26:2H-18a

LEGISLATIVE HISTORY CHECK

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LAWS OF: 1999 CHAPTER: 394

NJSA: 26:2H-18a (Children's hospital—criteria)

BILL NO: S1506 (Substituted for A2618)

SPONSOR(S): DiFrancesco and Baer

DATE INTRODUCED: November 16, 1998

COMMITTEE: ASSEMBLY: -----

SENATE: Health

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: ASSEMBLY: December 9, 1999 Reenacted: January 10, 2000

SENATE: June 21, 1999 Reenacted: January 10, 2000

DATE OF APPROVAL: January 18, 2000

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL: 2nd Reprint

(Amendments during passage denoted by superscript numbers)

S1506

SPONSORS STATEMENT: (Begins on page 5 of original bill)

Yes

COMMITTEE STATEMENT: ASSEMBLY: No

SENATE: Yes

FLOOR AMENDMENT STATEMENTS: No

LEGISLATIVE FISCAL ESTIMATE: No

A2618

SPONSORS STATEMENT: (Begins on page 5 of original bill)

Yes

Bill and Sponsors Statement identical to S1506

COMMITTEE STATEMENT: <u>ASSEMBLY</u>: <u>Yes</u>

SENATE: No

FLOOR AMENDMENT STATEMENTS: No

LEGISLATIVE FISCAL ESTIMATE: No

<u>VETO MESSAGE</u>: <u>Yes</u>

GOVERNOR'S PRESS RELEASE ON SIGNING: No

FOLLOWING WERE PRINTED:

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REPORTS:		
LIEADINGS.		No
HEARINGS:		No
NEWSDADED A	OTICI ES:	140

P.L. 1999, CHAPTER 394, approved January 18, 2000 Senate, No. 1506 (Second Reprint)

1 **AN ACT** concerning the designation of children's hospitals and supplementing Title 26 of the Revised Statutes.

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

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- 1. The Legislature finds and declares:
- 8 a. It is well established that large numbers of families living in 9 New Jersey use out-of-State hospitals when a family member has a 10 serious illness, requires surgery or needs inpatient hospitalization;
- b. The out-migration of New Jersey patients to out-of-State hospitals is especially true for families seeking treatment for ill children;
- 14 c. This out-migration of New Jersey patients to out-of-State 15 hospitals causes great hardships for the families of ill children and 16 results in a major negative impact on the State's economy;
- d. Market research confirms that when a child requires serious surgery or inpatient hospitalization, parents are more likely to select a New Jersey hospital if that institution is designated as a children's hospital;
- e. The health care industry has evolved into one of high specialization of care providers; and
 - f. The establishment of objective, Statewide criteria for the evaluation and designation of children's hospitals in the State would: require hospitals to guarantee a minimum level of health care services specially geared for the care of children; give assurance and comfort to parents that a hospital designated as a children's hospital provides a higher, specialized level of care to children; and enable a hospital designated as a children's hospital to compete fairly with out-of-State hospitals for the care of New Jersey's children.

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- 2. a. On or after the effective date of this act, no health care facility in the State shall be designated as a children's hospital unless the facility's purposes are consistent with those of the National Association of Children's Hospitals and Related Institutions, Inc., and the facility meets the requirements of this act.
- b. In order to be eligible for designation as a children's hospital, a health care facility shall generally meet one of the following

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.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Senate SHH committee amendments adopted December 17, 1998.

² Senate amendments adopted in accordance with Governor's recommendations January 10, 2000.

1 classifications:

- (1) a nonprofit, self governing independent children's hospital that cares for patients with conditions normally requiring an inpatient stay of under 30 days;
- (2) a nonprofit, self-governing independent specialty or psychiatric children's hospital, which includes hospitals with clinical specialization in orthopedics, rehabilitation, or chronic diseases, and hospitals that provide psychiatric services for the diagnosis and treatment of mental illness in children and youth; or
- (3) a nonprofit hospital, on behalf of an integral children's program that cares for patients with conditions normally requiring an inpatient stay of under 30 days and meets the criteria provided in section 3 of this act.
- c. A health care facility seeking designation as a children's hospital shall certify to the commissioner, in a manner prescribed by the commissioner, that the facility meets the requirements of this act. The designation shall be effective 46 days after the commissioner receives the facility's certification unless the commissioner notifies the facility within 45 days, in writing, that it does not meet the requirements of this act. If the commissioner determines that the facility does not meet the requirements of this act, he shall specify the reasons for his determination.

- 3. A children's program established pursuant to paragraph (3) of subsection b. of section 2 of this act shall meet the following criteria:
- a. The program shall be the primary teaching site of an organized academic department of pediatrics of an approved medical school. For the purposes of this act, "primary teaching site" means the location ¹[at which] of required undergraduate clerkships and graduate medical education, where ¹ the academic chairman and core faculty ¹[conduct] direct ¹ clinical activities, as defined and recognized by the Association of Medical School Pediatric Department Chairmen, Inc.
- b. The program shall demonstrate that application for designation by the Department of Health and Senior Services has been approved by the hospital's governing body with acknowledgment and support of the standards and goals set forth herein.
 - c. The organizational structure of the program shall include:
- an organizational mechanism which meets the following responsibilities: safeguarding the pediatric program's resources; approving the pediatric program's long range plan; and approving the pediatric program's operation plans through (a) a separate, autonomous governing mechanism, such as a subsidiary corporation of a multi-hospital system, or (b) a standing committee of the governing body charged with ongoing program review, together with a foundation or community-based entity which raises funds solely for the children's program, relates to the leadership of the children's

- 1 program and reports periodically to the standing committee.
 - (2) a medical staff and teaching program which includes:
- 3 (a) within the organized clinical medical staff, an organized clinical
- 4 Department of Pediatrics, which clinical pediatric staff includes
- 5 appropriate specialties and subspecialties to meet adequately the needs
- 6 of a comprehensive teaching program. The organized clinical medical
- 7 staff shall adopt rules concerning the care of children;
 - (b) an organized clinical research program;

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- 9 (c) a pediatric teaching program that is approved by the Residency 10 Review Committee of the American Board of Pediatrics or an 11 equivalent appropriate body for a minimum of 12 pediatric resident 12 positions;
 - (d) organized outpatient clinics for children, and a defined emergency room protocol for the provision of children's emergency treatment; and
 - (e) a minimum average daily inpatient census of 45, excluding normal newborns; and a hospital policy on the housing of patients under an established age.
 - (3) an individual responsible for the administration of the children's program and for patient care services, particularly the coordination and direction of nursing services, who is accountable to the standing committee of the governing body. This requirement shall be accomplished by separate and autonomous administration for the children's program, or an administrator expressly assigned to the children's program.
 - d. The program shall meet resource allocation requirements by demonstrating a commitment to community needs and adequate resources for the provision of comprehensive child health care by establishing either:
 - (1) Fiscal autonomy, as indicated by a separate Medicare provider number or separate budget and control of income and expenses; or
 - (2) Defined costs for the children's program with: discrete cost centers that allocate the cost of all services provided, overhead costs and indirect costs; and a separate staffing plan.
 - e. The program shall have a discrete public, community identity through devices such as: a distinct name or visual evidence; a discrete and dedicated entrance, admitting or emergency facilities; separate fund-raising activities or auxiliary; and separate and dedicated publications.
- f. The program shall have adequate physical space and facilities provided in either a separate building or defined and contiguous space within a building reserved for the housing of children. The contiguous space shall include inpatient facilities, separate from obstetrics, clinic space reserved for children at scheduled times, and research facilities for the Department of Pediatrics.

S1506 [2R]

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1	4. A health care facility designated as a children's hospital pursuant
2	to this act shall be exempt from the requirement to obtain a certificate
3	of need pursuant to section 7 of P.L.1971, c.136 (C.26:2H-7) to
4	establish the hospital, but shall comply with applicable certificate of
5	need requirements regarding the establishment of specific health care
6	services within the hospital.
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8	5. The provisions of this act shall not apply to a hospital designated
9	as a children's hospital pursuant to section 2 of P.L.1985, c.306
10	(C.26:2H-18a), section 3 of P.L.1987, c.299 (C.26:2H-18c), section
11	1 of P.L.1992, c.181 (C.26:2H-18d) or P.L.1993, c.374 (C.26:2H-
12	18e).
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14	² [6. The Commissioner of Health and Senior Services shall adopt
15	rules and regulations pursuant to the "Administrative Procedure Act,"
16	P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes of this
17	act.] ²
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19	² [7.] 6. ² This act shall take effect immediately ² and shall expire on
20	the 180th day after enactment. Any designation of a health care
21	facility as a children's hospital pursuant to this act shall not be affected
22	by the expiration of this act ² .
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27 Establishes criteria for designation as a children's hospital.

SENATE, No. 1506

STATE OF NEW JERSEY

208th LEGISLATURE

INTRODUCED NOVEMBER 16, 1998

Sponsored by:

Senator DONALD T. DIFRANCESCO District 22 (Middlesex, Morris, Somerset and Union) Senator BYRON M. BAER District 37 (Bergen)

Co-Sponsored by:

Senators McNamara and Adler

SYNOPSIS

Establishes criteria for designation as a children's hospital.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/18/1998)

1 **AN ACT** concerning the designation of children's hospitals and supplementing Title 26 of the Revised Statutes.

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

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- 1. The Legislature finds and declares:
- 8 a. It is well established that large numbers of families living in 9 New Jersey use out-of-State hospitals when a family member has a
- 10 serious illness, requires surgery or needs inpatient hospitalization;
- b. The out-migration of New Jersey patients to out-of-State hospitals is especially true for families seeking treatment for ill children;
- 14 c. This out-migration of New Jersey patients to out-of-State 15 hospitals causes great hardships for the families of ill children and 16 results in a major negative impact on the State's economy;
 - d. Market research confirms that when a child requires serious surgery or inpatient hospitalization, parents are more likely to select a New Jersey hospital if that institution is designated as a children's hospital;
- 21 e. The health care industry has evolved into one of high 22 specialization of care providers; and
 - f. The establishment of objective, Statewide criteria for the evaluation and designation of children's hospitals in the State would: require hospitals to guarantee a minimum level of health care services specially geared for the care of children; give assurance and comfort to parents that a hospital designated as a children's hospital provides a higher, specialized level of care to children; and enable a hospital designated as a children's hospital to compete fairly with out-of-State hospitals for the care of New Jersey's children.

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- 2. a. On or after the effective date of this act, no health care facility in the State shall be designated as a children's hospital unless the facility's purposes are consistent with those of the National Association of Children's Hospitals and Related Institutions, Inc., and the facility meets the requirements of this act.
- b. In order to be eligible for designation as a children's hospital, a health care facility shall generally meet one of the following classifications:
- 40 (1) a nonprofit, self governing independent children's hospital that 41 cares for patients with conditions normally requiring an inpatient stay 42 of under 30 days;
- 43 (2) a nonprofit, self-governing independent specialty or psychiatric 44 children's hospital, which includes hospitals with clinical specialization 45 in orthopedics, rehabilitation, or chronic diseases, and hospitals that 46 provide psychiatric services for the diagnosis and treatment of mental

1 illness in children and youth; or

- (3) a nonprofit hospital, on behalf of an integral children's program that cares for patients with conditions normally requiring an inpatient stay of under 30 days and meets the criteria provided in section 3 of this act.
- 6 c. A health care facility seeking designation as a children's hospital shall certify to the commissioner, in a manner prescribed by the 7 8 commissioner, that the facility meets the requirements of this act. The 9 designation shall be effective 46 days after the commissioner receives 10 the facility's certification unless the commissioner notifies the facility 11 within 45 days, in writing, that it does not meet the requirements of 12 this act. If the commissioner determines that the facility does not meet 13 the requirements of this act, he shall specify the reasons for his 14 determination.

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- 3. A children's program established pursuant to paragraph (3) of subsection b. of section 2 of this act shall meet the following criteria:
- a. The program shall be the primary teaching site of an organized academic department of pediatrics of an approved medical school. For the purposes of this act, "primary teaching site" means the location at which the academic chairman and core faculty conduct clinical activities, as defined and recognized by the Association of Medical School Pediatric Department Chairmen, Inc.
- b. The program shall demonstrate that application for designation by the Department of Health and Senior Services has been approved by the hospital's governing body with acknowledgment and support of the standards and goals set forth herein.
 - c. The organizational structure of the program shall include:
- (1) an organizational mechanism which meets the following responsibilities: safeguarding the pediatric program's resources; approving the pediatric program's long range plan; and approving the pediatric program's operation plans through (a) a separate, autonomous governing mechanism, such as a subsidiary corporation of a multi-hospital system, or (b) a standing committee of the governing body charged with ongoing program review, together with a foundation or community-based entity which raises funds solely for the children's program, relates to the leadership of the children's program and reports periodically to the standing committee.
 - (2) a medical staff and teaching program which includes:
- 40 (a) within the organized clinical medical staff, an organized clinical
 41 Department of Pediatrics, which clinical pediatric staff includes
 42 appropriate specialties and subspecialties to meet adequately the needs
 43 of a comprehensive teaching program. The organized clinical medical
 44 staff shall adopt rules concerning the care of children;
 - (b) an organized clinical research program;
- 46 (c) a pediatric teaching program that is approved by the Residency

- 1 Review Committee of the American Board of Pediatrics or an 2 equivalent appropriate body for a minimum of 12 pediatric resident 3 positions;
- 4 (d) organized outpatient clinics for children, and a defined 5 emergency room protocol for the provision of children's emergency 6 treatment; and
- (e) a minimum average daily inpatient census of 45, excluding 8 normal newborns; and a hospital policy on the housing of patients under an established age.
 - (3) an individual responsible for the administration of the children's program and for patient care services, particularly the coordination and direction of nursing services, who is accountable to the standing committee of the governing body. This requirement shall be accomplished by separate and autonomous administration for the children's program, or an administrator expressly assigned to the children's program.
 - d. The program shall meet resource allocation requirements by demonstrating a commitment to community needs and adequate resources for the provision of comprehensive child health care by establishing either:
 - (1) Fiscal autonomy, as indicated by a separate Medicare provider number or separate budget and control of income and expenses; or
 - (2) Defined costs for the children's program with: discrete cost centers that allocate the cost of all services provided, overhead costs and indirect costs; and a separate staffing plan.
 - e. The program shall have a discrete public, community identity through devices such as: a distinct name or visual evidence; a discrete and dedicated entrance, admitting or emergency facilities; separate fund-raising activities or auxiliary; and separate and dedicated publications.
 - f. The program shall have adequate physical space and facilities provided in either a separate building or defined and contiguous space within a building reserved for the housing of children. The contiguous space shall include inpatient facilities, separate from obstetrics, clinic space reserved for children at scheduled times, and research facilities for the Department of Pediatrics.

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4. A health care facility designated as a children's hospital pursuant to this act shall be exempt from the requirement to obtain a certificate of need pursuant to section 7 of P.L.1971, c.136 (C.26:2H-7) to establish the hospital, but shall comply with applicable certificate of need requirements regarding the establishment of specific health care services within the hospital.

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45 5. The provisions of this act shall not apply to a hospital designated as a children's hospital pursuant to section 2 of P.L.1985, c.306 46

S1506 DIFRANCESCO, BAER

1	(C.26:2H-18a), section 3 of P.L.1987, c.299 (C.26:2H-18c), section
2	1 of P.L.1992, c.181 (C.26:2H-18d) or P.L.1993, c.374 (C.26:2H-
3	18e).
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5	6. The Commissioner of Health and Senior Services shall adopt
6	rules and regulations pursuant to the "Administrative Procedure Act,"
7	P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes of this
8	act.
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10	7. This act shall take effect immediately.
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13	STATEMENT
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15	In addition to the four hospitals currently designated on a regional
16	basis as children's hospitals in the State, this bill would allow for
17	additional designations based on the objective criteria of the National
18	Association of Children's Hospitals and Related Institutions, Inc.
19	(NACHRI). The bill sets forth specific criteria that a hospital would
20	be required to meet in order to be designated as a children's hospital
21	in the State.
22	NACHRI is a national organization with detailed and extensive
23	criteria for acceptance as a children's hospital. NACHRI is a
24	membership association of hospitals and institutions, the programs of
25	which are primarily clinical rather than social, educational, or custodial
26	in nature.

SENATE HEALTH COMMITTEE

STATEMENT TO

SENATE, No. 1506

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 17, 1998

The Senate Health Committee reports favorably and with committee amendments Senate Bill No. 1506.

As amended by committee, this bill provides that on or after the effective date of the bill, no health care facility in the State shall be designated as a children's hospital unless the facility's purposes are consistent with those of the National Association of Children's Hospitals and Related Institutions, Inc., and the facility meets the requirements in the bill:

A health care facility seeking designation as a children's hospital shall certify to the Commissioner of Health and Senior Services, in a manner prescribed by the commissioner, that the facility meets the requirements of the bill. The designation shall be effective 46 days after the commissioner receives the facility's certification unless the commissioner notifies the facility within 45 days, in writing, that it does not meet the requirements. If the commissioner determines that the facility does not meet the requirements, he shall specify the reasons for his determination.

In order to be eligible for designation as a children's hospital, a health care facility shall generally meet one of the following classifications:

- a nonprofit, self-governing independent children's hospital that cares for patients with conditions normally requiring an inpatient stay of under 30 days;
- a nonprofit, self-governing independent specialty or psychiatric children's hospital, which includes hospitals with clinical specialization in orthopedics, rehabilitation, or chronic diseases and hospitals that provide psychiatric services for the diagnosis and treatment of mental illness in children and youth; or
- a nonprofit hospital, on behalf of an integral children's program that cares for patients with conditions normally requiring an inpatient stay of under 30 days and meets the criteria set forth in the bill. An integral children's program shall meet the specific criteria set forth in the bill.

The bill provides that a health care facility designated as a children's hospital pursuant to the bill shall be exempt from the

requirement to obtain a certificate of need pursuant to N.J.S.A.26:2H-7 to establish the hospital, but shall comply with applicable certificate of need requirements regarding the establishment of specific health care services within the hospital.

The provisions of the bill do not apply to a hospital already designated as a children's hospital pursuant to N.J.S.A.26:2H-18a (Children's Hospital of New Jersey at Newark Beth Israel Medical Center), N.J.S.A.26:2H-18c (Cooper Hospital/University Medical Center), N.J.S.A.26:2H-18d (Robert Wood Johnson University Hospital/St.Peter's University Hospital) or N.J.S.A.26:2H-18e (St. Joseph's Hospital and Medical Center).

NACHRI is a national organization with detailed and extensive criteria for acceptance as a children's hospital. NACHRI is a membership association of hospitals and institutions, the programs of which are primarily clinical rather than social, educational, or custodial in nature.

The committee amended the bill to revise the definition of "primary teaching site" to conform it with the NACHRI definition of the term.

ASSEMBLY, No. 2618

STATE OF NEW JERSEY

208th LEGISLATURE

INTRODUCED NOVEMBER 9, 1998

Sponsored by:

Assemblyman NICHOLAS R. FELICE District 40 (Bergen and Passaic) Assemblyman JOSEPH V. DORIA, JR. District 31 (Hudson)

Co-Sponsored by:

Assemblymen DiGaetano, Conaway, Blee, Assemblywomen Weinberg, Crecco and Quigley

SYNOPSIS

Establishes criteria for designation as a children's hospital.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/19/1999)

1 **AN ACT** concerning the designation of children's hospitals and supplementing Title 26 of the Revised Statutes.

3

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

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- 1. The Legislature finds and declares:
- a. It is well established that large numbers of families living in New Jersey use out-of-State hospitals when a family member has a serious illness, requires surgery or needs inpatient hospitalization;
- b. The out-migration of New Jersey patients to out-of-State hospitals is especially true for families seeking treatment for ill children:
- 14 c. This out-migration of New Jersey patients to out-of-State 15 hospitals causes great hardships for the families of ill children and 16 results in a major negative impact on the State's economy;
 - d. Market research confirms that when a child requires serious surgery or inpatient hospitalization, parents are more likely to select a New Jersey hospital if that institution is designated as a children's hospital;
 - e. The health care industry has evolved into one of high specialization of care providers; and
- The establishment of objective, Statewide criteria for the 23 evaluation and designation of children's hospitals in the State would: 24 25 require hospitals to guarantee a minimum level of health care services 26 specially geared for the care of children; give assurance and comfort 27 to parents that a hospital designated as a children's hospital provides a higher, specialized level of care to children; and enable a hospital 28 29 designated as a children's hospital to compete fairly with out-of-State 30 hospitals for the care of New Jersey's children.

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- 2. a. On or after the effective date of this act, no health care facility in the State shall be designated as a children's hospital unless the facility's purposes are consistent with those of the National Association of Children's Hospitals and Related Institutions, Inc., and the facility meets the requirements of this act.
- b. In order to be eligible for designation as a children's hospital, a health care facility shall generally meet one of the following classifications:
- 40 (1) a nonprofit, self governing independent children's hospital that 41 cares for patients with conditions normally requiring an inpatient stay 42 of under 30 days;
- 43 (2) a nonprofit, self-governing independent specialty or psychiatric 44 children's hospital, which includes hospitals with clinical specialization 45 in orthopedics, rehabilitation, or chronic diseases, and hospitals that 46 provide psychiatric services for the diagnosis and treatment of mental

1 illness in children and youth; or

- (3) a nonprofit hospital, on behalf of an integral children's program that cares for patients with conditions normally requiring an inpatient stay of under 30 days and meets the criteria provided in section 3 of this act.
- c. A health care facility seeking designation as a children's hospital shall certify to the commissioner, in a manner prescribed by the commissioner, that the facility meets the requirements of this act. The designation shall be effective 46 days after the commissioner receives the facility's certification unless the commissioner notifies the facility within 45 days, in writing, that it does not meet the requirements of this act. If the commissioner determines that the facility does not meet the requirements of this act, he shall specify the reasons for his determination.

- 3. A children's program established pursuant to paragraph (3) of subsection b. of section 2 of this act shall meet the following criteria:
- a. The program shall be the primary teaching site of an organized academic department of pediatrics of an approved medical school. For the purposes of this act, "primary teaching site" means the location at which the academic chairman and core faculty conduct clinical activities, as defined and recognized by the Association of Medical School Pediatric Department Chairmen, Inc.
- b. The program shall demonstrate that application for designation by the Department of Health and Senior Services has been approved by the hospital's governing body with acknowledgment and support of the standards and goals set forth herein.
 - c. The organizational structure of the program shall include:
- (1) an organizational mechanism which meets the following responsibilities: safeguarding the pediatric program's resources; approving the pediatric program's long range plan; and approving the pediatric program's operation plans through (a) a separate, autonomous governing mechanism, such as a subsidiary corporation of a multi-hospital system, or (b) a standing committee of the governing body charged with ongoing program review, together with a foundation or community-based entity which raises funds solely for the children's program, relates to the leadership of the children's program and reports periodically to the standing committee.
 - (2) a medical staff and teaching program which includes:
- 40 (a) within the organized clinical medical staff, an organized clinical
 41 Department of Pediatrics, which clinical pediatric staff includes
 42 appropriate specialties and subspecialties to meet adequately the needs
 43 of a comprehensive teaching program. The organized clinical medical
 44 staff shall adopt rules concerning the care of children;
 - (b) an organized clinical research program;
- 46 (c) a pediatric teaching program that is approved by the Residency

- Review Committee of the American Board of Pediatrics or an equivalent appropriate body for a minimum of 12 pediatric resident positions;
- 4 (d) organized outpatient clinics for children, and a defined 5 emergency room protocol for the provision of children's emergency 6 treatment; and
 - (e) a minimum average daily inpatient census of 45, excluding normal newborns; and a hospital policy on the housing of patients under an established age.
 - (3) an individual responsible for the administration of the children's program and for patient care services, particularly the coordination and direction of nursing services, who is accountable to the standing committee of the governing body. This requirement shall be accomplished by separate and autonomous administration for the children's program, or an administrator expressly assigned to the children's program.
 - d. The program shall meet resource allocation requirements by demonstrating a commitment to community needs and adequate resources for the provision of comprehensive child health care by establishing either:
 - (1) Fiscal autonomy, as indicated by a separate Medicare provider number or separate budget and control of income and expenses; or
 - (2) Defined costs for the children's program with: discrete cost centers that allocate the cost of all services provided, overhead costs and indirect costs; and a separate staffing plan.
 - e. The program shall have a discrete public, community identity through devices such as: a distinct name or visual evidence; a discrete and dedicated entrance, admitting or emergency facilities; separate fund-raising activities or auxiliary; and separate and dedicated publications.
 - f. The program shall have adequate physical space and facilities provided in either a separate building or defined and contiguous space within a building reserved for the housing of children. The contiguous space shall include inpatient facilities, separate from obstetrics, clinic space reserved for children at scheduled times, and research facilities for the Department of Pediatrics.

4. A health care facility designated as a children's hospital pursuant to this act shall be exempt from the requirement to obtain a certificate of need pursuant to section 7 of P.L.1971, c.136 (C.26:2H-7) to establish the hospital, but shall comply with applicable certificate of need requirements regarding the establishment of specific health care services within the hospital.

5. The provisions of this act shall not apply to a hospital designated as a children's hospital pursuant to section 2 of P.L.1985, c.306

1	(C.26:2H-18a), section 3 of P.L.1987, c.299 (C.26:2H-18c), section
2	1 of P.L.1992, c.181 (C.26:2H-18d) or P.L.1993, c.374 (C.26:2H-
3	18e).
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5	6. The Commissioner of Health and Senior Services shall adopt
6	rules and regulations pursuant to the "Administrative Procedure Act,"
7	P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes of this
8	act.
9	
10	7. This act shall take effect immediately.
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13	STATEMENT
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14 15	In addition to the four hospitals currently designated on a regional
	In addition to the four hospitals currently designated on a regional basis as children's hospitals in the State, this bill would allow for
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15 16	basis as children's hospitals in the State, this bill would allow for
15 16 17	basis as children's hospitals in the State, this bill would allow for additional designations based on the objective criteria of the National
15 16 17 18	basis as children's hospitals in the State, this bill would allow for additional designations based on the objective criteria of the National Association of Children's Hospitals and Related Institutions, Inc.
15 16 17 18 19	basis as children's hospitals in the State, this bill would allow for additional designations based on the objective criteria of the National Association of Children's Hospitals and Related Institutions, Inc. (NACHRI). The bill sets forth specific criteria that a hospital would
15 16 17 18 19 20	basis as children's hospitals in the State, this bill would allow for additional designations based on the objective criteria of the National Association of Children's Hospitals and Related Institutions, Inc. (NACHRI). The bill sets forth specific criteria that a hospital would be required to meet in order to be designated as a children's hospital
15 16 17 18 19 20 21	basis as children's hospitals in the State, this bill would allow for additional designations based on the objective criteria of the National Association of Children's Hospitals and Related Institutions, Inc. (NACHRI). The bill sets forth specific criteria that a hospital would be required to meet in order to be designated as a children's hospital in the State.
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ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2618

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 29, 1999

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 2618.

As amended by the committee, this bill provides that on or after the effective date of the bill, no health care facility in the State shall be designated as a children's hospital unless the facility's purposes are consistent with those of the National Association of Children's Hospitals and Related Institutions, Inc. (NACHRI), and the facility meets the requirements in the bill.

The bill requires that a health care facility seeking designation as a children's hospital certify to the Commissioner of Health and Senior Services, in a manner prescribed by the commissioner, that the facility meets the requirements of the bill. The designation shall be effective 46 days after the commissioner receives the facility's certification unless the commissioner notifies the facility within 45 days, in writing, that it does not meet the requirements. If the commissioner determines that the facility does not meet the requirements, he shall specify the reasons for his determination.

In order to be eligible for designation as a children's hospital, a health care facility shall generally meet one of the following classifications:

- a nonprofit, self-governing independent children's hospital that cares for patients with conditions normally requiring an inpatient stay of under 30 days;
- a nonprofit, self-governing independent specialty or psychiatric children's hospital, which includes hospitals with clinical specialization in orthopedics, rehabilitation, or chronic diseases and hospitals that provide psychiatric services for the diagnosis and treatment of mental illness in children and youth; or
- a nonprofit hospital, on behalf of an integral children's program that cares for patients with conditions normally requiring an inpatient stay of under 30 days and meets the criteria set forth in the bill. An integral children's program shall meet the specific criteria set forth in the bill.

The bill provides that a health care facility designated as a children's hospital pursuant to the bill shall be exempt from the

requirement to obtain a certificate of need pursuant to N.J.S.A.26:2H-7 to establish the hospital, but shall comply with applicable certificate of need requirements regarding the establishment of specific health care services within the hospital.

The provisions of the bill do not apply to a hospital already designated as a children's hospital pursuant to N.J.S.A.26:2H-18a (Children's Hospital of New Jersey at Newark Beth Israel Medical Center), N.J.S.A.26:2H-18c (Cooper Hospital/University Medical Center), N.J.S.A.26:2H-18d (Robert Wood Johnson University Hospital/St.Peter's University Hospital) or N.J.S.A.26:2H-18e (St. Joseph's Hospital and Medical Center).

NACHRI is a national organization with detailed and extensive criteria for acceptance as a children's hospital. NACHRI is a membership association of hospitals and institutions, the programs of which are primarily clinical rather than social, educational, or custodial in nature.

The committee amended the bill to revise the definition of "primary teaching site" to conform it with the NACHRI definition of the term.

As reported by the committee, this bill is identical to Senate Bill No. 1506 (1R) (DiFrancesco/Baer), which is currently pending in the Senate.

SENATE BILL NO. 1506 (First Reprint)

To the General Assembly:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Senate Bill No. 1506 (First Reprint) with my recommendations for reconsideration.

SUMMARY OF THE BILL

New Jersey currently designates four health care facilities on a regional basis as children's hospitals. This bill would allow for additional designations based on nationally accepted criteria established by the National Association of Children's Hospitals and Related Institutions, Inc. The bill sets forth specific criteria that a health care facility would be required to meet in order to be designated as a children's hospital. The bill specifically exempts any facility which meets these criteria from any certificate of need ("CN") requirement. In order to receive designation as a children's hospital, a health care facility must certify to the Department of Health and Senior Services ("Department") that it meets the requirements of the bill. The bill directs the Commissioner of Health and Senior Services to adopt rules and regulations to carry out the purposes of this Act. The designation will become effective unless the Department notifies the facility within 45 days of receipt of the certification, in writing, that it does not meet the requirements of the Act.

B. RECOMMENDED ACTION

I commend the sponsors of this bill for their efforts to insure that children's hospitals are designated based upon nationally accepted standards. In 1997, working with the Legislature, I enacted CN reform legislation establishing a CN Study Commission to comprehensively review the need for a CN for certain enumerated services and make recommendations for CN reform to both the Governor and Legislature. Because Senate Bill No. 1506 (First Reprint) establishes a permanent statutory criteria for the designation of children's hospitals, this bill would undermine the work of the CN Study Commission and create an inflexible designation process; therefore, I am returning this bill with my recommendations for reconsideration. Specifically, I recommend a six-month designation period under the bill's criteria, but would sunset such designation authority within six months of enactment. Thereafter, DHSS could adopt regulations incorporating the CN

Study Commission's recommendations for future designations of children's hospitals.

Therefore, I herewith return Senate Bill No. 1506 and recommend that it be amended as follows:

Page 5, Lines 10-13: Delete in their entirety.

Page 5, Line 15: After "immediately" insert "and shall expire on the

180th day after enactment. Any designation of a

health care facility as a children's hospital pursuant to this act shall not be affected by the expiration of this

act"

Respectfully,

Christine Todd Whitman

Governor

Attest:

Richard S. Mroz Chief Counsel to the Governor