



## ***LEGISLATIVE HISTORY CHECKLIST***

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**LAWS OF:** 1998

**CHAPTER:**125

**NJSA:** 45:9-27.16

"Physicians assistants -- prescriptions"

**BILL NO:** A809 (Substituted for S467 -- 1<sup>st</sup> Reprint)

**SPONSOR(S):** Vandervalk

**DATE INTRODUCED:** Pre-filed

**COMMITTEE:**

***ASSEMBLY:*** Health

***SENATE:*** Health

**AMENDED DURING PASSAGE:** Yes

**DATE OF PASSAGE:**

***ASSEMBLY:*** June 11, 1998

***SENATE:*** September 28, 1998

**DATE OF APPROVAL:** November 9, 1998

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### **THE FOLLOWING ARE ATTACHED IF AVAILABLE:**

**FINAL TEXT OF BILL:** 1<sup>st</sup> Reprint

(Amendments during passage denoted by superscript numbers)

**A809**

**SPONSORS STATEMENT:** *Yes* (Begins on page 3 of original bill)

**COMMITTEE STATEMENT:**

**ASSEMBLY:** *Yes*

**SENATE:** *Yes*

**FLOOR AMENDMENT STATEMENTS:** *No*

**LEGISLATIVE FISCAL ESTIMATE:** *No*

**S467**

**SPONSORS STATEMENT:** *Yes* (Begins on page 3 of original bill)  
(Bill and Sponsors Statement identical to A809)

**COMMITTEE STATEMENT:**

**ASSEMBLY:** *No*

**SENATE:** *Yes*

(Identical to Senate Statement for A809)

**FLOOR AMENDMENT STATEMENTS:** *No*

**LEGISLATIVE FISCAL ESTIMATE:** *No*

**VETO MESSAGE:** *No*

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

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**THE FOLLOWING WERE PRINTED:**

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ext. 102 or [refdesk@njstatelib.org](mailto:refdesk@njstatelib.org)*

**REPORTS:** *No*

**HEARINGS:** *No*

**NEWSPAPER ARTICLES:** *No*

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[First Reprint]

**ASSEMBLY, No. 809**

**STATE OF NEW JERSEY**  
**208th LEGISLATURE**

PRE-FILED FOR INTRODUCTION IN THE 1998 SESSION

**Sponsored by:**

**Assemblywoman CHARLOTTE VANDERVALK**

**District 39 (Bergen)**

**Co-Sponsored by:**

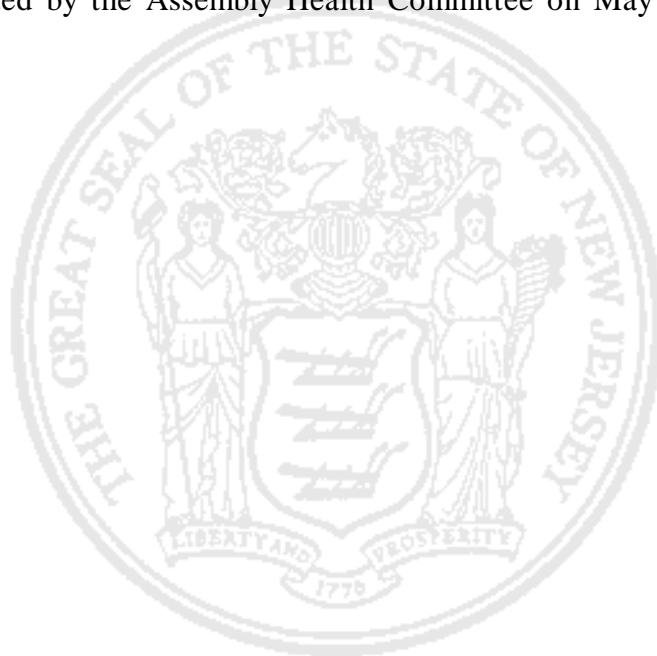
**Senator Sinagra**

**SYNOPSIS**

Permits physician assistants to prescribe in outpatient settings.

**CURRENT VERSION OF TEXT**

As reported by the Assembly Health Committee on May 4, 1998, with amendments.



**(Sponsorship Updated As Of: 9/29/1998)**

1 AN ACT concerning physician assistants and amending P.L.1991,  
2 c.378.

3

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

6

7 1. Section 7 of P.L.1991, c.378 (C.45:9-27.16) is amended to read  
8 as follows:

9 7. a. A physician assistant may perform the following procedures:

10 (1) Approaching a patient to elicit a detailed and accurate history,  
11 perform an appropriate physical examination, identify problems, record  
12 information and interpret and present information to the supervising  
13 physician;

14 (2) Suturing and caring for wounds including removing sutures and  
15 clips and changing dressings, except for facial wounds, traumatic  
16 wounds requiring suturing in layers and infected wounds;

17 (3) Providing patient counseling services and patient education  
18 consistent with directions of the supervising physician;

19 (4) Assisting a physician in an inpatient setting by conducting  
20 patient rounds, recording patient progress notes, determining and  
21 implementing therapeutic plans jointly with the supervising physician  
22 and compiling and recording pertinent narrative case summaries;

23 (5) Assisting a physician in the delivery of services to patients  
24 requiring continuing care in a private home, nursing home, extended  
25 care facility or other setting, including the review and monitoring of  
26 treatment and therapy plans;

27 (6) Facilitating the referral of patients to, and promoting their  
28 awareness of, health care facilities and other appropriate agencies and  
29 resources in the community; and

30 (7) Such other procedures suitable for discretionary and routine  
31 performance by physician assistants as designated by the board  
32 pursuant to subsection a. of section 15 of this act.

33 b. A physician assistant may perform the following procedures only  
34 when directed, ordered or prescribed by the supervising physician or  
35 specified in accordance with protocols promulgated pursuant to  
36 subsection c. of section 15 of this act:

37 (1) Performing non-invasive laboratory procedures and related  
38 studies or assisting duly licensed personnel in the performance of  
39 invasive laboratory procedures and related studies;

40 (2) Giving injections, administering medications and requesting  
41 diagnostic studies;

42 (3) Suturing and caring for facial wounds, traumatic wounds

**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 AHL committee amendments adopted May 4, 1998.**

1 requiring suturing in layers and infected wounds;

2 (4) Writing prescriptions or ordering medications in an inpatient or  
3 outpatient setting in accordance with section 10 of this act; and

4 (5) Such other procedures as may be specified in accordance with  
5 protocols promulgated in accordance with subsection b. of section 15  
6 of this act.

7 c. A physician assistant may assist a supervising surgeon in the  
8 operating room when a qualified assistant physician is not required by  
9 the board and a second assistant is deemed necessary by the  
10 supervising surgeon.

11 (cf: P.L.1992, c.102, s.5)

12

13 <sup>1</sup>2. Section 9 of P.L.1991, c.378 (C.45:9-27.18) is amended to  
14 read as follows:

15 9. a. A physician assistant and a temporary licensed physician  
16 assistant shall be under the direct supervision of a physician at all times  
17 during which the physician assistant or temporary licensed physician  
18 assistant is working in his official capacity.

19 b. In an inpatient setting, direct supervision of a physician assistant  
20 shall include, but not be limited to:

21 (1) continuing or intermittent presence with constant availability  
22 through electronic communications;

23 (2) regularly scheduled review of the practice of the physician  
24 assistant; and

25 (3) personal review by a physician of all charts and records of  
26 patients and countersignature by a physician of all medical orders,  
27 including prescribing and administering medication, within 24 hours of  
28 their entry by the physician assistant.

29 c. In an outpatient setting, direct supervision of a physician  
30 assistant shall include, but not be limited to:

31 (1) constant availability through electronic communications;

32 (2) regularly scheduled review of the practice of the physician  
33 assistant; and

34 (3) personal review by a physician of the charts and records of  
35 patients and countersignature by a physician of all medical orders,  
36 **【including administering medications,】** within seven days of their  
37 entry by the physician assistant , except that in the case of any medical  
38 order prescribing or administering medication, a physician shall review  
39 and countersign the order within 48 hours of its entry by the physician  
40 assistant.

41 d. In any setting, direct supervision of a temporary licensed  
42 physician assistant shall include, but not be limited to:

43 (1) continuing physical presence of a physician or a licensed  
44 physician assistant;

45 (2) regularly scheduled review by a physician of the practice of the  
46 temporary licensed physician assistant; and

1 (3) personal review by a physician of all charts and records of  
2 patients within 24 hours of an entry by the temporary licensed  
3 physician assistant.<sup>1</sup>

4 (cf: P.L.1993, c.337, s.2)

5  
6 <sup>1</sup>~~2.~~ 3.<sup>1</sup> Section 10 of P.L.1991, c.378 (C.45:9-27.19) is amended  
7 to read as follows:

8 10. A physician assistant treating a patient in an inpatient or  
9 outpatient setting may order or prescribe medications, subject to the  
10 following conditions:

11 a. no <sup>1</sup>~~1.~~ Schedule II<sup>1</sup> controlled dangerous substances may be  
12 ordered <sup>1</sup>~~1.~~ or prescribed, but a supervising physician may authorize a  
13 physician assistant to order or prescribe Schedule III, IV or V  
14 controlled dangerous substances if the physician assistant has  
15 registered with and obtained authorization from the appropriate State  
16 and federal agencies<sup>1</sup>;

17 b. the order or prescription is administered in accordance with  
18 protocols or specific physician direction pursuant to subsection b. of  
19 section 7 of this act;

20 c. the prescription states whether it is written pursuant to protocol  
21 or specific physician direction; and

22 d. the physician assistant signs his own name, prints his name and  
23 license number and prints the supervising physician's name <sup>1</sup>~~1.~~ and in  
24 the case of an order or prescription for a controlled dangerous  
25 substance, prints the physician assistant's Drug Enforcement  
26 Administration registration number<sup>1</sup>.

27 (cf: P.L.1991, c.378, s.10)

28  
29 <sup>1</sup>~~3.~~ 4.<sup>1</sup> This act shall take effect immediately.

# ASSEMBLY, No. 809

## STATE OF NEW JERSEY 208th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 1998 SESSION

**Sponsored by:**

**Assemblywoman CHARLOTTE VANDERVALK**

**District 39 (Bergen)**

**SYNOPSIS**

Permits physician assistants to prescribe in outpatient settings and to prescribe Schedule III, IV and V controlled dangerous substances.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



A809 VANDERVALK

2

1 AN ACT concerning physician assistants and amending P.L.1991,  
2 c.378.

3

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

6

7 1. Section 7 of P.L.1991, c.378 (C.45:9-27.16) is amended to read  
8 as follows:

9 7. a. A physician assistant may perform the following procedures:

10 (1) Approaching a patient to elicit a detailed and accurate history,  
11 perform an appropriate physical examination, identify problems, record  
12 information and interpret and present information to the supervising  
13 physician;

14 (2) Suturing and caring for wounds including removing sutures and  
15 clips and changing dressings, except for facial wounds, traumatic  
16 wounds requiring suturing in layers and infected wounds;

17 (3) Providing patient counseling services and patient education  
18 consistent with directions of the supervising physician;

19 (4) Assisting a physician in an inpatient setting by conducting  
20 patient rounds, recording patient progress notes, determining and  
21 implementing therapeutic plans jointly with the supervising physician  
22 and compiling and recording pertinent narrative case summaries;

23 (5) Assisting a physician in the delivery of services to patients  
24 requiring continuing care in a private home, nursing home, extended  
25 care facility or other setting, including the review and monitoring of  
26 treatment and therapy plans;

27 (6) Facilitating the referral of patients to, and promoting their  
28 awareness of, health care facilities and other appropriate agencies and  
29 resources in the community; and

30 (7) Such other procedures suitable for discretionary and routine  
31 performance by physician assistants as designated by the board  
32 pursuant to subsection a. of section 15 of this act.

33 b. A physician assistant may perform the following procedures  
34 only when directed, ordered or prescribed by the supervising physician  
35 or specified in accordance with protocols promulgated pursuant to  
36 subsection c. of section 15 of this act:

37 (1) Performing non-invasive laboratory procedures and related  
38 studies or assisting duly licensed personnel in the performance of  
39 invasive laboratory procedures and related studies;

40 (2) Giving injections, administering medications and requesting  
41 diagnostic studies;

42 (3) Suturing and caring for facial wounds, traumatic wounds  
43 requiring suturing in layers and infected wounds;

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

**Matter underlined thus is new matter.**



1 (4) Writing prescriptions or ordering medications in an inpatient or  
2 outpatient setting in accordance with section 10 of this act; and

3 (5) Such other procedures as may be specified in accordance with  
4 protocols promulgated in accordance with subsection b. of section 15  
5 of this act.

6 c. A physician assistant may assist a supervising surgeon in the  
7 operating room when a qualified assistant physician is not required by  
8 the board and a second assistant is deemed necessary by the  
9 supervising surgeon.

10 (cf: P.L.1992,c.102,s.5)

11

12 2. Section 10 of P.L.1991, c.378 (C.45:9-27.19) is amended to  
13 read as follows:

14 10. A physician assistant treating a patient in an inpatient or  
15 outpatient setting may order or prescribe medications, subject to the  
16 following conditions:

17 a. no Schedule II controlled dangerous substances may be ordered  
18 or prescribed, but a supervising physician may authorize a physician  
19 assistant to order or prescribe Schedule III, IV or V controlled  
20 dangerous substances if the physician assistant has registered with and  
21 obtained authorization from the appropriate State and federal agencies;

22 b. the order or prescription is administered in accordance with  
23 protocols or specific physician direction pursuant to subsection b. of  
24 section 7 of this act;

25 c. the prescription states whether it is written pursuant to protocol  
26 or specific physician direction; and

27 d. the physician assistant signs his own name, prints his name and  
28 license number and prints the supervising physician's name, and in the  
29 case of an order or prescription for a controlled dangerous substance,  
30 prints the physician assistant's Drug Enforcement Administration  
31 registration number.

32 (cf:P.L.1991,c.378,s.10)

33

34 3. This act shall take effect immediately.

35

36

37

#### STATEMENT

38

39 This bill permits physician assistants to order or prescribe drugs in  
40 both outpatient and inpatient settings and permits a supervising  
41 physician to authorize a physician assistant to order or prescribe  
42 Schedule III, IV and V controlled dangerous substances if the  
43 physician assistant has registered with and obtained authorization from  
44 the appropriate State and federal agencies.

**A809 VANDERVALK**

4

1       Currently, physician assistants are only permitted to order or  
2       prescribe drugs in inpatient settings and are prohibited from  
3       prescribing any controlled dangerous substances.

# ASSEMBLY HEALTH COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 809**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: May 4, 1998

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 809.

As amended by the committee, this bill permits physician assistants to order or prescribe drugs in both outpatient and inpatient settings. The bill requires that a supervising physician countersign an order or prescription for drugs within 48 hours of its entry by a physician assistant in an outpatient setting.

Under current law, a physician assistant is only permitted to order or prescribe drugs in an inpatient setting, and a supervising physician must countersign any medical order, including prescribing and administering medication, within 24 hours of its entry by the physician assistant.

The committee amended the bill to require that a supervising physician countersign all medical orders that include prescribing or administering medication within 48 hours of their entry by the physician assistant in an outpatient setting. Under current law, a supervising physician must countersign any medical order, including administering medication, within seven days of its entry by the physician assistant in an outpatient setting. As amended, this bill leaves the seven-day physician countersignature requirement for medical orders that do not include prescribing or administering medication.

The committee amendments also delete the provisions of the bill which would have permitted physician assistants to order or prescribe Schedule III, IV and V controlled dangerous substances.

This bill was prefiled for introduction in the 1998-99 session pending technical review. As reported, the bill includes the changes required by technical review which has been performed.

SENATE HEALTH COMMITTEE

STATEMENT TO

[First Reprint]

**ASSEMBLY, No. 809**

**STATE OF NEW JERSEY**

DATED: SEPTEMBER 17, 1998

The Senate Health Committee reports favorably Assembly Bill No. 809 (1R).

This bill permits physician assistants to order or prescribe drugs in both outpatient and inpatient settings. The bill requires that a supervising physician countersign an order or prescription for drugs within 48 hours of its entry by a physician assistant in an outpatient setting.

Under current law, a physician assistant is only permitted to order or prescribe drugs in an inpatient setting, and a supervising physician must countersign any medical order, including prescribing and administering medication, within 24 hours of its entry by the physician assistant.

This bill is identical to Senate Bill No. 467 SCA (Sinagra), which the committee also reported favorably on this date.

**SENATE, No. 467**

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**STATE OF NEW JERSEY**  
**208th LEGISLATURE**

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INTRODUCED FEBRUARY 23, 1998

**Sponsored by:**  
**Senator JACK SINAGRA**  
**District 18 (Middlesex)**

**SYNOPSIS**

Permits physician assistants to prescribe in outpatient settings and to prescribe Schedule III, IV and V controlled dangerous substances.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning physician assistants and amending P.L.1991,  
2 c.378.

3

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

6

7 1. Section 7 of P.L.1991, c.378 (C.45:9-27.16) is amended to read  
8 as follows:

9 7. a. A physician assistant may perform the following procedures:

10 (1) Approaching a patient to elicit a detailed and accurate history,  
11 perform an appropriate physical examination, identify problems, record  
12 information and interpret and present information to the supervising  
13 physician;

14 (2) Suturing and caring for wounds including removing sutures and  
15 clips and changing dressings, except for facial wounds, traumatic  
16 wounds requiring suturing in layers and infected wounds;

17 (3) Providing patient counseling services and patient education  
18 consistent with directions of the supervising physician;

19 (4) Assisting a physician in an inpatient setting by conducting  
20 patient rounds, recording patient progress notes, determining and  
21 implementing therapeutic plans jointly with the supervising physician  
22 and compiling and recording pertinent narrative case summaries;

23 (5) Assisting a physician in the delivery of services to patients  
24 requiring continuing care in a private home, nursing home, extended  
25 care facility or other setting, including the review and monitoring of  
26 treatment and therapy plans;

27 (6) Facilitating the referral of patients to, and promoting their  
28 awareness of, health care facilities and other appropriate agencies and  
29 resources in the community; and

30 (7) Such other procedures suitable for discretionary and routine  
31 performance by physician assistants as designated by the board  
32 pursuant to subsection a. of section 15 of this act.

33 b. A physician assistant may perform the following procedures only  
34 when directed, ordered or prescribed by the supervising physician or  
35 specified in accordance with protocols promulgated pursuant to  
36 subsection c. of section 15 of this act:

37 (1) Performing non-invasive laboratory procedures and related  
38 studies or assisting duly licensed personnel in the performance of  
39 invasive laboratory procedures and related studies;

40 (2) Giving injections, administering medications and requesting  
41 diagnostic studies;

42 (3) Suturing and caring for facial wounds, traumatic wounds  
43 requiring suturing in layers and infected wounds;

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

**Matter underlined thus is new matter.**

1 (4) Writing prescriptions or ordering medications in an inpatient or  
2 outpatient setting in accordance with section 10 of this act; and

3 (5) Such other procedures as may be specified in accordance with  
4 protocols promulgated in accordance with subsection b. of section 15  
5 of this act.

6 c. A physician assistant may assist a supervising surgeon in the  
7 operating room when a qualified assistant physician is not required by  
8 the board and a second assistant is deemed necessary by the  
9 supervising surgeon.

10 (cf: P.L.1992,c.102,s.5)

11

12 2. Section 10 of P.L.1991, c.378 (C.45:9-27.19) is amended to read  
13 as follows:

14 10. A physician assistant treating a patient in an inpatient or  
15 outpatient setting may order or prescribe medications, subject to the  
16 following conditions:

17 a. no Schedule II controlled dangerous substances may be ordered  
18 or prescribed, but a supervising physician may authorized a physician  
19 assistant to order or prescribe Schedule III, IV or V controlled  
20 dangerous substances if the physician assistant has registered with and  
21 obtained authorization from the appropriate State and federal agencies;

22 b. the order or prescription is administered in accordance with  
23 protocols or specific physician direction pursuant to subsection b. of  
24 section 7 of this act;

25 c. the prescription states whether it is written pursuant to protocol  
26 or specific physician direction; and

27 d. the physician assistant signs his own name, prints his name and  
28 license number and prints the supervising physician's name, and in the  
29 case of an order or prescription for a controlled dangerous substance,  
30 prints the physician assistant's Drug Enforcement Administration  
31 registration number.

32 (cf:P.L.1991,c.378,s.10)

33

34 3. This act shall take effect immediately.

35

36

37

#### STATEMENT

38

39 This bill permits physician assistants to order or prescribe drugs in  
40 both outpatient and inpatient settings and permits a supervising  
41 physician to authorize a physician assistant to order or prescribe  
42 Schedule III, IV and V controlled dangerous substances if the physician  
43 assistant has registered with and obtained authorization from the  
44 appropriate State and federal agencies.

45 Currently, physician assistants are only permitted to order or  
46 prescribe drugs in inpatient settings and are prohibited from  
47 prescribing any controlled dangerous substances.

# SENATE HEALTH COMMITTEE

## STATEMENT TO

### **SENATE, No. 467**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: SEPTEMBER 17, 1998

The Senate Health Committee reports favorably and with committee amendments Senate Bill No. 467.

As amended by committee, this bill permits physician assistants to order or prescribe drugs in both outpatient and inpatient settings. The bill requires that a supervising physician countersign an order or prescription for drugs within 48 hours of its entry by a physician assistant in an outpatient setting.

Under current law, a physician assistant is only permitted to order or prescribe drugs in an inpatient setting, and a supervising physician must countersign any medical order, including prescribing and administering medication, within 24 hours of its entry by the physician assistant.

The committee amended the bill to require that a supervising physician countersign all medical orders that include prescribing or administering medication within 48 hours of their entry by the physician assistant in an outpatient setting. Under current law, a supervising physician must countersign any medical order, including administering medication, within seven days of its entry by the physician assistant in an outpatient setting. As amended, this bill leaves the seven-day physician countersignature requirement for medical orders that do not include prescribing or administering medication.

The committee amendments also delete the provisions of the bill which would have permitted physician assistants to order or prescribe Schedule III, IV and V controlled dangerous substances.

As reported, this bill is identical to Assembly Bill No. 809 (1R) (Vandervalk), which the committee also reported favorably on this date.



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

PO BOX 004  
TRENTON, NJ 08625

CONTACT: Jayne O'Connor  
Gene Herman  
609-777-2600

RELEASE: November 10, 1998

Gov. Christie Whitman today signed the following legislation:

**A-63** allows beneficiaries of the Pharmaceutical Assistance for the Aged and Disabled (PAAD) program to receive the longer of 100 pills or a 34-day supply of medication for both the initial prescription and refills. Changes in the Fiscal Year 1999 Appropriations bill had limited to a 34-day maximum supply.

The bill was sponsored by Assembly Members Francis J. Blee (R-Atlantic), John C. Gibson (R-Cape May/Atlantic/Cumberland) and Kenneth C. LeFevre (R-Atlantic) and Guy F. Talarico (R-Bergen) and Senators Norman M. Robertson (R-Essex/Passaic) and Robert W. Singer (R-Burlington/Monmouth/Ocean).

**A-809**, sponsored by Assembly Member Charlotte Vandervalk (R-Bergen) and Senator Jack Sinagra (R-Middlesex), permits physician assistant to order or prescribe drugs, excluding controlled dangerous substances, both outpatient and inpatient settings. The bill requires that a supervising physician countersign and order or prescription for drugs within 48 hours of its entry by a physician assistant in an outpatient setting. The bill changes current law, which permits physician assistants to order or prescribe drugs only in an inpatient setting.

**A-1332**, sponsored by Assembly Members Rose Marie Heck (R-Bergen) and Guy F. Talarico (R-Bergen) and Senators Anthony R. Bucco (R-Morris) and Joseph M. Kyrillos, Jr. (R-Middlesex/Morris), clarifies that the depiction and dissemination of child pornography on the Internet is a crime under the endangering the welfare of a child statute. Endangering the welfare of a child is a second-degree crime when, among other things, a person causes or permits a child under 16 to engage in a sexual act knowing the act will be photographed or otherwise reproduced; photographs or reproduces a child engaged in a sexual act; or receives for the purpose of selling, sells or transfers a photograph of a child engaged in a sexual act.

The bill also upgrades to a crime of the first degree the offense of causing or permitting a child to engage in a sexual act knowing the act will be photographed, filmed or otherwise reproduced when the defendant is the child's parent or guardian. A first-degree crime is punishable by a prison term of between 10 and 20 years, a fine of \$200,000 or both, while a second-degree crime is punishable by a prison term of between five and 10 years and a fine of up to \$150,000 or both.

**A-1511** amends current law to require that certain parents undergo substance abuse assessment when a court makes a finding of abuse or neglect and orders out-of-home

placement for a child. If the law reveals positive evidence of substance abuse, the parent must demonstrate that he or she is receiving treatment and complying with the treatment program before the child is returned to the parental home. Under previous law, a parent was required to demonstrate progress in reaching the goals that Division of Youth and Family Services established as part of a treatment program in order for a child to be returned to the home. The bill also appropriates \$50,000 for substance abuse treatment.

The bill was sponsored by Assembly Members Joseph R. Malone, 3d (R-Burlington/Monmouth/Ocean and Melvin Cottrell (R-Burlington/Monmouth/Ocean) and Senator Robert W. Singer (R-Burlington/Monmouth/Ocean).

**A-1632**, sponsored by Assembly Members Gerald J. Luongo (R-Camden/Gloucester) and Peter J. Biondi (R-Morris/Somerset) and Senators Diane B. Allen (R-Burlington/Camden) and Norman M. Robertson (R-Essex/Passaic), establishes the Senior and Disabled Cooperative Housing Finance Incentive Program. The bill assists non-profit corporations in providing cooperative living opportunities for low and moderate-income senior citizens and citizens with disabilities.

The bill authorizes the New Jersey Housing and Mortgage Finance Agency to set aside some portion of its bonding capacity in order to provide mortgage loans to eligible purchasers and to assist qualified non-profit corporations in creating eligible projects.

**A-1976**, sponsored by Assembly Members Joseph V. Doria, Jr. (D-Hudson) and Alex DeCroce (R-Essex/Morris/Passaic), provides that surcharges levied by the Division of Motor Vehicles (DMV) are extinguished upon an individual's death once the DMV obtains a copy of the driver's death certificate. The bill also requires that the DMV obtain a death certificate when the decedent's family or estate representative does not provide the DMV with a copy of the document. Under previous practice, the DMV extinguished a decedent's surcharges when a death certificate was provided by the family of the deceased. If the certificate was not received from the family, the DMV continued to mail surcharge notices to the decedent's family

**A-2077** rectifies a problem created by a previous law, A-2323, which inadvertently changed the definitions regarding modifications of open-ended and close-ended loans.

The bill clarifies that an advance of principal made with respect to any mortgage (open-ended or close-ended) other than a line of credit does not have the lien priority of the original mortgage and is not a mortgage modification.

The bill was sponsored by Assembly Members Christopher "Kip" Bateman (R-Morris/Somerset) and Peter J. Biondi (R-Morris/Somerset) and Senators Walter J. Kavanaugh (R-Morris/Somerset) and Peter A. Inverso (R-Mercer/Middlesex).

A-2223, expands the number of persons eligible to receive the New Jersey Distinguished Service Medal (DSM) from the Governor to include any state resident who was a resident of the state at the time of entry into active military service and saw active military service in a combat theater and received an honorable discharge. The expansion would also apply to deceased persons. The bill also gives the Governor the

authority to issue the DSM to residents who saw active combat service and were officially listed as a POW/MIA by the United States Department of Defense. The Department of Military and Veterans' Affairs will establish regulatory standards requiring a finding of distinguished service prior to its recommendation to the Governor to award the medal.

Under previous law, the Governor, on behalf of the state, could issue a DSM to persons who distinguished themselves by especially meritorious service and who had been cited or were expected to be cited in orders for distinguished service by the Governor or appropriate federal authority.

The legislation was sponsored by Assembly Members Louis D. Greenwald (D-Camden) and Joseph Azzolina (R-Middlesex/Morris) and Senators Diane B. Allen (R-Burlington/Camden) and John J. Mattheusen (R-Camden/Gloucester).

**S-158**, sponsored by Senators Joseph M. Kyrillos, Jr. (R-Middlesex/Monmouth) and Andrew R. Ciesla (R-Monmouth/Ocean) and Assembly Members Joseph Azzolina (R-Middlesex/Monmouth) and Michael J. Arnone (R-Monmouth), exempts certain shops operated to raise money for charity from state sales and use tax. The bill applies to shops run in support of organizations that are already exempt from paying the sales tax. The exemption includes any organization operated exclusively for religious, charitable, scientific, testing for public safety, literary, or educational purposes. It also exempts any organizations operated for the prevention of cruelty to children or animals; any voluntary fire, rescue, ambulance, first aid or emergency company or squad, and any parent-teachers association.

**S-700**, sponsored by Senator Diane B. Allen (R-Burlington/Camden), allows Burlington Island to enter into a long-term lease to promote development designed only for recreational, conservational, educational and cultural purposes. The island's charter, established in 1852, limited to five the number of years island property could be leased for any purpose.

**S-877**, sponsored by Senator Shirley K. Turner (D-Mercer), requires the State Board of Education, in consultation with the Commissioner of the Department of Health and Senior Services (DHSS) to promulgate rules and regulations for the certification of persons employed by boards of education to teach swimming in public schools. The bill requires that the regulations include appropriate swimming and first aid skills necessary to protect the health and safety of students. Currently, safety standards specified in DHSS regulations require the presence of at least one person currently certified in standard first aid and cardiopulmonary resuscitation (CPR). That person must be available and readily accessible when the pool is in use. Additionally, the regulations require that at least one lifeguard be on duty for 60 or less swimmers or 2,000 square feet of surface space at all times when the pool is in use. Additional lifeguards are required based on a variety of specified factors.

**S-888**, sponsored by Senator Norman M. Robertson (R-Essex/Passaic) and Assembly Members Kenneth C. LeFevre (R-Atlantic) and Francis J. Blee (R-Atlantic), permits the release of certain account information by a financial institution under certain

circumstances. The bill allows the release of account information to a law enforcement agency or a county protective adult services provider if the customer account is held by a senior citizen or "vulnerable" person -- defined in the bill as a person over 18 that appears to have a physical or mental illness, disability or deficiency, etc. The bill parallels federal law allowing financial institutions to release account information to certain federal law enforcement officials.

**S-955**, revises the Garage Keepers Lien Act by eliminating the requirement that a motor vehicle owner post the full amount of a disputed bill or a double bond before a pre-sale hearing. The bill provides that if possession of a vehicle is refused because of a dispute over the amount owned or nonpayment, the owner may immediately bring an action in court for possession of the vehicle. The bill was sponsored by Senator John Q. Bennett (R-Monmouth) and Assembly Members Richard A. Merkt (R-Morris) and Michael Patrick Carroll (R-Morris).

**S-1055**, sponsored by Senator Leonard T. Connors, Jr. (R-Atlantic/Burlington/Ocean) and Gerald Cardinale (R-Bergen), prohibits charitable organizations from misleading contributors to believe their donations are to be used for charitable purposes when, in fact, the donations are used to fund legal costs and other administrative costs of the charitable organization. The bill also prohibits organizations from presenting truthful information, statements and communications in such a way that the contributor is misled into making a contribution.

**AJR-21**, sponsored by Assembly Member Alex DeCroce (R-Essex/Morris/Passaic), establishes an 18-member Regional Intergovernmental Transportation Coordinating Study Commission to increase regional transportation decision-making among various levels of government and to identify incentives to promote cooperation. The commission will consist of 12 public members to be appointed by the Governor; two members of both the Senate and the General Assembly; Commissioner of the Department of Transportation and the Director of the Office of State Planning.

**AJR-30**, sponsored by Assembly Members Marion Crecco (R-Essex/Passaic) and Gerald J. Luongo (R-Camden/Gloucester), designates November 20 of each year as "Bill of Rights Day" in New Jersey. The first ten amendments of the U. S. Constitution, known as the Bill of Rights, were ratified by the State of New Jersey on November 20, 1789.