staff to quickly identify signs of a communicable disease that could develop into an outbreak; and (5) policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations.

In addition to these requirements, the department is to require long-term care facilities that provide care to ventilator dependent residents to include in the facility's outbreak response plan written policies to meet staffing, training, and facility demands during an infectious disease outbreak to successfully implement the outbreak response plan, including either employing on a full-time or part-time basis, or contracting with on a consultative basis, the following individuals: (1) an individual certified by the Certification Board of Infection Control and Epidemiology and (2) a physician who has completed an infectious disease fellowship.

Each long-term care facility that provides care to ventilator-dependent residents is to submit to the department the facility's outbreak response plan within 180 days after the bill's effective date and the department is to verify that the outbreak response plans are in compliance with the requirements of the bill. If a long-term care facility that provides care to ventilator-dependent residents makes any material changes to its outbreak response plan, the facility, within 30 days after completing the material change, is to submit to the department an updated outbreak response plan, and the department is to verify that the plan is compliant with the requirements of the bill.

The DOH is to require a long-term care facility that provides care to ventilator dependent residents to assign to its infection control committee: (1) an individual who is a physician who has completed an infectious disease fellowship and (2) an individual designated as the infection control coordinator, who has education, training, completed course work, or experience in infection control or epidemiology, including certification by the Certification Board of Infection Control and Epidemiology. The infection control committee is to meet on at least a quarterly basis and both individuals assigned pursuant to the bill's provisions are to attend at least half of the meetings held by the infection control committee.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

***OFFICE OF LEGISLATIVE SERVICES***

The OLS estimates that the DOH may incur indeterminate costs under the bill in reviewing and verifying compliance of outbreak response plans submitted by long-term care facilities that provide care to ventilator-dependent residents, as required under the bill. According to the department, there are 843 long-term care facilities in New Jersey; however, the OLS is unable to determine which of those facilities provide care to ventilator-dependent residents.

As the nature of the bill generally reflect the department's current duties, it is possible that tasks regarding the review of plans may be performed by the DOH's existing entities, thereby minimizing costs. For example, the department's Communicable Disease Service (CDS) routinely works with health care partners to provide technical support and guidance regarding infection control. Within the CDS, the Infection Control Assessment and Response team performs on-site assessments with a focus on the prevention of healthcare-associated infection investigations and prevention of infection control breaches in healthcare facilities through adherence to best practices and state and federal requirements. Without more information from the Executive, however, the OLS cannot quantify the costs that may be incurred by the DOH under the bill.

The OLS also finds that nursing homes operated by the DMAVA and certain county governments may incur indeterminate increases in operating expenditures to develop and implement an outbreak response plan and, in the case of those facilities that provide care to ventilator-dependent residents, in submitting the plan to the department and complying with the staffing requirements of the bill. Certain costs may be minimized to the extent that the affected nursing homes currently fulfill the provisions of the bill and that the bill codifies existing regulatory requirements regarding mandatory infection control and sanitation.

The OLS, however, does not have access to information regarding the existing policies at these facilities or which of these facilities provide care to ventilator-dependent residents, and therefore cannot quantify the fiscal impact. Currently, the DMAVA operates three facilities, while there are nine county facilities: three in Bergen County; two in Middlesex County; and one each in Atlantic County, Cape May County, Gloucester County, and Passaic County.

Long-term care facilities are regulated under N.J.A.C.8:39-19.1 et seq. regarding mandatory infection control and sanitation. To the extent that the bill requires a long-term care facility to present a documented plan for compliance with existing regulation, the costs incurred by the affected DMAVA and county nursing homes may be minimized. For example, the bill requires a facility's outbreak response plan to include policies to conduct routine monitoring of staff to quickly identify signs of a potential outbreak, while existing regulation prohibits staff who have symptoms of a communicable disease from performing functions that expose residents to risk of transmission of the disease.

On the other hand, costs may be incurred under the bill as certain provisions expand the scope of existing regulatory requirements. For example, pursuant to N.J.A.C.8:39-19.1, a long-term care facility is required to have an infection prevention and control program conducted by an infection control committee. The responsibility for the infection prevention and control program is to be assigned to an employee who is designated as the infection control coordinator, with education, training, completed course work, or experience in infection control or epidemiology; or contracted to an outside party. The infection control coordinator is also to be certified in infection control by the Certification Board of Infection Control and Epidemiology. Under the bill, long-term care facilities that provide care to ventilator dependent residents are to either employ on a full-time or part-time basis, or contract with on an consultative basis an individual certified by the Certification Board of Infection Control and Epidemiology, as



required under regulation, as well as a physician who has completed an infectious disease fellowship.

*Section: Human Services*

*Analyst: Sarah Schmidt  
Senior Research Analyst*

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

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

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

# SENATE, No. 3900

## STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JUNE 6, 2019

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator TROY SINGLETON**

**District 7 (Burlington)**

**Co-Sponsored by:**

**Senator Codey**

**SYNOPSIS**

Requires certain long-term care facilities to submit outbreak response plan to DOH.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 6/18/2019)**

1 AN ACT concerning certain long-term care facilities and  
2 supplementing Title 26 of the Revised Statutes.

3

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

6

7 1. a. As used in this section:

8 "Long-term care facility" means a nursing home, assisted living  
9 residence, comprehensive personal care home, residential health  
10 care facility, or dementia care home licensed pursuant to P.L.1971,  
11 c.136 (C.26:2H-1 et seq.).

12 b. Notwithstanding any provision of law to the contrary, the  
13 Department of Health shall require long-term care facilities, which  
14 provide care to ventilator dependent residents, to develop and  
15 submit to the department an outbreak response plan within 180 days  
16 after the effective date of this act, with any material changes to the  
17 plan submitted annually unless otherwise required by the  
18 department, customized to the facility that is based upon national  
19 standards and developed in consultation with the facility's infection  
20 control committee, which plan shall include, but shall not be limited  
21 to:

22 (1) a protocol for isolating and cohorting infected and at-risk  
23 patients in the event of an outbreak of a life-threatening, contagious  
24 disease, or of a similar health emergency at a facility, until the  
25 cessation of the outbreak or emergency;

26 (2) clear policies for the notification of patients, patients'  
27 families, and staff in the event of an outbreak of a life-threatening,  
28 contagious disease, or of a similar health emergency at a facility;

29 (3) information on the availability of laboratory testing,  
30 protocols for assessing whether facility visitors are ill, protocols to  
31 require ill staff to not present at the facility for work duties, and  
32 processes for implementing evidence-based outbreak response  
33 measures;

34 (4) policies to meet staffing, training, and facility demands  
35 during an infectious disease outbreak to successfully implement the  
36 outbreak response plan;

37 (5) policies to conduct routine surveillance on residents and  
38 staff to quickly identify signs of a communicable disease that could  
39 develop into an outbreak;

40 (6) policies for reporting outbreaks to public health officials in  
41 accordance with applicable laws and regulations; and

42 (7) employing or contracting with an individual certified by the  
43 Board of Infection Control and Epidemiology, Inc., in infection  
44 prevention and control, and a physician who has completed an  
45 infectious disease fellowship, to successfully implement the  
46 outbreak response plan.

47 c. The Department of Health shall develop and implement  
48 procedures as are necessary for the submission of the long-term

1 care facility outbreak response plans required pursuant to  
2 subsection b. of this section.

3 d. Notwithstanding any provision of law to the contrary, the  
4 Department of Health shall, no later than 180 days after the  
5 submission of the outbreak response plan pursuant to subsection b.  
6 of this section, issue a certificate of need to a long-term care facility  
7 which the department determines is in need of a physical expansion  
8 of its facilities to permit the long-term care facility to execute the  
9 outbreak response plan submitted pursuant to subsection b. of this  
10 section.

11 e. Notwithstanding any provision of law to the contrary,  
12 following the Department of Health's initial issuance of certificates  
13 of need pursuant to subsection d. of this section, the department  
14 shall triennially assess the State's need for additional space in long-  
15 term care facilities and issue certificates of need to facilities in need  
16 of physical expansion to permit long-term care facilities to execute  
17 an outbreak response plan submitted pursuant to subsection b. of  
18 this section.

19

20 2. The Department of Health shall implement the provisions of  
21 this act, and pursuant to the "Administrative Procedure Act,"  
22 P.L.1968, c.410 (C.52:14B-1 et seq.), adopt rules or regulations as  
23 are necessary to effectuate the provisions of this act.

24

25 3. This act shall take effect immediately.

26

27

28

#### STATEMENT

29

30 This bill provides that the Department of Health (DOH) is to  
31 require certain long-term care facilities to submit outbreak response  
32 plans.

33 Under the bill, the DOH is to require long-term care facilities,  
34 which provide care to ventilator dependent residents, to develop and  
35 submit to the DOH an outbreak response plan within 180 days after  
36 the effective date of this act that is developed in consultation with  
37 the facility's infection control committee, which plan is to include,  
38 but is not to be limited to: (1) a protocol for isolating and cohorting  
39 infected and at-risk patients in the event of an outbreak of a life-  
40 threatening, contagious disease, or of a similar health emergency at  
41 a facility, until the cessation of the outbreak or emergency; (2) clear  
42 policies for the notification of patients, patients' families, and staff  
43 in the event of an outbreak of a life-threatening, contagious disease,  
44 or of a similar health emergency at a facility; (3) information on the  
45 availability of laboratory testing, protocols for assessing whether  
46 facility visitors are ill, protocols to require ill staff to not present at  
47 the facility for work duties, and processes for implementing  
48 evidence-based outbreak response measures; (4) policies to meet

1 staffing, training, and facility demands during an infectious disease  
2 outbreak to successfully implement the outbreak response plan; (5)  
3 policies to conduct routine surveillance on residents and staff to  
4 quickly identify signs of a communicable disease that could develop  
5 into an outbreak; (6) policies for reporting outbreaks to public  
6 health officials in accordance with applicable laws and regulations;  
7 and (7) employing or contracting with an individual certified by the  
8 Board of Infection Control and Epidemiology, Inc., in infection  
9 prevention and control, and a physician who has completed an  
10 infectious disease fellowship, to successfully implement the  
11 outbreak response plan.

12 The DOH is to issue a certificate of need to a long-term care  
13 facility which the department determines is in need of a physical  
14 expansion of its facilities to permit the long-term care facility to  
15 execute the outbreak response plan submitted pursuant to the bill's  
16 provisions.

17 The bill provides that the DOH is to develop and implement  
18 procedures as are necessary for the submission of the outbreak  
19 response plans required under the bill.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO  
**SENATE, No. 3900**

with committee amendments

**STATE OF NEW JERSEY**

DATED: JUNE 17, 2019

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3900.

As amended by the committee, this bill requires the Department of Health (DOH) to require long-term care facilities to develop an outbreak response plan within 180 days after the effective date of the bill. Each plan is to be customized to the facility, based on national standards and developed in consultation with the facility's infection control committee, if any.

Each outbreak response plan developed under the bill will be required to include: (1) a protocol for isolating and cohorting infected and at-risk patients in the event of an outbreak of a contagious disease; (2) clear notification policies for residents, families, visitors, and staff in the event of an outbreak; (3) information on the availability of laboratory testing and various protocols for assessing whether facility visitors are ill, requiring ill staff to not present at the facility for work duties, and implementing evidence-based outbreak response measures; (4) policies to conduct routine monitoring to quickly identify signs of a potential outbreak; and (5) policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations.

Outbreak response plans prepared by long-term care facilities that provide care to ventilator-dependent residents are to submit their plans to the DOH for review within 180 days after the effective date of the bill; the DOH is to verify that the plans are compliant with the requirements of the bill. Outbreak response plans for facilities providing care to ventilator-dependent residents are to additionally include policies to meet staffing, training, and facility demands during an outbreak to successfully implement the outbreak response plan, including retaining the services of an individual certified in infection control and a physician with who has completed an infectious disease fellowship. Facilities providing care to ventilator-dependent residents are required to review their outbreak response plans at least annually and submit an updated plan to the DOH for review within 30 days after completing any material change to the plan.

Long-term care facilities will be required to assign to the facility's infection control committee a physician who has completed an infectious disease fellowship and a designated infection control coordinator who meets certain education, training, and experience requirements, which individuals are required to attend at least half of the committee's meetings. Committees are to meet at least quarterly.

COMMITTEE AMENDMENTS:

The committee amended the bill to revise the requirements for long-term care facilities to develop outbreak response plans to provide that all facilities are to develop a plan, but only facilities that provide care to ventilator-dependent residents are required to submit the plan to the Department of Health (DOH) for review. The amendments clarify that only facilities that have established an infection control committee are required to develop a plan in consultation with that committee. The amendments continue to require the DOH to review submitted plans, but remove a requirement that the review be completed within 180 days after the plan is submitted.

The committee amendments revise the requirements for facilities that submit an outbreak response plan to the DOH to annually review the plan to additionally provide that the updated plan is to be submitted to the DOH within 30 days, and the DOH is to review the updated plan to ensure it is compliant with the requirements of the bill.

The committee amendments revise the requirement for facilities to employ or contract with both an individual certified by the Certification Board of Infection Control and Epidemiology and a physician who has completed an infectious disease fellowship, to provide that this requirement only applies to facilities that provide care to ventilator-dependent residents.

The committee amendments revise the requirement for facilities to develop policies to meet staffing, training, and facility demands during an infectious disease outbreak to successfully implement the outbreak response plan to provide that this requirement only applies to facilities that provide care to ventilator-dependent residents.

The committee amended the bill to remove certain provisions concerning the DOH issuing certificates of need under the bill.

The committee amended the bill to remove a provision that allowed the DOH to temporarily remove licensing requirements to allow long-term care facilities to utilize ancillary space to assist in cohorting residents in the event of an outbreak.

The committee amended the bill to add definitions of "cohorting," "endemic level," "isolating," "long-term care facility that provides care to ventilator-dependent residents," and "outbreak."

The committee amendments make certain technical revisions, including updating references to the Department of Health and certain other terminology and making various grammatical corrections.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## SENATE, No. 3900 STATE OF NEW JERSEY 218th LEGISLATURE

DATED: JUNE 27, 2019

### SUMMARY

- Synopsis:** Requires certain long-term care facilities to submit outbreak response plan to DOH.
- Type of Impact:** Increase in State and county expenditures.
- Agencies Affected:** Department of Health; Department of Military and Veterans Affairs; and certain county governments.

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Annual</u></b>
<b>State Cost Increase</b>	Indeterminate
<b>County Cost Increase</b>	Indeterminate

- The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate costs under the bill in: 1) reviewing and verifying compliance of long-term care facility outbreak response plans, as required to be submitted to the department under the bill; and 2) triennially assessing the State's need for additional space in long-term care facilities in order to execute outbreak response plans, and issuing any certificates of need determined to be necessary. Without more information from the Executive, however, the OLS cannot quantify the costs that may be incurred by the DOH under the bill.
- The OLS finds that nursing homes operated by the Department of Military and Veterans Affairs (DMAVA) or certain county governments may incur indeterminate increases in expenditures to develop and submit to the department an outbreak response plan and, in the case of those facilities providing care to ventilator-dependent residents, in complying with the staffing requirements of the bill. Certain costs may be minimized to the extent that affected nursing homes currently fulfill the provisions of the bill and that the bill codifies existing regulatory requirements regarding mandatory infection control and sanitation. The OLS, however, does not have access to information regarding the existing policies at these facilities, and therefore cannot quantify the fiscal impact.



## **BILL DESCRIPTION**

This bill requires the DOH to require long-term care facilities to develop an outbreak response plan within 180 days after the effective date of the bill. Each plan is to be customized to the facility, based on national standards and developed in consultation with the facility's infection control committee, if any.

Each outbreak response plan developed under the bill will be required to include: (1) a protocol for isolating and cohorting infected and at-risk patients in the event of an outbreak of a contagious disease; (2) clear notification policies for residents, families, visitors, and staff in the event of an outbreak; (3) information on the availability of laboratory testing and various protocols for assessing whether facility visitors are ill, requiring ill staff to not present at the facility for work duties, and implementing evidence-based outbreak response measures; (4) policies to conduct routine monitoring to quickly identify signs of a potential outbreak; and (5) policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations.

In addition, outbreak response plans prepared by long-term care facilities that provide care to ventilator-dependent residents are additionally required to include policies to meet staffing, training, and facility demands during an outbreak to successfully implement the outbreak response plan, including retaining the services of an individual certified in infection control and a physician with who has completed an infectious disease fellowship. Facilities providing care to ventilator-dependent residents are required to review their outbreak response plans at least annually and submit an updated plan to the DOH for review within 30 days after completing any material change to the plan.

Long-term care facilities that provide care to ventilator-dependent residents will be required to assign to the facility's infection control committee: 1) a physician who has completed an infectious disease fellowship; and 2) a designated infection control coordinator who meets certain education, training, and experience requirements, which individuals are required to attend at least half of the committee's meetings. Committees are to meet at least quarterly.

The DOH is to issue a certificate of need to a long-term care facility which the department determines is in need of a physical expansion of its facilities to permit the long-term care facility to execute the outbreak response plan submitted pursuant to the bill's provisions. In addition, the DOH is to triennially assess the State's need for additional space in long-term care facilities and issue certificates of need to facilities in need of physical expansion to permit long-term care facilities to execute an outbreak response plan submitted pursuant to the bill's provisions.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS estimates that the DOH may incur indeterminate costs under the bill in: 1) reviewing and verifying compliance of long-term care facility outbreak response plans, as required to be submitted to the department under the bill; and 2) triennially assessing the

State's need for additional space in long-term care facilities in order to execute outbreak response plans, and issuing any certificates of need determined to be necessary. According to the department, there are 843 long-term care facilities in New Jersey.

As the provisions of the bill generally reflect the department's current duties, certain requirements of the bill may be performed by the DOH's existing entities, thereby minimizing costs. For examples, the department's Communicable Disease Service (CDS) routinely works with health care partners to provide technical support and guidance regarding infection control. Within the CDS, the Infection Control and Response performs on-site assessments with a focus on the prevention of healthcare-associated infection investigations and prevention of infection control breaches in healthcare facilities through adherence to best practices and state and federal requirements. Also, the State Health Planning Board acts as an advisory panel to the Commissioner of Health concerning recommendations on certificate of need applications to create certain new health care facilities or to expand existing services. Without more information from the Executive, however, the OLS cannot quantify the costs that may be incurred by the DOH under the bill.

The OLS also finds that nursing homes operated by the Department of Military and Veterans Affairs (DMAVA) and certain county governments may incur indeterminate increases in operating expenditures to develop and submit to the department an outbreak response plan and, in the case of those facilities providing care to ventilator-dependent residents, in complying with the staffing requirements of the bill. Certain costs may be minimized to the extent that affect nursing homes currently fulfill the provisions of the bill and that the bill codifies existing regulatory requirements regarding mandatory infection control and sanitation. The OLS, however, does not have access to information regarding the existing policies at these facilities, and therefore cannot quantify the fiscal impact.

Currently, the DMAVA operates three facilities, while there are nine county facilities: three in Bergen County; two in Middlesex County; and one each in Atlantic County, Cape May County, Gloucester County, and Passaic County. The OLS does not have access to information regarding the number of these facilities that provide care to ventilator-dependent residents.

Long-term care facilities are regulated under N.J.A.C.8:39-19.1 et seq. regarding mandatory infection control and sanitation. To the extent that the bill requires a long-term care facility to present a documented plan for compliance with existing regulation, the costs incurred by the affected DMAVA and county nursing homes may be minimized. For example, the bill requires a facility's outbreak response plan to include policies to conduct routine monitoring of staff to quickly identify signs of a potential outbreak, while existing regulation prohibits staff who have symptoms of a communicable disease from performing functions that expose residents to risk of transmission of the disease.

The bill also expands the scope of certain existing regulatory requirements. For example, pursuant to N.J.A.C.8:39-19.1, a long-term care facility is required to have an infection prevention and control program conducted by an infection control committee. The responsibility for the infection prevention and control program is to be assigned to an employee who is designated as the infection control coordinator, with education, training, completed course work, or experience in infection control or epidemiology; or contracted to an outside party. Under the bill, the same provisions apply regarding the infection control coordinator in the case of a facility that provides care to ventilator-dependent residents; however, that individual is also to be a certified in infection control by the Certification Board of Infection Control and Epidemiology.

*Section: Human Services*

*Analyst: Sarah Schmidt  
Senior Research Analyst*

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

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

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

# Governor Murphy Signs Legislation Requiring Outbreak Response Plans at Long-Term Care Facilities

08/15/2019

**TRENTON** – Governor Phil Murphy today signed A5527 into law, which will require certain long-term care facilities to submit outbreak response plans to the Department of Health. The legislation follows last year’s deadly Adenovirus outbreak at the Wanaque Center for Nursing and Rehabilitation, a long-term care facility for severely ill children.

“Although nearly a year has passed since the tragic outbreak in Wanaque, we have not forgotten about the eleven children who were taken from us far too soon,” **said Governor Murphy**. “I am proud to sign legislation today requiring long-term care facilities to have outbreak plans in place to reduce the chances of a similar tragedy from ever happening again.”

“Breaches in infection control practices are a major contributing factor in the spread of disease in health care facilities,” **said Acting Health Commissioner Judith Persichilli**. “Outbreak response plans help facilities remain aware of the need to contact and work with public health to implement practices to minimize further spread of disease.”

A5527 requires certain long-term care facilities to develop an outbreak response plan within 180 days after the bill’s effective date. These plans will include protocols for isolating infected and at-risk patients in the case of an outbreak, policies for notification of family and staff, and more requirements for containing outbreaks. The legislation further requires facilities like Wanaque that care for particularly vulnerable ventilator-dependent residents to submit a more detailed response plan to the DOH for review.

Primary sponsors of the legislation include Assemblymembers Herb Conaway Jr, Christopher P. Tully, and Lisa Swain, and Senators Joseph Vitale and Troy Singleton.

“While outbreaks such as the one at the Wanaque facility are largely preventable through hand washing and other infection control practices, there is still a risk that outbreaks can occur--particularly at long-term care facilities. This new law gives the public peace of mind that their loved ones in long-term care facilities are being cared for by people who are prepared to respond as quickly and appropriately as possible in the event of this type of health emergency,” **said Assembly bill sponsors in a joint statement**.

“The situation that spawned this bill is heartbreaking,” **said Senator Joseph Vitale**. “When 11 children passed away at Wanaque Center for Nursing and Rehabilitation last year, New Jersey was devastated. We wanted to do everything we could to prevent this from happening again. Implementing an outbreak response plan in case of emergency is good policy and even better practice and I am glad the Governor decided to take action on this today.”

“Last fall, tragedy befell the families of eleven children who passed away during an Adenovirus outbreak at the Wanaque Center for Nursing and Rehabilitation. During the outbreak, dozens more were infected too. This is inexcusable and incomprehensible,” **said Senator Troy Singleton**. “Long term care facilities must have proper response guidelines when outbreaks occur so that what happened last year can never, ever happen again, anywhere in New Jersey.”

“For the health and safety of every patient and healthcare worker, it is essential for facilities to be prepared in the event of an infection disease outbreak,” **said Debbie White, RN, President of HPAE**. “This law will now provide oversight to ensure that long term care facilities have a plan to respond immediately to a potential threat.

“The healthcare workers of 1199SEIU applaud Gov. Murphy and the Legislature for enacting bipartisan legislation to ensure that nursing homes protect patients during viral outbreaks,” **said Milly Silva, Executive Vice President of 1199SEIU**. “In a state where tens of thousands of vulnerable people, young and old, rely on 24/7 nursing care, it is vital that we champion their health and wellbeing and insist on the highest standards of compassionate care.”