

COMMITTEE STATEMENT:

ASSEMBLY: Yes Oversight, Reform &
Federal Relations
Appropriations

SENATE: No

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: Yes

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: No

RWH/JA

P.L. 2021, CHAPTER 382, *approved January 18, 2022*
Senate, No. 867 (*First Reprint*)

1 AN ACT concerning the practice of physical therapy and amending
2 and supplementing P.L.1983, c.296.
3

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

7 1. Section 3 of P.L.1983, c.296 (C.45:9-37.13) is amended to
8 read as follows:

9 3. As used in P.L.1983, c.296 (C.45:9-37.11 et seq.):

10 "Board" means the State Board of Physical Therapy Examiners
11 established pursuant to section 5 of P.L.1983, c.296 (C.45:9-37.15).

12 "Direct supervision" means the presence of the supervising
13 physical therapist on site, available to respond to any consequence
14 occurring during any treatment procedure.

15 "Dry needling" means a physical intervention that uses a dry,
16 filiform needle, without medication or other deliverable, to
17 penetrate the skin and stimulate underlying muscular tissue,
18 connective tissues, or myofascial trigger points for the management
19 of neuromusculoskeletal pain and movement impairments. "Dry
20 needling" shall not mean the stimulation of auricular or distal points
21 or the practice of acupuncture as defined by section 2 of P.L.1983,
22 c.7 (C.45:2C-2).

23 "General supervision" means supervision by a physical therapist
24 in which: the physical therapist shall be available at all times by
25 telecommunications but is not required to be on-site for direction
26 and supervision; and the supervising physical therapist assesses on
27 an ongoing basis the ability of the physical therapist assistant to
28 perform the selected interventions as directed.

29 "Physical therapist" means a natural person who holds a current,
30 valid license to practice physical therapy pursuant to the provisions
31 of P.L.1983, c.296 (C.45:9-37.11 et seq.) and in accordance with
32 regulations of the board.

33 "Physical therapist assistant" means a natural person who is
34 licensed pursuant to the provisions of P.L.1983, c.296 (C.45:9-
35 37.11 et seq.) and who assists a licensed physical therapist under his
36 direct or general supervision in accordance with P.L.1983, c.296
37 (C.45:9-37.11 et seq.) and regulations of the board.

38 "Physical therapy" and "physical therapy practice" mean the
39 identification of physical impairment, movement-related functional

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:

¹Senate SCM committee amendments adopted June 16, 2021.

1 limitation, or balance disorder that occurs as a result of injury or
2 congenital or acquired disability, or other physical dysfunction
3 through examination, evaluation and diagnosis of the physical
4 impairment or movement-related functional limitation and the
5 establishment of a prognosis for the resolution or amelioration
6 thereof, and treatment of the physical impairment or movement-
7 related functional limitation, which shall include, but is not limited
8 to, the alleviation of pain, physical impairment and movement-
9 related functional limitation by therapeutic intervention, including
10 treatment by means of manual therapy techniques and massage, dry
11 needling, electro-therapeutic modalities, wound debridement and
12 care, the use of physical agents, mechanical modalities,
13 hydrotherapy, therapeutic exercises with or without assistive
14 devices, neurodevelopmental procedures, joint mobilization,
15 movement-related functional training in self-care, providing
16 assistance in community and work integration or reintegration,
17 providing training in techniques for the prevention of injury,
18 impairment, movement-related functional limitation, or dysfunction,
19 providing consultative, educational, other advisory services, and
20 collaboration with other health care providers in connection with
21 patient care, and such other treatments and functions as may be
22 further defined by the board by regulation.

23 "Physical therapy" and "physical therapy practice" also include
24 the screening, examination, evaluation, and application of
25 interventions for the promotion, improvement, and maintenance of
26 fitness, health, wellness, and prevention services in populations of
27 all ages exclusively related to physical therapy practice.

28 "Wound debridement and care" means the removal of loosely
29 adhered necrotic and nonviable tissue, by a physical therapist, to
30 promote healing, done in conjunction with a physician or podiatric
31 physician.

32 (cf: P.L.2017, c.121, s.1)

33

34 2. Section 8 of P.L.1983, c.296 (C.45:9-37.18) is amended to
35 read as follows:

36 8. a. The board shall:

37 (1) Administer and enforce the provisions of P.L.1983, c.296
38 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-37.34b et al.);

39 (2) Establish procedures for application for licensure;

40 (3) Establish standards for, and adopt and administer
41 examinations for licensure;

42 (4) Review and pass upon the qualifications of applicants for
43 licensure;

44 (5) Insure the proper conduct and standards of examinations;

45 (6) Issue and renew licenses to physical therapists and physical
46 therapist assistants pursuant to P.L.1983, c.296 (C.45:9-37.11 et
47 seq.);

- 1 (7) Establish disciplinary measures, including but not limited to,
2 suspending, revoking, or refusing to renew the license of a physical
3 therapist or physical therapist assistant pursuant to the provisions of
4 P.L.1978, c.73 (C.45:1-14 et seq.);
- 5 (8) Maintain a record of every physical therapist and physical
6 therapist assistant licensed in this State, his place of business, his
7 place of residence, and the date and number of his license;
- 8 (9) Conduct hearings into allegations of misconduct by
9 licensees;
- 10 (10) Establish requirements and standards for continuing
11 professional education and competency and approve courses that
12 are eligible to meet these requirements and standards, as provided
13 in section 25 of P.L.2003, c.18 (C.45:9-37.34f);
- 14 (11) Conduct hearings pursuant to the "Administrative
15 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), except that
16 the board shall have the right to administer oaths to witnesses, and
17 shall have the power to issue subpoenas for the compulsory
18 attendance of witnesses and the production of pertinent books,
19 papers or records;
- 20 (12) Conduct proceedings before any board, agency or court of
21 competent jurisdiction for the enforcement of the provisions of
22 P.L.1983, c.296 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-
23 37.34b et al.);
- 24 (13) Conduct investigations as necessary and have the
25 enforcement powers provided pursuant to P.L.1978, c.73 (C.45:1-14
26 et seq.);
- 27 (14) Within 180 days of the effective date of P.L.2003, c.18,
28 establish standards in accordance with the provisions of section 22
29 of P.L.2003, c.18 (C.45:9-37.34c), in collaboration with the State
30 Board of Medical Examiners and other appropriate professional
31 licensing boards established pursuant to Title 45 of the Revised
32 Statutes, setting forth the conditions under which a physical
33 therapist is required to refer an individual being treated by a
34 physical therapist to or consult with a practitioner licensed to
35 practice dentistry, podiatry or medicine and surgery in this State, or
36 other appropriate licensed health care professional. Pending
37 adoption of the standards: (a) a physical therapist shall refer any
38 individual who has failed to demonstrate reasonable progress within
39 30 days of the date of initial treatment to a licensed health care
40 professional; and (b) a physical therapist, not more than 30 days
41 from the date of initial treatment of functional limitation or pain,
42 shall consult with the individual's licensed health care professional
43 of record as to the appropriateness of the treatment, or, in the event
44 that there is no identified licensed health care professional of
45 record, recommend that the individual consult with a licensed
46 health care professional of the individual's choice;
- 47 (15) Establish mechanisms to assure that the public has access
48 to physical therapists' services, and report back to the Senate

1 Health, Human Services and Senior Citizens and Assembly
2 Regulated Professions Committees, or their successors, regarding
3 this access; **[and]**

4 (16) Within 180 days of the effective date of P.L. , c. (C.)
5 (pending before the Legislature as this bill), establish standards for
6 the provision of dry needling by a physical therapist pursuant to
7 sections 3 and 4 of P.L. , c. (C.) (pending before the
8 Legislature as this bill), in collaboration with the State Board of
9 Medical Examiners; and

10 (17) Promulgate rules and regulations necessary for the
11 performance of its duties and the implementation of P.L.1983,
12 c.296. (C.45:9-37.11 et seq.)

13 b. In addition to the provisions of subsection a. of this section,
14 the board may establish standards of professional behavior.
15 (cf: P.L.2017, c.121, s.2)

16
17 3. (New section) a. A physical therapist may perform dry
18 needling if the physical therapist meets all of the following
19 requirements:

20 (1) possesses a doctorate in physical therapy from an accredited
21 college or university or has otherwise been actively licensed as a
22 physical therapist in this State since January 1, 2003;

23 (2) has no less than two years of active clinical experience in the
24 treatment of patients as a licensed physical therapist in this State
25 and holds a current, unrestricted license to practice physical therapy
26 in this State;

27 (3) has a current CPR certification issued by the American Red
28 Cross, American Heart Association, National Safety Council, or any
29 other agency or organization approved by the board; and

30 (4) has obtained documentation of the successful completion of
31 a dry needling continuing education and competency program
32 approved by the board that satisfies subsections b. and c. of this
33 section.

34 b. The board shall approve a dry needling continuing education
35 and competency program if the program meets all of the following
36 requirements:

37 (1) provides a minimum of 40 hours of academic instruction
38 which is attended in person by the physical therapist and shall be
39 completed by the physical therapist in no more than two years;

40 (2) provides the history and a current literature review of dry
41 needling and evidence-based practice;

42 (3) covers pertinent anatomy and physiology;

43 (4) covers the choice and operation of dry needling supplies and
44 equipment;

45 (5) provides knowledge of dry needling technique including
46 indications, contraindications, and precautions for its use;

47 (6) provides knowledge of the risks and complications of dry
48 needling;

1 (7) covers safe practice guidelines and generally accepted
2 standards of practice, including clean needle techniques and the
3 Occupational Safety and Health Administration's bloodborne
4 pathogens standard;

5 (8) provides knowledge of post intervention care, including an
6 adverse response or emergency;

7 (9) documents the successful completion of psychomotor and
8 cognitive performance by means of practical and written
9 assessments or examinations; and

10 (10) provides a minimum of 40 hours of practical hands-on
11 instruction in the application and technique of dry needling under
12 the direct supervision of a licensed physical therapist or physician
13 pursuant to subsection c. of this section, which shall be completed
14 by the physical therapist in no more than two years.

15 c. The dry needling continuing education and competency
16 program, including the practical hands-on instruction required
17 pursuant to paragraph (10) of subsection b. of this section, shall be
18 taught by a licensed physical therapist who has a minimum of five
19 years of clinical experience in the performance of dry needling or
20 by a physician licensed to practice medicine and surgery in this
21 State.

22 d. Following successful completion of the dry needling
23 continuing education and competency program, including the
24 practical hands-on instruction required pursuant to paragraph (10)
25 of subsection b. of this section, a physical therapist shall complete
26 10 of the required minimum credits of continuing education and
27 competency in each biennial license renewal period in board-
28 approved programs in dry needling if the physical therapist chooses
29 to continue to utilize such intervention on patients.

30

31 4. (New section) a. Dry needling shall only be performed by a
32 physical therapist who meets the requirements of subsection a. of
33 section 3 of P.L. , c. (C.) (pending before the Legislature as
34 this bill), and the performance of dry needling shall not be delegated to
35 a physical therapist assistant or student physical therapist. A physical
36 therapist who meets the requirements to provide dry needling shall
37 only utilize the specific dry needling techniques for which the physical
38 therapist has completed instruction and demonstrated competency.

39 b. For patients who receive an order, prescription, or referral for
40 physical therapy from a New Jersey-licensed physician, osteopathic
41 physician, or podiatric physician, dry needling shall only be performed
42 on the patient after the physical therapist licensed in New Jersey to
43 perform dry needling communicates with the physician who ordered,
44 prescribed, or referred the patient to physical therapy. ¹This
45 communication shall address the physical therapy diagnosis of the
46 patient, the specific dry needling technique that the physical therapist
47 intends to utilize in the treatment of the patient, the proposed number,
48 size, and insertion points of the needles, and any elevated risk factors

1 that the patient may have.¹ The physical therapist shall maintain
2 documentation of such communication in the patient record. In no
3 event shall a physical therapist perform dry needling on a patient if, in
4 the medical judgment of the physician who ordered, prescribed, or
5 referred the patient to physical therapy, dry needling is contraindicated
6 or clinically inappropriate and such judgment is clearly communicated
7 to the physical therapist by the physician.

8 c. A physical therapist shall obtain written informed consent from
9 each patient prior to the provision of dry needling. The patient shall
10 receive a copy of the written informed consent and the physical
11 therapist shall retain a copy in the patient's record. The informed
12 consent shall include, at a minimum, the following:

13 (1) the patient's signature;

14 (2) the risks, benefits, and possible complications of dry needling;

15 (3) the treatment alternatives to dry needling;

16 (4) the physical therapist's level of education regarding supervised
17 hours of training in dry needling;

18 (5) the importance of consulting with the patient's physician
19 regarding the patient's condition; and

20 (6) a clearly and conspicuously written statement that the patient is
21 not receiving acupuncture, which shall include the following language:
22 "DRY NEEDLING IS A TECHNIQUE USED IN THE PRACTICE
23 OF PHYSICAL THERAPY TO TREAT MYOFASCIAL,
24 MUSCULAR, AND CONNECTIVE TISSUES FOR THE
25 MANAGEMENT OF NEUROMUSCULAR PAIN AND
26 MOVEMENT DYSFUNCTION. DRY NEEDLING TECHNIQUE
27 SHOULD NOT BE CONFUSED WITH AN ACUPUNCTURE
28 TREATMENT PERFORMED BY A LICENSED
29 ACUPUNCTURIST."

30 d. A physical therapist shall only use filiform needles labeled in
31 accordance with the United States Food and Drug Administration
32 guidelines when performing dry needling.

33 e. A physical therapist shall perform dry needling in a manner
34 that is consistent with generally accepted standards of practice
35 including clean needle techniques, safe disposal of sharp objects, and
36 the Occupational Safety and Health Administration's bloodborne
37 pathogens standard.

38 f. A physical therapist shall maintain documentation in the
39 patient record of each dry needling session. The documentation shall
40 include the treatment performed, the patient's response to the
41 treatment, and any adverse reactions or complications to the treatment.

42 g. If requested by the board or a member of the general public, a
43 physical therapist practicing dry needling shall provide documentation
44 of the education and training completed by the physical therapist as
45 required under section 3 of P.L. , c. (C.) (pending before the
46 Legislature as this bill). The failure to provide documentation in
47 response to a request by the board or a member of the general public
48 shall be deemed prima facie evidence that the physical therapist has

1 not received the required training and shall not be permitted to perform
2 dry needling.

3

4 5. This act shall take effect on the 90th day next following
5 enactment.

6

7

8

9

10 Permits physical therapists to perform dry needling under certain
11 circumstances.

CHAPTER 382

AN ACT concerning the practice of physical therapy and amending and supplementing P.L.1983, c.296.

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

1. Section 3 of P.L.1983, c.296 (C.45:9-37.13) is amended to read as follows:

C.45:9-37.13 Definitions.

3. As used in P.L.1983, c.296 (C.45:9-37.11 et seq.):

"Board" means the State Board of Physical Therapy Examiners established pursuant to section 5 of P.L.1983, c.296 (C.45:9-37.15).

"Direct supervision" means the presence of the supervising physical therapist on site, available to respond to any consequence occurring during any treatment procedure.

"Dry needling" means a physical intervention that uses a dry, filiform needle, without medication or other deliverable, to penetrate the skin and stimulate underlying muscular tissue, connective tissues, or myofascial trigger points for the management of neuromusculoskeletal pain and movement impairments. "Dry needling" shall not mean the stimulation of auricular or distal points or the practice of acupuncture as defined by section 2 of P.L.1983, c.7 (C.45:2C-2).

"General supervision" means supervision by a physical therapist in which: the physical therapist shall be available at all times by telecommunications but is not required to be on-site for direction and supervision; and the supervising physical therapist assesses on an ongoing basis the ability of the physical therapist assistant to perform the selected interventions as directed.

"Physical therapist" means a natural person who holds a current, valid license to practice physical therapy pursuant to the provisions of P.L.1983, c.296 (C.45:9-37.11 et seq.) and in accordance with regulations of the board.

"Physical therapist assistant" means a natural person who is licensed pursuant to the provisions of P.L.1983, c.296 (C.45:9-37.11 et seq.) and who assists a licensed physical therapist under his direct or general supervision in accordance with P.L.1983, c.296 (C.45:9-37.11 et seq.) and regulations of the board.

"Physical therapy" and "physical therapy practice" mean the identification of physical impairment, movement-related functional limitation, or balance disorder that occurs as a result of injury or congenital or acquired disability, or other physical dysfunction through examination, evaluation and diagnosis of the physical impairment or movement-related functional limitation and the establishment of a prognosis for the resolution or amelioration thereof, and treatment of the physical impairment or movement-related functional limitation, which shall include, but is not limited to, the alleviation of pain, physical impairment and movement-related functional limitation by therapeutic intervention, including treatment by means of manual therapy techniques and massage, dry needling, electro-therapeutic modalities, wound debridement and care, the use of physical agents, mechanical modalities, hydrotherapy, therapeutic exercises with or without assistive devices, neurodevelopmental procedures, joint mobilization, movement-related functional training in self-care, providing assistance in community and work integration or reintegration, providing training in techniques for the prevention of injury, impairment, movement-related functional limitation, or dysfunction, providing consultative, educational, other advisory services, and collaboration with other health care providers in connection with patient care, and such other treatments and functions as may be further defined by the board by regulation.

"Physical therapy" and "physical therapy practice" also include the screening, examination, evaluation, and application of interventions for the promotion, improvement, and maintenance of fitness, health, wellness, and prevention services in populations of all ages exclusively related to physical therapy practice.

"Wound debridement and care" means the removal of loosely adhered necrotic and nonviable tissue, by a physical therapist, to promote healing, done in conjunction with a physician or podiatric physician.

2. Section 8 of P.L.1983, c.296 (C.45:9-37.18) is amended to read as follows:

C.45:9-37.18 Duties of board.

8. a. The board shall:

(1) Administer and enforce the provisions of P.L.1983, c.296 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-37.34b et al.);

(2) Establish procedures for application for licensure;

(3) Establish standards for, and adopt and administer examinations for licensure;

(4) Review and pass upon the qualifications of applicants for licensure;

(5) Insure the proper conduct and standards of examinations;

(6) Issue and renew licenses to physical therapists and physical therapist assistants pursuant to P.L.1983, c.296 (C.45:9-37.11 et seq.);

(7) Establish disciplinary measures, including, but not limited to, suspending, revoking, or refusing to renew the license of a physical therapist or physical therapist assistant pursuant to the provisions of P.L.1978, c.73 (C.45:1-14 et seq.);

(8) Maintain a record of every physical therapist and physical therapist assistant licensed in this State, his place of business, his place of residence, and the date and number of his license;

(9) Conduct hearings into allegations of misconduct by licensees;

(10) Establish requirements and standards for continuing professional education and competency and approve courses that are eligible to meet these requirements and standards, as provided in section 25 of P.L.2003, c.18 (C.45:9-37.34f);

(11) Conduct hearings pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), except that the board shall have the right to administer oaths to witnesses, and shall have the power to issue subpoenas for the compulsory attendance of witnesses and the production of pertinent books, papers or records;

(12) Conduct proceedings before any board, agency or court of competent jurisdiction for the enforcement of the provisions of P.L.1983, c.296 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-37.34b et al.);

(13) Conduct investigations as necessary and have the enforcement powers provided pursuant to P.L.1978, c.73 (C.45:1-14 et seq.);

(14) Within 180 days of the effective date of P.L.2003, c.18, establish standards in accordance with the provisions of section 22 of P.L.2003, c.18 (C.45:9-37.34c), in collaboration with the State Board of Medical Examiners and other appropriate professional licensing boards established pursuant to Title 45 of the Revised Statutes, setting forth the conditions under which a physical therapist is required to refer an individual being treated by a physical therapist to or consult with a practitioner licensed to practice dentistry, podiatry or medicine and surgery in this State, or other appropriate licensed health care professional. Pending adoption of the standards: (a) a physical therapist shall refer any individual who has failed to demonstrate reasonable progress within 30 days of the date of initial treatment to a

licensed health care professional; and (b) a physical therapist, not more than 30 days from the date of initial treatment of functional limitation or pain, shall consult with the individual's licensed health care professional of record as to the appropriateness of the treatment, or, in the event that there is no identified licensed health care professional of record, recommend that the individual consult with a licensed health care professional of the individual's choice;

(15) Establish mechanisms to assure that the public has access to physical therapists' services, and report back to the Senate Health, Human Services and Senior Citizens and Assembly Regulated Professions Committees, or their successors, regarding this access;

(16) Within 180 days of the effective date of P.L.2021, c.382 (C.45:9-37.34j et al.), establish standards for the provision of dry needling by a physical therapist pursuant to sections 3 and 4 of P.L.2021, c.382 (C.45:9-37.34j and C.45:9-37.34k), in collaboration with the State Board of Medical Examiners; and

(17) Promulgate rules and regulations necessary for the performance of its duties and the implementation of P.L.1983, c.296. (C.45:9-37.11 et seq.)

b. In addition to the provisions of subsection a. of this section, the board may establish standards of professional behavior.

C.45:9-37.34j Requirements of physical therapist.

3. a. A physical therapist may perform dry needling if the physical therapist meets all of the following requirements:

(1) possesses a doctorate in physical therapy from an accredited college or university or has otherwise been actively licensed as a physical therapist in this State since January 1, 2003;

(2) has no less than two years of active clinical experience in the treatment of patients as a licensed physical therapist in this State and holds a current, unrestricted license to practice physical therapy in this State;

(3) has a current CPR certification issued by the American Red Cross, American Heart Association, National Safety Council, or any other agency or organization approved by the board; and

(4) has obtained documentation of the successful completion of a dry needling continuing education and competency program approved by the board that satisfies subsections b. and c. of this section.

b. The board shall approve a dry needling continuing education and competency program if the program meets all of the following requirements:

(1) provides a minimum of 40 hours of academic instruction which is attended in person by the physical therapist and shall be completed by the physical therapist in no more than two years;

(2) provides the history and a current literature review of dry needling and evidence-based practice;

(3) covers pertinent anatomy and physiology;

(4) covers the choice and operation of dry needling supplies and equipment;

(5) provides knowledge of dry needling technique including indications, contraindications, and precautions for its use;

(6) provides knowledge of the risks and complications of dry needling;

(7) covers safe practice guidelines and generally accepted standards of practice, including clean needle techniques and the Occupational Safety and Health Administration's bloodborne pathogens standard;

(8) provides knowledge of post-intervention care, including an adverse response or emergency;

(9) documents the successful completion of psychomotor and cognitive performance by means of practical and written assessments or examinations; and

(10) provides a minimum of 40 hours of practical hands-on instruction in the application and technique of dry needling under the direct supervision of a licensed physical therapist or physician pursuant to subsection c. of this section, which shall be completed by the physical therapist in no more than two years.

c. The dry needling continuing education and competency program, including the practical hands-on instruction required pursuant to paragraph (10) of subsection b. of this section, shall be taught by a licensed physical therapist who has a minimum of five years of clinical experience in the performance of dry needling or by a physician licensed to practice medicine and surgery in this State.

d. Following successful completion of the dry needling continuing education and competency program, including the practical hands-on instruction required pursuant to paragraph (10) of subsection b. of this section, a physical therapist shall complete 10 of the required minimum credits of continuing education and competency in each biennial license renewal period in board-approved programs in dry needling if the physical therapist chooses to continue to utilize such intervention on patients.

C. 45:9-37.34k Performance of dry needling, limitations, documentation.

4. a. Dry needling shall only be performed by a physical therapist who meets the requirements of subsection a. of section 3 of P.L.2021, c.382 (C.45:9-37.34j), and the performance of dry needling shall not be delegated to a physical therapist assistant or student physical therapist. A physical therapist who meets the requirements to provide dry needling shall only utilize the specific dry needling techniques for which the physical therapist has completed instruction and demonstrated competency.

b. For patients who receive an order, prescription, or referral for physical therapy from a New Jersey-licensed physician, osteopathic physician, or podiatric physician, dry needling shall only be performed on the patient after the physical therapist licensed in New Jersey to perform dry needling communicates with the physician who ordered, prescribed, or referred the patient to physical therapy. This communication shall address the physical therapy diagnosis of the patient, the specific dry needling technique that the physical therapist intends to utilize in the treatment of the patient, the proposed number, size, and insertion points of the needles, and any elevated risk factors that the patient may have. The physical therapist shall maintain documentation of such communication in the patient record. In no event shall a physical therapist perform dry needling on a patient if, in the medical judgment of the physician who ordered, prescribed, or referred the patient to physical therapy, dry needling is contraindicated or clinically inappropriate and such judgment is clearly communicated to the physical therapist by the physician.

c. A physical therapist shall obtain written informed consent from each patient prior to the provision of dry needling. The patient shall receive a copy of the written informed consent and the physical therapist shall retain a copy in the patient's record. The informed consent shall include, at a minimum, the following:

(1) the patient's signature;

(2) the risks, benefits, and possible complications of dry needling;

(3) the treatment alternatives to dry needling;

(4) the physical therapist's level of education regarding supervised hours of training in dry needling;

(5) the importance of consulting with the patient's physician regarding the patient's condition; and

(6) a clearly and conspicuously written statement that the patient is not receiving acupuncture, which shall include the following language: “DRY NEEDLING IS A TECHNIQUE USED IN THE PRACTICE OF PHYSICAL THERAPY TO TREAT MYOFASCIAL, MUSCULAR, AND CONNECTIVE TISSUES FOR THE MANAGEMENT OF NEUROMUSCULAR PAIN AND MOVEMENT DYSFUNCTION. DRY NEEDLING TECHNIQUE SHOULD NOT BE CONFUSED WITH AN ACUPUNCTURE TREATMENT PERFORMED BY A LICENSED ACUPUNCTURIST.”

d. A physical therapist shall only use filiform needles labeled in accordance with the United States Food and Drug Administration guidelines when performing dry needling.

e. A physical therapist shall perform dry needling in a manner that is consistent with generally accepted standards of practice including clean needle techniques, safe disposal of sharp objects, and the Occupational Safety and Health Administration’s bloodborne pathogens standard.

f. A physical therapist shall maintain documentation in the patient record of each dry needling session. The documentation shall include the treatment performed, the patient’s response to the treatment, and any adverse reactions or complications to the treatment.

g. If requested by the board or a member of the general public, a physical therapist practicing dry needling shall provide documentation of the education and training completed by the physical therapist as required under section 3 of P.L.2021, c.382 (C.45:9-37.34j). The failure to provide documentation in response to a request by the board or a member of the general public shall be deemed prima facie evidence that the physical therapist has not received the required training and shall not be permitted to perform dry needling.

5. This act shall take effect on the 90th day next following enactment.

Approved January 18, 2022.

SENATE, No. 867

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED JANUARY 14, 2020

Sponsored by:
Senator NELLIE POU
District 35 (Bergen and Passaic)

SYNOPSIS

Permits physical therapists to perform dry needling under certain circumstances.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning the practice of physical therapy and amending
2 and supplementing P.L.1983, c.296.

3

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

6

7 1. Section 3 of P.L.1983, c.296 (C.45:9-37.13) is amended to
8 read as follows:

9 3. As used in P.L.1983, c.296 (C.45:9-37.11 et seq.):

10 "Board" means the State Board of Physical Therapy Examiners
11 established pursuant to section 5 of P.L.1983, c.296 (C.45:9-37.15).

12 "Direct supervision" means the presence of the supervising
13 physical therapist on site, available to respond to any consequence
14 occurring during any treatment procedure.

15 "Dry needling" means a physical intervention that uses a dry,
16 filiform needle, without medication or other deliverable, to
17 penetrate the skin and stimulate underlying muscular tissue,
18 connective tissues, or myofascial trigger points for the management
19 of neuromusculoskeletal pain and movement impairments. "Dry
20 needling" shall not mean the stimulation of auricular or distal points
21 or the practice of acupuncture as defined by section 2 of P.L.1983,
22 c.7 (C.45:2C-2).

23 "General supervision" means supervision by a physical therapist
24 in which: the physical therapist shall be available at all times by
25 telecommunications but is not required to be on-site for direction
26 and supervision; and the supervising physical therapist assesses on
27 an ongoing basis the ability of the physical therapist assistant to
28 perform the selected interventions as directed.

29 "Physical therapist" means a natural person who holds a current,
30 valid license to practice physical therapy pursuant to the provisions
31 of P.L.1983, c.296 (C.45:9-37.11 et seq.) and in accordance with
32 regulations of the board.

33 "Physical therapist assistant" means a natural person who is
34 licensed pursuant to the provisions of P.L.1983, c.296 (C.45:9-
35 37.11 et seq.) and who assists a licensed physical therapist under his
36 direct or general supervision in accordance with P.L.1983, c.296
37 (C.45:9-37.11 et seq.) and regulations of the board.

38 "Physical therapy" and "physical therapy practice" mean the
39 identification of physical impairment, movement-related functional
40 limitation, or balance disorder that occurs as a result of injury or
41 congenital or acquired disability, or other physical dysfunction
42 through examination, evaluation and diagnosis of the physical
43 impairment or movement-related functional limitation and the
44 establishment of a prognosis for the resolution or amelioration
45 thereof, and treatment of the physical impairment or movement-

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 related functional limitation, which shall include, but is not limited
2 to, the alleviation of pain, physical impairment and movement-
3 related functional limitation by therapeutic intervention, including
4 treatment by means of manual therapy techniques and massage, dry
5 needling, electro-therapeutic modalities, wound debridement and
6 care, the use of physical agents, mechanical modalities,
7 hydrotherapy, therapeutic exercises with or without assistive
8 devices, neurodevelopmental procedures, joint mobilization,
9 movement-related functional training in self-care, providing
10 assistance in community and work integration or reintegration,
11 providing training in techniques for the prevention of injury,
12 impairment, movement-related functional limitation, or dysfunction,
13 providing consultative, educational, other advisory services, and
14 collaboration with other health care providers in connection with
15 patient care, and such other treatments and functions as may be
16 further defined by the board by regulation.

17 "Physical therapy" and "physical therapy practice" also include
18 the screening, examination, evaluation, and application of
19 interventions for the promotion, improvement, and maintenance of
20 fitness, health, wellness, and prevention services in populations of
21 all ages exclusively related to physical therapy practice.

22 "Wound debridement and care" means the removal of loosely
23 adhered necrotic and nonviable tissue, by a physical therapist, to
24 promote healing, done in conjunction with a physician or podiatric
25 physician.

26 (cf: P.L.2017, c.121, s.1)

27

28 2. Section 8 of P.L.1983, c.296 (C.45:9-37.18) is amended to
29 read as follows:

30 8. a. The board shall:

31 (1) Administer and enforce the provisions of P.L.1983, c.296
32 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-37.34b et al.);

33 (2) Establish procedures for application for licensure;

34 (3) Establish standards for, and adopt and administer
35 examinations for licensure;

36 (4) Review and pass upon the qualifications of applicants for
37 licensure;

38 (5) Insure the proper conduct and standards of examinations;

39 (6) Issue and renew licenses to physical therapists and physical
40 therapist assistants pursuant to P.L.1983, c.296 (C.45:9-37.11 et
41 seq.);

42 (7) Establish disciplinary measures, including but not limited to,
43 suspending, revoking, or refusing to renew the license of a physical
44 therapist or physical therapist assistant pursuant to the provisions of
45 P.L.1978, c.73 (C.45:1-14 et seq.);

46 (8) Maintain a record of every physical therapist and physical
47 therapist assistant licensed in this State, his place of business, his
48 place of residence, and the date and number of his license;

- 1 (9) Conduct hearings into allegations of misconduct by
2 licensees;
- 3 (10) Establish requirements and standards for continuing
4 professional education and competency and approve courses that
5 are eligible to meet these requirements and standards, as provided
6 in section 25 of P.L.2003, c.18 (C.45:9-37.34f);
- 7 (11) Conduct hearings pursuant to the "Administrative Procedure
8 Act," P.L.1968, c.410 (C.52:14B-1 et seq.), except that the board
9 shall have the right to administer oaths to witnesses, and shall have
10 the power to issue subpoenas for the compulsory attendance of
11 witnesses and the production of pertinent books, papers or records;
- 12 (12) Conduct proceedings before any board, agency or court of
13 competent jurisdiction for the enforcement of the provisions of
14 P.L.1983, c.296 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-
15 37.34b et al.);
- 16 (13) Conduct investigations as necessary and have the
17 enforcement powers provided pursuant to P.L.1978, c.73 (C.45:1-14
18 et seq.);
- 19 (14) Within 180 days of the effective date of P.L.2003, c.18,
20 establish standards in accordance with the provisions of section 22
21 of P.L.2003, c.18 (C.45:9-37.34c), in collaboration with the State
22 Board of Medical Examiners and other appropriate professional
23 licensing boards established pursuant to Title 45 of the Revised
24 Statutes, setting forth the conditions under which a physical
25 therapist is required to refer an individual being treated by a
26 physical therapist to or consult with a practitioner licensed to
27 practice dentistry, podiatry or medicine and surgery in this State, or
28 other appropriate licensed health care professional. Pending
29 adoption of the standards: (a) a physical therapist shall refer any
30 individual who has failed to demonstrate reasonable progress within
31 30 days of the date of initial treatment to a licensed health care
32 professional; and (b) a physical therapist, not more than 30 days
33 from the date of initial treatment of functional limitation or pain,
34 shall consult with the individual's licensed health care professional
35 of record as to the appropriateness of the treatment, or, in the event
36 that there is no identified licensed health care professional of
37 record, recommend that the individual consult with a licensed
38 health care professional of the individual's choice;
- 39 (15) Establish mechanisms to assure that the public has access to
40 physical therapists' services, and report back to the Senate Health,
41 Human Services and Senior Citizens and Assembly Regulated
42 Professions Committees, or their successors, regarding this access;
43 **【and】**
- 44 (16) Within 180 days of the effective date of P.L. , c. (C.)
45 (pending before the Legislature as this bill), establish standards for
46 the provision of dry needling by a physical therapist pursuant to
47 sections 3 and 4 of P.L. , c. (C.) (pending before the

1 Legislature as this bill), in collaboration with the State Board of
2 Medical Examiners; and

3 (17) Promulgate rules and regulations necessary for the
4 performance of its duties and the implementation of P.L.1983,
5 c.296. (C.45:9-37.11 et seq.)

6 b. In addition to the provisions of subsection a. of this section,
7 the board may establish standards of professional behavior.
8 (cf: P.L.2017, c.121, s.2)

9
10 3. (New section) a. A physical therapist may perform dry
11 needling if the physical therapist meets all of the following
12 requirements:

13 (1) possesses a doctorate in physical therapy from an accredited
14 college or university or has otherwise been actively licensed as a
15 physical therapist in this State since January 1, 2003;

16 (2) has no less than two years of active clinical experience in the
17 treatment of patients as a licensed physical therapist in this State
18 and holds a current, unrestricted license to practice physical therapy
19 in this State;

20 (3) has a current CPR certification issued by the American Red
21 Cross, American Heart Association, National Safety Council, or any
22 other agency or organization approved by the board; and

23 (4) has obtained documentation of the successful completion of
24 a dry needling continuing education and competency program
25 approved by the board that satisfies subsections b. and c. of this
26 section.

27 b. The board shall approve a dry needling continuing education
28 and competency program if the program meets all of the following
29 requirements:

30 (1) provides a minimum of 40 hours of academic instruction
31 which is attended in person by the physical therapist and shall be
32 completed by the physical therapist in no more than two years;

33 (2) provides the history and a current literature review of dry
34 needling and evidence-based practice;

35 (3) covers pertinent anatomy and physiology;

36 (4) covers the choice and operation of dry needling supplies and
37 equipment;

38 (5) provides knowledge of dry needling technique including
39 indications, contraindications, and precautions for its use;

40 (6) provides knowledge of the risks and complications of dry
41 needling;

42 (7) covers safe practice guidelines and generally accepted
43 standards of practice, including clean needle techniques and the
44 Occupational Safety and Health Administration's bloodborne
45 pathogens standard;

46 (8) provides knowledge of post intervention care, including an
47 adverse response or emergency;

1 (9) documents the successful completion of psychomotor and
2 cognitive performance by means of practical and written
3 assessments or examinations; and

4 (10) provides a minimum of 40 hours of practical hands-on
5 instruction in the application and technique of dry needling under
6 the direct supervision of a licensed physical therapist or physician
7 pursuant to subsection c. of this section, which shall be completed
8 by the physical therapist in no more than two years.

9 c. The dry needling continuing education and competency
10 program, including the practical hands-on instruction required
11 pursuant to paragraph (10) of subsection b. of this section, shall be
12 taught by a licensed physical therapist who has a minimum of five
13 years of clinical experience in the performance of dry needling or
14 by a physician licensed to practice medicine and surgery in this
15 State.

16 d. Following successful completion of the dry needling
17 continuing education and competency program, including the
18 practical hands-on instruction required pursuant to paragraph (10)
19 of subsection b. of this section, a physical therapist shall complete
20 10 of the required minimum credits of continuing education and
21 competency in each biennial license renewal period in board-
22 approved programs in dry needling if the physical therapist chooses
23 to continue to utilize such intervention on patients.

24
25 4. (New section) a. Dry needling shall only be performed by a
26 physical therapist who meets the requirements of subsection a. of
27 section 3 of P.L. , c. (C.) (pending before the Legislature as
28 this bill), and the performance of dry needling shall not be
29 delegated to a physical therapist assistant or student physical
30 therapist. A physical therapist who meets the requirements to
31 provide dry needling shall only utilize the specific dry needling
32 techniques for which the physical therapist has completed
33 instruction and demonstrated competency.

34 b. For patients who receive an order, prescription, or referral
35 for physical therapy from a New Jersey-licensed physician,
36 osteopathic physician, or podiatric physician, dry needling shall
37 only be performed on the patient after the physical therapist
38 licensed in New Jersey to perform dry needling communicates with
39 the physician who ordered, prescribed, or referred the patient to
40 physical therapy. The physical therapist shall maintain
41 documentation of such communication in the patient record. In no
42 event shall a physical therapist perform dry needling on a patient if,
43 in the medical judgment of the physician who ordered, prescribed,
44 or referred the patient to physical therapy, dry needling is
45 contraindicated or clinically inappropriate and such judgment is
46 clearly communicated to the physical therapist by the physician.

47 c. A physical therapist shall obtain written informed consent
48 from each patient prior to the provision of dry needling. The

1 patient shall receive a copy of the written informed consent and the
2 physical therapist shall retain a copy in the patient's record. The
3 informed consent shall include, at a minimum, the following:

- 4 (1) the patient's signature;
- 5 (2) the risks, benefits, and possible complications of dry
6 needling;
- 7 (3) the treatment alternatives to dry needling;
- 8 (4) the physical therapist's level of education regarding
9 supervised hours of training in dry needling;
- 10 (5) the importance of consulting with the patient's physician
11 regarding the patient's condition; and
- 12 (6) a clearly and conspicuously written statement that the patient
13 is not receiving acupuncture, which shall include the following
14 language: "DRY NEEDLING IS A TECHNIQUE USED IN THE
15 PRACTICE OF PHYSICAL THERAPY TO TREAT
16 MYOFASCIAL, MUSCULAR, AND CONNECTIVE TISSUES
17 FOR THE MANAGEMENT OF NEUROMUSCULAR PAIN AND
18 MOVEMENT DYSFUNCTION. DRY NEEDLING TECHNIQUE
19 SHOULD NOT BE CONFUSED WITH AN ACUPUNCTURE
20 TREATMENT PERFORMED BY A LICENSED
21 ACUPUNCTURIST."

22 d. A physical therapist shall only use filiform needles labeled
23 in accordance with the United States Food and Drug Administration
24 guidelines when performing dry needling.

25 e. A physical therapist shall perform dry needling in a manner
26 that is consistent with generally accepted standards of practice
27 including clean needle techniques, safe disposal of sharp objects,
28 and the Occupational Safety and Health Administration's
29 bloodborne pathogens standard.

30 f. A physical therapist shall maintain documentation in the
31 patient record of each dry needling session. The documentation
32 shall include the treatment performed, the patient's response to the
33 treatment, and any adverse reactions or complications to the
34 treatment.

35 g. If requested by the board or a member of the general public,
36 a physical therapist practicing dry needling shall provide
37 documentation of the education and training completed by the
38 physical therapist as required under section 3 of P.L. , c. (C.)
39 (pending before the Legislature as this bill). The failure to provide
40 documentation in response to a request by the board or a member of
41 the general public shall be deemed prima facie evidence that the
42 physical therapist has not received the required training and shall
43 not be permitted to perform dry needling.

44

45 5. This act shall take effect on the 90th day next following
46 enactment.

STATEMENT

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This bill permits a physical therapist to perform dry needling if the physical therapist has successfully completed a dry needling continuing education and competency program approved by the New Jersey State Board of Physical Therapy Examiners, has two or more years of clinical experience treating patients as a licensed physical therapist in this State, holds either a doctorate in physical therapy or a current and unrestricted license to practice physical therapy in this State that was issued prior to 2003, and has a current CPR certification issued by the American Red Cross, American Heart Association, National Safety Council, or any other agency or organization approved by the board.

The bill defines “dry needling” as a physical intervention that uses a dry, filiform needle, without medication or other deliverable, to penetrate the skin and stimulate underlying muscular tissue, connective tissues, or myofascial trigger points for the management of neuromusculoskeletal pain and movement impairments. The bill provides that “dry needling” does not mean the stimulation of auricular or distal points or the practice of acupuncture.

The bill establishes requirements for board-approved dry needling continuing education and competency programs, which must include at least 40 hours of academic instruction, attendance in person by a physical therapist, and the ability to complete the program in no more than two years. The programs must also include a minimum of 40 hours in practical hands-on instruction, under the direct supervision of a licensed physical therapist or physician, in the application and technique of dry needling. The required dry needling instruction must be taught by a licensed physical therapist who has a minimum of five years of clinical experience in the performance of dry needling or by a physician licensed to practice medicine and surgery in this State. A physical therapist who meets the bill’s requirements and is approved by the board to offer dry needling must complete 10 credits of continuing education and competency in dry needling during each biennial license renewal period, if the therapist chooses to continue offering dry needling.

The bill provides that dry needling will only be performed by a physical therapist who meets the requirements of the bill, and the performance of dry needling may not be delegated to a physical therapist assistant or student physical therapist. A physical therapist who meets the requirements to perform dry needling may only utilize the specific dry needling techniques for which the physical therapist has completed instruction and demonstrated competency.

The bill also stipulates that if a patient is ordered, prescribed, or referred to physical therapy by a New Jersey-licensed physician, osteopathic physician, or podiatric physician, the physical therapist

1 licensed in New Jersey to perform dry needling can only perform
2 the dry needling service on that patient after communicating with
3 the physician who made the order, prescription, or referral to
4 physical therapy for that patient. The physical therapist is to make
5 note of this communication in the patient's record. Dry needling
6 cannot proceed if the physician, who made the order, prescription,
7 or referral determines and communicates to the physical therapist
8 that dry needling is contraindicated or clinically inappropriate for
9 the patient.

10 The bill also requires a physical therapist to obtain written
11 informed consent from each patient prior to the provision of dry
12 needling. The patient must receive a copy of the written informed
13 consent and the physical therapist must retain a copy of the
14 informed consent in the patient's record. The informed consent
15 must include, at a minimum, the following:

- 16 (1) the patient's signature;
- 17 (2) the risks, benefits, and possible complications of dry
18 needling;
- 19 (3) the treatment alternatives to dry needling;
- 20 (4) the physical therapist's level of education regarding
21 supervised hours of training in dry needling;
- 22 (5) the importance of consulting with the patient's physician
23 regarding the patient's condition; and
- 24 (6) a clearly and conspicuously written statement that the patient
25 is not receiving acupuncture.

26 The bill provides that a physical therapist may only use filiform
27 needles labeled in accordance with the United States Food and Drug
28 Administration guidelines when performing dry needling and must
29 perform dry needling in a manner that is consistent with generally
30 accepted standards of practice, including clean needle techniques,
31 safe disposal of sharp objects, and the Occupational Safety and
32 Health Administration's blood borne pathogens standard.

33 Under the bill, a physical therapist must maintain documentation
34 in the patient record of each dry needling session. The
35 documentation must include the treatment performed, the patient's
36 response to the treatment, and any adverse reactions or
37 complications to the treatment.

38 Finally, the bill provides that, upon request of the board or a
39 member of the general public, a physical therapist practicing dry
40 needling must provide documentation of the education and training
41 completed by the physical therapist as required by the provisions of
42 the bill. The failure to provide documentation in response to a
43 request by the board or a member of the general public will be
44 deemed prima facie evidence that the physical therapist has not
45 received the required training and will not be permitted to perform
46 dry needling.

SENATE COMMERCE COMMITTEE

STATEMENT TO

SENATE, No. 867

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 16, 2021

The Senate Commerce Committee reports favorably and with amendments Senate Bill No. 867.

As amended, this bill permits a physical therapist to perform dry needling if the physical therapist has successfully completed a dry needling continuing education and competency program approved by the New Jersey State Board of Physical Therapy Examiners, has two or more years of clinical experience treating patients as a licensed physical therapist in this State, holds either a doctorate in physical therapy or a current and unrestricted license to practice physical therapy in this State that was issued prior to 2003, and has a current CPR certification issued by the American Red Cross, American Heart Association, National Safety Council, or any other agency or organization approved by the board.

The bill defines “dry needling” as a physical intervention that uses a dry, filiform needle, without medication or other deliverable, to penetrate the skin and stimulate underlying muscular tissue, connective tissues, or myofascial trigger points for the management of neuromusculoskeletal pain and movement impairments. The bill provides that “dry needling” does not mean the stimulation of auricular or distal points or the practice of acupuncture.

The bill establishes requirements for board-approved dry needling continuing education and competency programs, which must include at least 40 hours of academic instruction, attendance in person by a physical therapist, and the ability to complete the program in no more than two years. The programs must also include a minimum of 40 hours in practical hands-on instruction, under the direct supervision of a licensed physical therapist or physician, in the application and technique of dry needling. The required dry needling instruction must be taught by a licensed physical therapist who has a minimum of five years of clinical experience in the performance of dry needling or by a physician licensed to practice medicine and surgery in this State. A physical therapist who meets the bill’s requirements and is approved by the board to offer dry needling must complete 10 credits of continuing education and competency in dry needling during each biennial license renewal period, if the therapist chooses to continue offering dry needling.

The bill provides that dry needling will only be performed by a physical therapist who meets the requirements of the bill, and the performance of dry needling may not be delegated to a physical therapist assistant or student physical therapist. A physical therapist who meets the requirements to perform dry needling may only utilize the specific dry needling techniques for which the physical therapist has completed instruction and demonstrated competency.

The bill also stipulates that if a patient is ordered, prescribed, or referred to physical therapy by a New Jersey-licensed physician, osteopathic physician, or podiatric physician, the physical therapist licensed in New Jersey to perform dry needling can only perform the dry needling service on that patient after communicating with the physician who made the order, prescription, or referral to physical therapy for that patient. This communication is to address the physical therapy diagnosis of the patient, the specific dry needling technique that the physical therapist intends to utilize in the treatment of the patient, the proposed number, size, and insertion points of the needles, and any elevated risk factors that the patient may have. The physical therapist is to make note of this communication in the patient's record. Dry needling cannot proceed if the physician, who made the order, prescription, or referral determines and communicates to the physical therapist that dry needling is contraindicated or clinically inappropriate for the patient.

The bill also requires a physical therapist to obtain written informed consent from each patient prior to the provision of dry needling. The patient must receive a copy of the written informed consent and the physical therapist must retain a copy of the informed consent in the patient's record. The informed consent must include, at a minimum, the following:

- (1) the patient's signature;
- (2) the risks, benefits, and possible complications of dry needling;
- (3) the treatment alternatives to dry needling;
- (4) the physical therapist's level of education regarding supervised hours of training in dry needling;
- (5) the importance of consulting with the patient's physician regarding the patient's condition; and
- (6) a clearly and conspicuously written statement that the patient is not receiving acupuncture.

The bill provides that a physical therapist may only use filiform needles labeled in accordance with the United States Food and Drug Administration guidelines when performing dry needling and must perform dry needling in a manner that is consistent with generally accepted standards of practice, including clean needle techniques, safe disposal of sharp objects, and the Occupational Safety and Health Administration's blood borne pathogens standard.

Under the bill, a physical therapist must maintain documentation in the patient record of each dry needling session. The documentation must include the treatment performed, the patient's response to the treatment, and any adverse reactions or complications to the treatment.

Finally, the bill provides that, upon request of the board or a member of the general public, a physical therapist practicing dry needling must provide documentation of the education and training completed by the physical therapist as required by the provisions of the bill. The failure to provide documentation in response to a request by the board or a member of the general public will be deemed prima facie evidence that the physical therapist has not received the required training and will not be permitted to perform dry needling.

COMMITTEE AMENDMENTS

The committee amended the bill by adding a requirement that the physical therapist who is to perform dry needling on a patient communicate to the physician, osteopathic physician, or podiatric physician who ordered, prescribed or referred the patient to physical therapy the following information:

- (1) the physical therapy diagnosis of the patient;
 - (2) the specific dry needling technique that the physical therapist intends to utilize in the treatment of the patient;
 - (3) the proposed number, size, and insertion points of the needles;
- and
- (4) any elevated risk factors the patient may have.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 867

STATE OF NEW JERSEY

DATED: NOVEMBER 8, 2021

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 867 (1R).

This bill permits a physical therapist to perform dry needling if the physical therapist has successfully completed a dry needling continuing education and competency program approved by the New Jersey State Board of Physical Therapy Examiners, has two or more years of clinical experience treating patients as a licensed physical therapist in this State, holds either a doctorate in physical therapy or a current and unrestricted license to practice physical therapy in this State that was issued prior to 2003, and has a current CPR certification issued by the American Red Cross, American Heart Association, National Safety Council, or any other agency or organization approved by the board.

The bill defines “dry needling” as a physical intervention that uses a dry, filiform needle, without medication or other deliverable, to penetrate the skin and stimulate underlying muscular tissue, connective tissues, or myofascial trigger points for the management of neuromusculoskeletal pain and movement impairments. The bill provides that “dry needling” does not mean the stimulation of auricular or distal points or the practice of acupuncture.

The bill establishes requirements for board-approved dry needling continuing education and competency programs, which would include at least 40 hours of academic instruction, attendance in person by a physical therapist, and the ability to complete the program in no more than two years. The programs would also be required to include a minimum of 40 hours in practical hands-on instruction, under the direct supervision of a licensed physical therapist or physician, in the application and technique of dry needling. The required dry needling instruction would be taught by a licensed physical therapist who has a minimum of five years of clinical experience in the performance of dry needling or by a physician licensed to practice medicine and surgery in this State. A physical therapist who meets the bill’s requirements and is approved by the board to offer dry needling would be required to complete 10 credits of continuing education and competency in dry needling during each biennial license renewal period if the therapist chooses to continue offering dry needling.

The bill provides that dry needling will only be performed by a physical therapist who meets the requirements of the bill, and the performance of dry needling may not be delegated to a physical therapist assistant or student physical therapist. A physical therapist who meets the requirements to perform dry needling may only utilize the specific dry needling techniques for which the physical therapist has completed instruction and demonstrated competency.

The bill also stipulates that if a patient is ordered, prescribed, or referred to physical therapy by a New Jersey-licensed physician, osteopathic physician, or podiatric physician, the physical therapist licensed in New Jersey to perform dry needling can only perform the dry needling service on that patient after communicating with the physician who made the order, prescription, or referral to physical therapy for that patient. This communication would address the physical therapy diagnosis of the patient, the specific dry needling technique that the physical therapist intends to utilize in the treatment of the patient, the proposed number, size, and insertion points of the needles, and any elevated risk factors that the patient may have. The physical therapist would be required to document this communication in the patient's record. Under the bill, dry needling cannot proceed if the physician, who made the order, prescription, or referral determines and communicates to the physical therapist that dry needling is contraindicated or clinically inappropriate for the patient.

The bill also requires a physical therapist to obtain written informed consent from each patient before the provision of dry needling. The patient would be required to receive a copy of the written informed consent, and the physical therapist would also be required to retain a copy of the informed consent in the patient's record. The informed consent would include, at a minimum, the following:

- (1) the patient's signature;
- (2) the risks, benefits, and possible complications of dry needling;
- (3) the treatment alternatives to dry needling;
- (4) the physical therapist's level of education regarding supervised hours of training in dry needling;
- (5) the importance of consulting with the patient's physician regarding the patient's condition; and
- (6) a clearly and conspicuously written statement that the patient is not receiving acupuncture.

The bill provides that a physical therapist may only use filiform needles labeled in accordance with the United States Food and Drug Administration guidelines when performing dry needling. The physical therapist would also be required to perform dry needling in a manner that is consistent with generally accepted standards of practice, including clean needle techniques, safe disposal of sharp objects, and the Occupational Safety and Health Administration's blood borne pathogens standard.

Under the bill, a physical therapist would be required to maintain documentation in the patient record of each dry needling session. This documentation would include the treatment performed, the patient's response to the treatment, and any adverse reactions or complications to the treatment.

Finally, the bill provides that, upon request of the board or a member of the general public, a physical therapist practicing dry needling is required to provide documentation of the education and training completed by the physical therapist as required by the provisions of the bill. The failure to provide documentation in response to a request by the board or a member of the general public would be deemed prima facie evidence that the physical therapist has not received the required training and is not be permitted to perform dry needling.

FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that the bill will cause indeterminate annual expenditure increases to the State Board of Physical Therapy Examiners and the Division of Criminal Justice in the Department of Law and Public Safety, as well as the Administrative Office of the Courts.

The OLS estimates that the State Board of Physical Therapy Examiners will experience recurring workload increases from: (1) changes in the licensing requirements for the physical therapists who choose to perform dry needling, which requires additional guidelines, review, and enforcement by the board; and (2) regulating the new practice of permitting physical therapists to perform dry needling. Depending on the board's resource allocation policies, however, the added workload may or may not augment State administrative expenditures.

Additional indeterminate annual State revenue will accrue from fine and penalty payments from convicted violators of new statutory provisions.

ASSEMBLY OVERSIGHT, REFORM AND FEDERAL
RELATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 867

STATE OF NEW JERSEY

DATED: JANUARY 3, 2022

The Assembly Oversight, Reform and Federal Relations Committee reports favorably Senate Bill No. 867(1R).

This bill permits a physical therapist to perform dry needling if the physical therapist has successfully completed a dry needling continuing education and competency program approved by the New Jersey State Board of Physical Therapy Examiners, has two or more years of clinical experience treating patients as a licensed physical therapist in this State, holds either a doctorate in physical therapy or a current and unrestricted license to practice physical therapy in this State that was issued prior to 2003, and has a current CPR certification issued by the American Red Cross, American Heart Association, National Safety Council, or any other agency or organization approved by the board.

The bill defines “dry needling” as a physical intervention that uses a dry, filiform needle, without medication or other deliverable, to penetrate the skin and stimulate underlying muscular tissue, connective tissues, or myofascial trigger points for the management of neuromusculoskeletal pain and movement impairments. The bill provides that “dry needling” does not mean the stimulation of auricular or distal points or the practice of acupuncture.

The bill establishes requirements for board-approved dry needling continuing education and competency programs, which would include at least 40 hours of academic instruction, attendance in person by a physical therapist, and the ability to complete the program in no more than two years. The programs would also be required to include a minimum of 40 hours in practical hands-on instruction, under the direct supervision of a licensed physical therapist or physician, in the application and technique of dry needling. The required dry needling instruction would be taught by a licensed physical therapist who has a minimum of five years of clinical experience in the performance of dry needling or by a physician licensed to practice medicine and surgery in this State. A physical therapist who meets the bill’s requirements and is approved by the board to offer dry needling would be required to complete 10 credits of continuing education and competency in dry

needling during each biennial license renewal period if the therapist chooses to continue offering dry needling.

The bill provides that dry needling will only be performed by a physical therapist who meets the requirements of the bill, and the performance of dry needling may not be delegated to a physical therapist assistant or student physical therapist. A physical therapist who meets the requirements to perform dry needling may only utilize the specific dry needling techniques for which the physical therapist has completed instruction and demonstrated competency.

The bill also stipulates that if a patient is ordered, prescribed, or referred to physical therapy by a New Jersey-licensed physician, osteopathic physician, or podiatric physician, the physical therapist licensed in New Jersey to perform dry needling can only perform the dry needling service on that patient after communicating with the physician who made the order, prescription, or referral to physical therapy for that patient. This communication would address the physical therapy diagnosis of the patient, the specific dry needling technique that the physical therapist intends to utilize in the treatment of the patient, the proposed number, size, and insertion points of the needles, and any elevated risk factors that the patient may have. The physical therapist would be required to document this communication in the patient's record. Under the bill, dry needling cannot proceed if the physician, who made the order, prescription, or referral determines and communicates to the physical therapist that dry needling is contraindicated or clinically inappropriate for the patient.

The bill also requires a physical therapist to obtain written informed consent from each patient before the provision of dry needling. The patient would be required to receive a copy of the written informed consent, and the physical therapist would also be required to retain a copy of the informed consent in the patient's record. The informed consent would include, at a minimum, the following:

- (1) the patient's signature;
- (2) the risks, benefits, and possible complications of dry needling;
- (3) the treatment alternatives to dry needling;
- (4) the physical therapist's level of education regarding supervised hours of training in dry needling;
- (5) the importance of consulting with the patient's physician regarding the patient's condition; and
- (6) a clearly and conspicuously written statement that the patient is not receiving acupuncture.

The bill provides that a physical therapist may only use filiform needles labeled in accordance with the United States Food and Drug Administration guidelines when performing dry needling. The physical therapist would also be required to perform dry needling in a manner that is consistent with generally accepted standards of practice, including clean needle techniques, safe disposal of sharp objects, and

the Occupational Safety and Health Administration's blood borne pathogens standard.

Under the bill, a physical therapist would be required to maintain documentation in the patient record of each dry needling session. This documentation would include the treatment performed, the patient's response to the treatment, and any adverse reactions or complications to the treatment.

Finally, the bill provides that, upon request of the board or a member of the general public, a physical therapist practicing dry needling is required to provide documentation of the education and training completed by the physical therapist as required by the provisions of the bill. The failure to provide documentation in response to a request by the board or a member of the general public would be deemed prima facie evidence that the physical therapist has not received the required training and is not be permitted to perform dry needling.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 867

STATE OF NEW JERSEY

DATED: JANUARY 6, 2022

The Assembly Appropriations Committee reports favorably Senate Bill No. 867 (1R).

This bill permits a physical therapist to perform dry needling if the physical therapist has successfully completed a dry needling continuing education and competency program approved by the New Jersey State Board of Physical Therapy Examiners, has two or more years of clinical experience treating patients as a licensed physical therapist in this State, holds either a doctorate in physical therapy or a current and unrestricted license to practice physical therapy in this State that was issued prior to 2003, and has a current CPR certification issued by the American Red Cross, American Heart Association, National Safety Council, or any other agency or organization approved by the board.

The bill defines “dry needling” as a physical intervention that uses a dry, filiform needle, without medication or other deliverable, to penetrate the skin and stimulate underlying muscular tissue, connective tissues, or myofascial trigger points for the management of neuromusculoskeletal pain and movement impairments. The bill provides that “dry needling” does not mean the stimulation of auricular or distal points or the practice of acupuncture.

The bill establishes requirements for board-approved dry needling continuing education and competency programs, which would include at least 40 hours of academic instruction, attendance in person by a physical therapist, and the ability to complete the program in no more than two years. The programs would also be required to include a minimum of 40 hours in practical hands-on instruction, under the direct supervision of a licensed physical therapist or physician, in the application and technique of dry needling. The required dry needling instruction would be taught by a licensed physical therapist who has a minimum of five years of clinical experience in the performance of dry needling or by a physician licensed to practice medicine and surgery in this State. A physical therapist who meets the bill’s requirements and is approved by the board to offer dry needling would be required to complete 10 credits of continuing education and competency in dry needling during each biennial license renewal period if the therapist chooses to continue offering dry needling.

The bill provides that dry needling will only be performed by a physical therapist who meets the requirements of the bill, and the performance of dry needling may not be delegated to a physical therapist assistant or student physical therapist. A physical therapist who meets the requirements to perform dry needling may only utilize the specific dry needling techniques for which the physical therapist has completed instruction and demonstrated competency.

The bill also stipulates that if a patient is ordered, prescribed, or referred to physical therapy by a New Jersey-licensed physician, osteopathic physician, or podiatric physician, the physical therapist licensed in New Jersey to perform dry needling can only perform the dry needling service on that patient after communicating with the physician who made the order, prescription, or referral to physical therapy for that patient. This communication would address the physical therapy diagnosis of the patient, the specific dry needling technique that the physical therapist intends to utilize in the treatment of the patient, the proposed number, size, and insertion points of the needles, and any elevated risk factors that the patient may have. The physical therapist would be required to document this communication in the patient's record. Under the bill, dry needling cannot proceed if the physician, who made the order, prescription, or referral determines and communicates to the physical therapist that dry needling is contraindicated or clinically inappropriate for the patient.

The bill also requires a physical therapist to obtain written informed consent from each patient before the provision of dry needling. The patient would be required to receive a copy of the written informed consent, and the physical therapist would also be required to retain a copy of the informed consent in the patient's record. The informed consent would include, at a minimum, the following:

- (1) the patient's signature;
- (2) the risks, benefits, and possible complications of dry needling;
- (3) the treatment alternatives to dry needling;
- (4) the physical therapist's level of education regarding supervised hours of training in dry needling;
- (5) the importance of consulting with the patient's physician regarding the patient's condition; and
- (6) a clearly and conspicuously written statement that the patient is not receiving acupuncture.

The bill provides that a physical therapist may only use filiform needles labeled in accordance with the United States Food and Drug Administration guidelines when performing dry needling. The physical therapist would also be required to perform dry needling in a manner that is consistent with generally accepted standards of practice, including clean needle techniques, safe disposal of sharp objects, and the Occupational Safety and Health Administration's blood borne pathogens standard.

Under the bill, a physical therapist would be required to maintain documentation in the patient record of each dry needling session. This documentation would include the treatment performed, the patient's response to the treatment, and any adverse reactions or complications to the treatment.

Finally, the bill provides that, upon request of the board or a member of the general public, a physical therapist practicing dry needling is required to provide documentation of the education and training completed by the physical therapist as required by the provisions of the bill. The failure to provide documentation in response to a request by the board or a member of the general public would be deemed prima facie evidence that the physical therapist has not received the required training and is not be permitted to perform dry needling.

As reported by the committee, Senate Bill No. 867 (1R) is identical to Assembly Bill No. 2316 (1R), which also was reported by the committee on this date.

FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that the bill will cause indeterminate annual expenditure increases to the State Board of Physical Therapy Examiners and the Division of Criminal Justice in the Department of Law and Public Safety, as well as the Administrative Office of the Courts.

The OLS estimates that the State Board of Physical Therapy Examiners will experience recurring workload increases from: a) changes in the licensing requirements for the physical therapists who choose to perform dry needling, which requires additional guidelines, review, and enforcement by the board; and b) regulating the new practice of permitting physical therapists to perform dry needling. Depending on the board's resource allocation policies, however, the added workload may or may not augment State administrative expenditures.

Additional indeterminate annual State revenue will accrue from fine and penalty payments from convicted violators of new statutory provisions.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 867

STATE OF NEW JERSEY 219th LEGISLATURE

DATED: NOVEMBER 1, 2021

SUMMARY

- Synopsis:** Permits physical therapists to perform dry needling under certain circumstances.
- Type of Impact:** Annual State Expenditure and Revenue Increases.
- Agencies Affected:** Department of Law and Public Safety; Administrative Office of the Courts

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Annual State Cost Increase		Indeterminate	
Annual State Revenue Increase		Indeterminate	

- The Office of Legislative Services (OLS) finds that the bill will cause indeterminate annual expenditure increases to the State Board of Physical Therapy Examiners and the Division of Criminal Justice in the Department of Law and Public Safety, as well as the Administrative Office of the Courts.
- The OLS estimates that the State Board of Physical Therapy Examiners will experience recurring workload increases from: a) changes in the licensing requirements for the physical therapists who choose to perform dry needling, which requires additional guidelines, review, and enforcement by the board; and b) regulating the new practice of permitting physical therapists to perform dry needling. Depending on the board's resource allocation policies, however, the added workload may or may not augment State administrative expenditures.
- Additional indeterminate annual State revenue will accrue from fine and penalty payments from convicted violators of new statutory provisions.

BILL DESCRIPTION

This bill allows certain physical therapists who have met the education and competency standards approved by the New Jersey State Board of Physical Therapy Examiners to perform the practice of dry needling under certain circumstances.

The bill establishes requirements for a board-approved dry needling continuing education and competency program. The bill provides that dry needling excludes the stimulation of auricular or distal points or the practice of acupuncture. The bill requires certain communication between the physical therapist and the medical professional referring the patient for dry needling.

The bill provides that, upon request of the board or a member of the general public, a physical therapist practicing dry needling must provide documentation of the education and training completed by the physical therapist as required by the provisions of the bill. A physical therapist meeting the bill's requirements and who is approved by the board to offer dry needling must complete 10 credits of continuing education and competency on dry needling during each biennial license renewal period to maintain the license.

The failure to provide documentation in response to a request by the board or a member of the general public will be deemed as evidence that the physical therapist has not received the required training and will not be permitted to perform dry needling.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS finds that the bill will cause indeterminate annual expenditure increases to the State Board of Physical Therapy Examiners in the Division of Consumer Affairs, Department of Law and Public Safety, and the Division of Criminal Justice in the Department of Law and Public Safety, as well as the Administrative Office of the Courts. In addition, the State will realize indeterminate recurring revenue gains. For context, the May 2020 State Occupational Employment and Wage Estimates from the U.S. Bureau of Labor Statistics shows 6,960 physical therapists working in the State. However, the OLS cannot determine the subset of these that will pursue dry needling and also meet the requirements as provided for in the bill, thereby precluding estimates on the size of possible State expenditure and revenue increases.

Expenditure Increases: The State Board of Physical Therapy Examiners will experience a recurring workload increase, as the bill requires: a) changes in the licensing requirements for the physical therapists who choose to perform dry needling, which requires additional guidelines to be established and review and enforcement by the board; and b) regulating the new practice of permitting physical therapists to perform dry needling. Depending on the board's resource allocation policies, however, the added workload may or may not augment State administrative expenditures.

Revenue Gains: Additional indeterminate annual State revenue will accrue from fine and penalty payments from convicted violators of new statutory provisions.

Currently, violations of the practice of physical therapy constitute a crime of the third degree, which is punishable by imprisonment for three to five years, a fine of up to \$15,000, or both. The OLS cannot determine the number of convictions that may result from violations of the bill's provisions and, by extension, the total of any fine, fee, and assessment collections or the costs associated with incarcerating convicted offenders. The OLS additionally notes that due to financial constraints, many penalties go unpaid by those persons convicted of crimes.

Section: Law and Public Safety

*Analyst: Kristin Brunner Santos
Lead Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

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

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

ASSEMBLY, No. 2316

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED FEBRUARY 3, 2020

Sponsored by:

Assemblywoman ANGELICA M. JIMENEZ

District 32 (Bergen and Hudson)

Assemblyman THOMAS P. GIBLIN

District 34 (Essex and Passaic)

Assemblyman GORDON M. JOHNSON

District 37 (Bergen)

Co-Sponsored by:

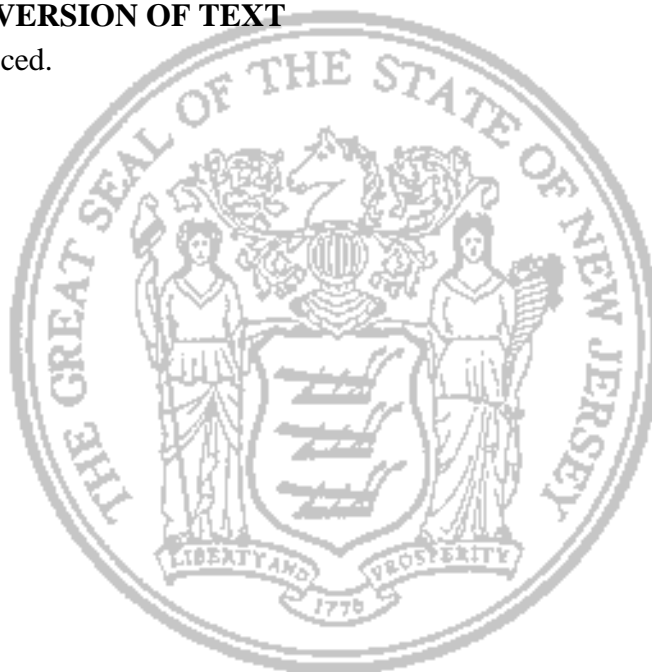
**Assemblymen Wimberly, DePhillips, McKeon, Mejia, Greenwald,
Calabrese, Mukherji and Assemblywoman Murphy**

SYNOPSIS

Permits physical therapists to perform dry needling under certain circumstances.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/3/2022)

1 AN ACT concerning the practice of physical therapy and amending
2 and supplementing P.L.1983, c.296.

3

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

6

7 1. Section 3 of P.L.1983, c.296 (C.45:9-37.13) is amended to
8 read as follows:

9 3. As used in P.L.1983, c.296 (C.45:9-37.11 et seq.):

10 "Board" means the State Board of Physical Therapy Examiners
11 established pursuant to section 5 of P.L.1983, c.296 (C.45:9-37.15).

12 "Direct supervision" means the presence of the supervising
13 physical therapist on site, available to respond to any consequence
14 occurring during any treatment procedure.

15 "Dry needling" means a physical intervention that uses a dry,
16 filiform needle, without medication or other deliverable, to
17 penetrate the skin and stimulate underlying muscular tissue,
18 connective tissues, or myofascial trigger points for the management
19 of neuromusculoskeletal pain and movement impairments. "Dry
20 needling" shall not mean the stimulation of auricular or distal points
21 or the practice of acupuncture as defined by section 2 of P.L.1983,
22 c.7 (C.45:2C-2).

23 "General supervision" means supervision by a physical therapist
24 in which: the physical therapist shall be available at all times by
25 telecommunications but is not required to be on-site for direction
26 and supervision; and the supervising physical therapist assesses on
27 an ongoing basis the ability of the physical therapist assistant to
28 perform the selected interventions as directed.

29 "Physical therapist" means a natural person who holds a current,
30 valid license to practice physical therapy pursuant to the provisions
31 of P.L.1983, c.296 (C.45:9-37.11 et seq.) and in accordance with
32 regulations of the board.

33 "Physical therapist assistant" means a natural person who is
34 licensed pursuant to the provisions of P.L.1983, c.296 (C.45:9-
35 37.11 et seq.) and who assists a licensed physical therapist under his
36 direct or general supervision in accordance with P.L.1983, c.296
37 (C.45:9-37.11 et seq.) and regulations of the board.

38 "Physical therapy" and "physical therapy practice" mean the
39 identification of physical impairment, movement-related functional
40 limitation, or balance disorder that occurs as a result of injury or
41 congenital or acquired disability, or other physical dysfunction
42 through examination, evaluation and diagnosis of the physical
43 impairment or movement-related functional limitation and the
44 establishment of a prognosis for the resolution or amelioration
45 thereof, and treatment of the physical impairment or movement-

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 related functional limitation, which shall include, but is not limited
2 to, the alleviation of pain, physical impairment and movement-
3 related functional limitation by therapeutic intervention, including
4 treatment by means of manual therapy techniques and massage, dry
5 needling, electro-therapeutic modalities, wound debridement and
6 care, the use of physical agents, mechanical modalities,
7 hydrotherapy, therapeutic exercises with or without assistive
8 devices, neurodevelopmental procedures, joint mobilization,
9 movement-related functional training in self-care, providing
10 assistance in community and work integration or reintegration,
11 providing training in techniques for the prevention of injury,
12 impairment, movement-related functional limitation, or dysfunction,
13 providing consultative, educational, other advisory services, and
14 collaboration with other health care providers in connection with
15 patient care, and such other treatments and functions as may be
16 further defined by the board by regulation.

17 "Physical therapy" and "physical therapy practice" also include
18 the screening, examination, evaluation, and application of
19 interventions for the promotion, improvement, and maintenance of
20 fitness, health, wellness, and prevention services in populations of
21 all ages exclusively related to physical therapy practice.

22 "Wound debridement and care" means the removal of loosely
23 adhered necrotic and nonviable tissue, by a physical therapist, to
24 promote healing, done in conjunction with a physician or podiatric
25 physician.

26 (cf: P.L.2017, c.121, s.1)

27

28 2. Section 8 of P.L.1983, c.296 (C.45:9-37.18) is amended to
29 read as follows:

30 8. a. The board shall:

31 (1) Administer and enforce the provisions of P.L.1983, c.296
32 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-37.34b et al.);

33 (2) Establish procedures for application for licensure;

34 (3) Establish standards for, and adopt and administer
35 examinations for licensure;

36 (4) Review and pass upon the qualifications of applicants for
37 licensure;

38 (5) Insure the proper conduct and standards of examinations;

39 (6) Issue and renew licenses to physical therapists and physical
40 therapist assistants pursuant to P.L.1983, c.296 (C.45:9-37.11 et
41 seq.);

42 (7) Establish disciplinary measures, including but not limited to,
43 suspending, revoking, or refusing to renew the license of a physical
44 therapist or physical therapist assistant pursuant to the provisions of
45 P.L.1978, c.73 (C.45:1-14 et seq.);

46 (8) Maintain a record of every physical therapist and physical
47 therapist assistant licensed in this State, his place of business, his
48 place of residence, and the date and number of his license;

1 (9) Conduct hearings into allegations of misconduct by
2 licensees;

3 (10) Establish requirements and standards for continuing
4 professional education and competency and approve courses that
5 are eligible to meet these requirements and standards, as provided
6 in section 25 of P.L.2003, c.18 (C.45:9-37.34f);

7 (11) Conduct hearings pursuant to the "Administrative
8 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), except that
9 the board shall have the right to administer oaths to witnesses, and
10 shall have the power to issue subpoenas for the compulsory
11 attendance of witnesses and the production of pertinent books,
12 papers or records;

13 (12) Conduct proceedings before any board, agency or court of
14 competent jurisdiction for the enforcement of the provisions of
15 P.L.1983, c.296 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-
16 37.34b et al.);

17 (13) Conduct investigations as necessary and have the
18 enforcement powers provided pursuant to P.L.1978, c.73 (C.45:1-14
19 et seq.);

20 (14) Within 180 days of the effective date of P.L.2003, c.18,
21 establish standards in accordance with the provisions of section 22
22 of P.L.2003, c.18 (C.45:9-37.34c), in collaboration with the State
23 Board of Medical Examiners and other appropriate professional
24 licensing boards established pursuant to Title 45 of the Revised
25 Statutes, setting forth the conditions under which a physical
26 therapist is required to refer an individual being treated by a
27 physical therapist to or consult with a practitioner licensed to
28 practice dentistry, podiatry or medicine and surgery in this State, or
29 other appropriate licensed health care professional. Pending
30 adoption of the standards: (a) a physical therapist shall refer any
31 individual who has failed to demonstrate reasonable progress within
32 30 days of the date of initial treatment to a licensed health care
33 professional; and (b) a physical therapist, not more than 30 days
34 from the date of initial treatment of functional limitation or pain,
35 shall consult with the individual's licensed health care professional
36 of record as to the appropriateness of the treatment, or, in the event
37 that there is no identified licensed health care professional of
38 record, recommend that the individual consult with a licensed
39 health care professional of the individual's choice;

40 (15) Establish mechanisms to assure that the public has access to
41 physical therapists' services, and report back to the Senate Health,
42 Human Services and Senior Citizens and Assembly Regulated
43 Professions Committees, or their successors, regarding this access;
44 **[and]**

45 (16) Within 180 days of the effective date of P.L. , c. (C.)
46 (pending before the Legislature as this bill), establish standards for
47 the provision of dry needling by a physical therapist pursuant to
48 sections 3 and 4 of P.L. , c. (C.) (pending before the

1 Legislature as this bill), in collaboration with the State Board of
2 Medical Examiners; and

3 (17) Promulgate rules and regulations necessary for the
4 performance of its duties and the implementation of P.L.1983,
5 c.296. (C.45:9-37.11 et seq.)

6 b. In addition to the provisions of subsection a. of this section,
7 the board may establish standards of professional behavior.
8 (cf: P.L.2017, c.121, s.2)

9
10 3. (New section) a. A physical therapist may perform dry
11 needling if the physical therapist meets all of the following
12 requirements:

13 (1) possesses a doctorate in physical therapy from an accredited
14 college or university or has otherwise been actively licensed as a
15 physical therapist in this State since January 1, 2003;

16 (2) has no less than two years of active clinical experience in the
17 treatment of patients as a licensed physical therapist in this State
18 and holds a current, unrestricted license to practice physical therapy
19 in this State;

20 (3) has a current CPR certification issued by the American Red
21 Cross, American Heart Association, National Safety Council, or any
22 other agency or organization approved by the board; and

23 (4) has obtained documentation of the successful completion of
24 a dry needling continuing education and competency program
25 approved by the board that satisfies subsections b. and c. of this
26 section.

27 b. The board shall approve a dry needling continuing education
28 and competency program if the program meets all of the following
29 requirements:

30 (1) provides a minimum of 40 hours of academic instruction
31 which is attended in person by the physical therapist and shall be
32 completed by the physical therapist in no more than two years;

33 (2) provides the history and a current literature review of dry
34 needling and evidence-based practice;

35 (3) covers pertinent anatomy and physiology;

36 (4) covers the choice and operation of dry needling supplies and
37 equipment;

38 (5) provides knowledge of dry needling technique including
39 indications, contraindications, and precautions for its use;

40 (6) provides knowledge of the risks and complications of dry
41 needling;

42 (7) covers safe practice guidelines and generally accepted
43 standards of practice, including clean needle techniques and the
44 Occupational Safety and Health Administration's bloodborne
45 pathogens standard;

46 (8) provides knowledge of post intervention care, including an
47 adverse response or emergency;

1 (9) documents the successful completion of psychomotor and
2 cognitive performance by means of practical and written
3 assessments or examinations; and

4 (10) provides a minimum of 40 hours of practical hands-on
5 instruction in the application and technique of dry needling under
6 the direct supervision of a licensed physical therapist or physician
7 pursuant to subsection c. of this section, which shall be completed
8 by the physical therapist in no more than two years.

9 c. The dry needling continuing education and competency
10 program, including the practical hands-on instruction required
11 pursuant to paragraph (10) of subsection b. of this section, shall be
12 taught by a licensed physical therapist who has a minimum of five
13 years of clinical experience in the performance of dry needling or
14 by a physician licensed to practice medicine and surgery in this
15 State.

16 d. Following successful completion of the dry needling
17 continuing education and competency program, including the
18 practical hands-on instruction required pursuant to paragraph (10)
19 of subsection b. of this section, a physical therapist shall complete
20 10 of the required minimum credits of continuing education and
21 competency in each biennial license renewal period in board-
22 approved programs in dry needling if the physical therapist chooses
23 to continue to utilize such intervention on patients.

24
25 4. (New section) a. Dry needling shall only be performed by a
26 physical therapist who meets the requirements of subsection a. of
27 section 3 of P.L. , c. (C.) (pending before the Legislature as
28 this bill), and the performance of dry needling shall not be
29 delegated to a physical therapist assistant or student physical
30 therapist. A physical therapist who meets the requirements to
31 provide dry needling shall only utilize the specific dry needling
32 techniques for which the physical therapist has completed
33 instruction and demonstrated competency.

34 b. For patients who receive an order, prescription, or referral
35 for physical therapy from a New Jersey-licensed physician,
36 osteopathic physician, or podiatric physician, dry needling shall
37 only be performed on the patient after the physical therapist
38 licensed in New Jersey to perform dry needling communicates with
39 the physician who ordered, prescribed, or referred the patient to
40 physical therapy. The physical therapist shall maintain
41 documentation of such communication in the patient record. In no
42 event shall a physical therapist perform dry needling on a patient if,
43 in the medical judgment of the physician who ordered, prescribed,
44 or referred the patient to physical therapy, dry needling is
45 contraindicated or clinically inappropriate and such judgment is
46 clearly communicated to the physical therapist by the physician.

47 c. A physical therapist shall obtain written informed consent
48 from each patient prior to the provision of dry needling. The

1 patient shall receive a copy of the written informed consent and the
2 physical therapist shall retain a copy in the patient's record. The
3 informed consent shall include, at a minimum, the following:

- 4 (1) the patient's signature;
- 5 (2) the risks, benefits, and possible complications of dry
6 needling;
- 7 (3) the treatment alternatives to dry needling;
- 8 (4) the physical therapist's level of education regarding
9 supervised hours of training in dry needling;
- 10 (5) the importance of consulting with the patient's physician
11 regarding the patient's condition; and
- 12 (6) a clearly and conspicuously written statement that the patient
13 is not receiving acupuncture, which shall include the following
14 language: "DRY NEEDLING IS A TECHNIQUE USED IN THE
15 PRACTICE OF PHYSICAL THERAPY TO TREAT
16 MYOFASCIAL, MUSCULAR, AND CONNECTIVE TISSUES
17 FOR THE MANAGEMENT OF NEUROMUSCULAR PAIN AND
18 MOVEMENT DYSFUNCTION. DRY NEEDLING TECHNIQUE
19 SHOULD NOT BE CONFUSED WITH AN ACUPUNCTURE
20 TREATMENT PERFORMED BY A LICENSED
21 ACUPUNCTURIST."

22 d. A physical therapist shall only use filiform needles labeled
23 in accordance with the United States Food and Drug Administration
24 guidelines when performing dry needling.

25 e. A physical therapist shall perform dry needling in a manner
26 that is consistent with generally accepted standards of practice
27 including clean needle techniques, safe disposal of sharp objects,
28 and the Occupational Safety and Health Administration's
29 bloodborne pathogens standard.

30 f. A physical therapist shall maintain documentation in the
31 patient record of each dry needling session. The documentation
32 shall include the treatment performed, the patient's response to the
33 treatment, and any adverse reactions or complications to the
34 treatment.

35 g. If requested by the board or a member of the general public,
36 a physical therapist practicing dry needling shall provide
37 documentation of the education and training completed by the
38 physical therapist as required under section 3 of P.L. , c. (C.)
39 (pending before the Legislature as this bill). The failure to provide
40 documentation in response to a request by the board or a member of
41 the general public shall be deemed prima facie evidence that the
42 physical therapist has not received the required training and shall
43 not be permitted to perform dry needling.

44

45 5. This act shall take effect on the 90th day next following
46 enactment.

STATEMENT

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This bill permits a physical therapist to perform dry needling if the physical therapist has successfully completed a dry needling continuing education and competency program approved by the New Jersey State Board of Physical Therapy Examiners, has two or more years of clinical experience treating patients as a licensed physical therapist in this State, holds either a doctorate in physical therapy or a current and unrestricted license to practice physical therapy in this State that was issued prior to 2003, and has a current CPR certification issued by the American Red Cross, American Heart Association, National Safety Council, or any other agency or organization approved by the board.

The bill defines “dry needling” as a physical intervention that uses a dry, filiform needle, without medication or other deliverable, to penetrate the skin and stimulate underlying muscular tissue, connective tissues, or myofascial trigger points for the management of neuromusculoskeletal pain and movement impairments. The bill provides that “dry needling” does not mean the stimulation of auricular or distal points or the practice of acupuncture.

The bill establishes requirements for board-approved dry needling continuing education and competency programs, which must include at least 40 hours of academic instruction, attendance in person by a physical therapist, and the ability to complete the program in no more than two years. The programs must also include a minimum of 40 hours in practical hands-on instruction, under the direct supervision of a licensed physical therapist or physician, in the application and technique of dry needling. The required dry needling instruction must be taught by a licensed physical therapist who has a minimum of five years of clinical experience in the performance of dry needling or by a physician licensed to practice medicine and surgery in this State. A physical therapist who meets the bill’s requirements and is approved by the board to offer dry needling must complete 10 credits of continuing education and competency in dry needling during each biennial license renewal period, if the therapist chooses to continue offering dry needling.

The bill provides that dry needling will only be performed by a physical therapist who meets the requirements of the bill, and the performance of dry needling may not be delegated to a physical therapist assistant or student physical therapist. A physical therapist who meets the requirements to perform dry needling may only utilize the specific dry needling techniques for which the physical therapist has completed instruction and demonstrated competency.

The bill also stipulates that if a patient is ordered, prescribed, or referred to physical therapy by a New Jersey-licensed physician, osteopathic physician, or podiatric physician, the physical therapist

1 licensed in New Jersey to perform dry needling can only perform
2 the dry needling service on that patient after communicating with
3 the physician who made the order, prescription, or referral to
4 physical therapy for that patient. The physical therapist is to make
5 note of this communication in the patient's record. Dry needling
6 cannot proceed if the physician, who made the order, prescription,
7 or referral determines and communicates to the physical therapist
8 that dry needling is contraindicated or clinically inappropriate for
9 the patient.

10 The bill also requires a physical therapist to obtain written
11 informed consent from each patient prior to the provision of dry
12 needling. The patient must receive a copy of the written informed
13 consent and the physical therapist must retain a copy of the
14 informed consent in the patient's record. The informed consent
15 must include, at a minimum, the following:

- 16 (1) the patient's signature;
- 17 (2) the risks, benefits, and possible complications of dry
18 needling;
- 19 (3) the treatment alternatives to dry needling;
- 20 (4) the physical therapist's level of education regarding
21 supervised hours of training in dry needling;
- 22 (5) the importance of consulting with the patient's physician
23 regarding the patient's condition; and
- 24 (6) a clearly and conspicuously written statement that the patient
25 is not receiving acupuncture.

26 The bill provides that a physical therapist may only use filiform
27 needles labeled in accordance with the United States Food and Drug
28 Administration guidelines when performing dry needling and must
29 perform dry needling in a manner that is consistent with generally
30 accepted standards of practice, including clean needle techniques,
31 safe disposal of sharp objects, and the Occupational Safety and
32 Health Administration's blood borne pathogens standard.

33 Under the bill, a physical therapist must maintain documentation
34 in the patient record of each dry needling session. The
35 documentation must include the treatment performed, the patient's
36 response to the treatment, and any adverse reactions or
37 complications to the treatment.

38 Finally, the bill provides that, upon request of the board or a
39 member of the general public, a physical therapist practicing dry
40 needling must provide documentation of the education and training
41 completed by the physical therapist as required by the provisions of
42 the bill. The failure to provide documentation in response to a
43 request by the board or a member of the general public will be
44 deemed prima facie evidence that the physical therapist has not
45 received the required training and will not be permitted to perform
46 dry needling.

ASSEMBLY OVERSIGHT, REFORM AND FEDERAL
RELATIONS COMMITTEE

STATEMENT TO
ASSEMBLY, No. 2316

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 3, 2022

The Assembly Oversight, Reform and Federal Relations Committee reports favorably and with committee amendments Assembly Bill No. 2316.

This bill permits a physical therapist to perform dry needling if the physical therapist has successfully completed a dry needling continuing education and competency program approved by the New Jersey State Board of Physical Therapy Examiners, has two or more years of clinical experience treating patients as a licensed physical therapist in this State, holds either a doctorate in physical therapy or a current and unrestricted license to practice physical therapy in this State that was issued prior to 2003, and has a current CPR certification issued by the American Red Cross, American Heart Association, National Safety Council, or any other agency or organization approved by the board.

The bill defines “dry needling” as a physical intervention that uses a dry, filiform needle, without medication or other deliverable, to penetrate the skin and stimulate underlying muscular tissue, connective tissues, or myofascial trigger points for the management of neuromusculoskeletal pain and movement impairments. The bill provides that “dry needling” does not mean the stimulation of auricular or distal points or the practice of acupuncture.

The bill establishes requirements for board-approved dry needling continuing education and competency programs, which must include at least 40 hours of academic instruction, attendance in person by a physical therapist, and the ability to complete the program in no more than two years. The programs must also include a minimum of 40 hours in practical hands-on instruction, under the direct supervision of a licensed physical therapist or physician, in the application and technique of dry needling. The required dry needling instruction must be taught by a licensed physical therapist who has a minimum of five years of clinical experience in the performance of dry needling or by a physician licensed to practice medicine and surgery in this State. A physical therapist who meets the bill’s requirements and is approved by the board to offer dry needling must complete 10 credits of

continuing education and competency in dry needling during each biennial license renewal period, if the therapist chooses to continue offering dry needling.

The bill provides that dry needling will only be performed by a physical therapist who meets the requirements of the bill, and the performance of dry needling may not be delegated to a physical therapist assistant or student physical therapist. A physical therapist who meets the requirements to perform dry needling may only utilize the specific dry needling techniques for which the physical therapist has completed instruction and demonstrated competency.

The bill also stipulates that if a patient is ordered, prescribed, or referred to physical therapy by a New Jersey-licensed physician, osteopathic physician, or podiatric physician, the physical therapist licensed in New Jersey to perform dry needling can only perform the dry needling service on that patient after communicating with the physician who made the order, prescription, or referral to physical therapy for that patient. The physical therapist is to make note of this communication in the patient's record. Dry needling cannot proceed if the physician, who made the order, prescription, or referral determines and communicates to the physical therapist that dry needling is contraindicated or clinically inappropriate for the patient.

The bill also requires a physical therapist to obtain written informed consent from each patient prior to the provision of dry needling. The patient must receive a copy of the written informed consent and the physical therapist must retain a copy of the informed consent in the patient's record. The informed consent must include, at a minimum, the following:

- (1) the patient's signature;
- (2) the risks, benefits, and possible complications of dry needling;
- (3) the treatment alternatives to dry needling;
- (4) the physical therapist's level of education regarding supervised hours of training in dry needling;
- (5) the importance of consulting with the patient's physician regarding the patient's condition; and
- (6) a clearly and conspicuously written statement that the patient is not receiving acupuncture.

The bill provides that a physical therapist may only use filiform needles labeled in accordance with the United States Food and Drug Administration guidelines when performing dry needling and must perform dry needling in a manner that is consistent with generally accepted standards of practice, including clean needle techniques, safe disposal of sharp objects, and the Occupational Safety and Health Administration's blood borne pathogens standard.

Under the bill, a physical therapist must maintain documentation in the patient record of each dry needling session. The documentation must include the treatment performed, the patient's response to the treatment, and any adverse reactions or complications to the treatment.

Finally, the bill provides that, upon request of the board or a member of the general public, a physical therapist practicing dry needling must provide documentation of the education and training completed by the physical therapist as required by the provisions of the bill. The failure to provide documentation in response to a request by the board or a member of the general public will be deemed prima facie evidence that the physical therapist has not received the required training and will not be permitted to perform dry needling.

COMMITTEE AMENDMENTS:

The committee amended the bill by adding a requirement that the physical therapist who is to perform dry needling on a patient communicate to the physician, osteopathic physician, or podiatric physician who ordered, prescribed or referred the patient to physical therapy the following information:

- (1) the physical therapy diagnosis of the patient;
 - (2) the specific dry needling technique that the physical therapist intends to utilize in the treatment of the patient;
 - (3) the proposed number, size, and insertion points of the needles;
- and
- (4) any elevated risk factors the patient may have.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 2316

STATE OF NEW JERSEY

DATED: JANUARY 6, 2022

The Assembly Appropriations Committee reports favorably Assembly Bill No. 2316 (1R).

This bill permits a physical therapist to perform dry needling if the physical therapist has successfully completed a dry needling continuing education and competency program approved by the New Jersey State Board of Physical Therapy Examiners, has two or more years of clinical experience treating patients as a licensed physical therapist in this State, holds either a doctorate in physical therapy or a current and unrestricted license to practice physical therapy in this State that was issued prior to 2003, and has a current CPR certification issued by the American Red Cross, American Heart Association, National Safety Council, or any other agency or organization approved by the board.

The bill defines “dry needling” as a physical intervention that uses a dry, filiform needle, without medication or other deliverable, to penetrate the skin and stimulate underlying muscular tissue, connective tissues, or myofascial trigger points for the management of neuromusculoskeletal pain and movement impairments. The bill provides that “dry needling” does not mean the stimulation of auricular or distal points or the practice of acupuncture.

The bill establishes requirements for board-approved dry needling continuing education and competency programs, which would include at least 40 hours of academic instruction, attendance in person by a physical therapist, and the ability to complete the program in no more than two years. The programs would also be required to include a minimum of 40 hours in practical hands-on instruction, under the direct supervision of a licensed physical therapist or physician, in the application and technique of dry needling. The required dry needling instruction would be taught by a licensed physical therapist who has a minimum of five years of clinical experience in the performance of dry needling or by a physician licensed to practice medicine and surgery in this State. A physical therapist who meets the bill’s requirements and is approved by the board to offer dry needling would be required to complete 10 credits of continuing education and competency in dry needling during each biennial license renewal period if the therapist chooses to continue offering dry needling.

The bill provides that dry needling will only be performed by a physical therapist who meets the requirements of the bill, and the performance of dry needling may not be delegated to a physical therapist assistant or student physical therapist. A physical therapist who meets the requirements to perform dry needling may only utilize the specific dry needling techniques for which the physical therapist has completed instruction and demonstrated competency.

The bill also stipulates that if a patient is ordered, prescribed, or referred to physical therapy by a New Jersey-licensed physician, osteopathic physician, or podiatric physician, the physical therapist licensed in New Jersey to perform dry needling can only perform the dry needling service on that patient after communicating with the physician who made the order, prescription, or referral to physical therapy for that patient. This communication would address the physical therapy diagnosis of the patient, the specific dry needling technique that the physical therapist intends to utilize in the treatment of the patient, the proposed number, size, and insertion points of the needles, and any elevated risk factors that the patient may have. The physical therapist would be required to document this communication in the patient's record. Under the bill, dry needling cannot proceed if the physician, who made the order, prescription, or referral determines and communicates to the physical therapist that dry needling is contraindicated or clinically inappropriate for the patient.

The bill also requires a physical therapist to obtain written informed consent from each patient before the provision of dry needling. The patient would be required to receive a copy of the written informed consent, and the physical therapist would also be required to retain a copy of the informed consent in the patient's record. The informed consent would include, at a minimum, the following:

- (1) the patient's signature;
- (2) the risks, benefits, and possible complications of dry needling;
- (3) the treatment alternatives to dry needling;
- (4) the physical therapist's level of education regarding supervised hours of training in dry needling;
- (5) the importance of consulting with the patient's physician regarding the patient's condition; and
- (6) a clearly and conspicuously written statement that the patient is not receiving acupuncture.

The bill provides that a physical therapist may only use filiform needles labeled in accordance with the United States Food and Drug Administration guidelines when performing dry needling. The physical therapist would also be required to perform dry needling in a manner that is consistent with generally accepted standards of practice, including clean needle techniques, safe disposal of sharp objects, and the Occupational Safety and Health Administration's blood borne pathogens standard.

Under the bill, a physical therapist would be required to maintain documentation in the patient record of each dry needling session. This documentation would include the treatment performed, the patient's response to the treatment, and any adverse reactions or complications to the treatment.

Finally, the bill provides that, upon request of the board or a member of the general public, a physical therapist practicing dry needling is required to provide documentation of the education and training completed by the physical therapist as required by the provisions of the bill. The failure to provide documentation in response to a request by the board or a member of the general public would be deemed prima facie evidence that the physical therapist has not received the required training and is not be permitted to perform dry needling.

As reported by the committee, Assembly Bill No. 2316 (1R) is identical to Senate Bill No. 867(1R), which also was reported by the committee on this date.

FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that the bill will cause indeterminate annual expenditure increases to the State Board of Physical Therapy Examiners and the Division of Criminal Justice in the Department of Law and Public Safety, as well as the Administrative Office of the Courts.

The OLS estimates that the State Board of Physical Therapy Examiners will experience recurring workload increases from: a) changes in the licensing requirements for the physical therapists who choose to perform dry needling, which requires additional guidelines, review, and enforcement by the board; and b) regulating the new practice of permitting physical therapists to perform dry needling. Depending on the board's resource allocation policies, however, the added workload may or may not augment State administrative expenditures.

Additional indeterminate annual State revenue will accrue from fine and penalty payments from convicted violators of new statutory provisions.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY, No. 2316
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: NOVEMBER 8, 2021

SUMMARY

- Synopsis:** Permits physical therapists to perform dry needling under certain circumstances.
- Type of Impact:** Annual State Expenditure and Revenue Increases.
- Agencies Affected:** Department of Law and Public Safety; Administrative Office of the Courts

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Annual State Cost Increase		Indeterminate	
Annual State Revenue Increase		Indeterminate	

- The Office of Legislative Services (OLS) finds that the bill will cause indeterminate annual expenditure increases to the State Board of Physical Therapy Examiners and the Division of Criminal Justice in the Department of Law and Public Safety, as well as the Administrative Office of the Courts.
- The OLS estimates that the State Board of Physical Therapy Examiners will experience recurring workload increases from: a) changes in the licensing requirements for the physical therapists who choose to perform dry needling, which requires additional guidelines, review, and enforcement by the board; and b) regulating the new practice of permitting physical therapists to perform dry needling. Depending on the board’s resource allocation policies, however, the added workload may or may not augment State administrative expenditures.
- Additional indeterminate annual State revenue will accrue from fine and penalty payments from convicted violators of new statutory provisions.

BILL DESCRIPTION

This bill allows certain physical therapists who have met the education and competency standards approved by the New Jersey State Board of Physical Therapy Examiners to perform the practice of dry needling under certain circumstances.

The bill establishes requirements for a board-approved dry needling continuing education and competency program. The bill provides that dry needling excludes the stimulation of auricular or distal points or the practice of acupuncture. The bill requires certain communication between the physical therapist and the medical professional referring the patient for dry needling.

The bill provides that, upon request of the board or a member of the general public, a physical therapist practicing dry needling must provide documentation of the education and training completed by the physical therapist as required by the provisions of the bill. A physical therapist meeting the bill's requirements and who is approved by the board to offer dry needling must complete 10 credits of continuing education and competency on dry needling during each biennial license renewal period to maintain the license.

The failure to provide documentation in response to a request by the board or a member of the general public will be deemed as evidence that the physical therapist has not received the required training and will not be permitted to perform dry needling.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS finds that the bill will cause indeterminate annual expenditure increases to the State Board of Physical Therapy Examiners in the Division of Consumer Affairs, Department of Law and Public Safety, and the Division of Criminal Justice in the Department of Law and Public Safety, as well as the Administrative Office of the Courts. In addition, the State will realize indeterminate recurring revenue gains. For context, the May 2020 State Occupational Employment and Wage Estimates from the U.S. Bureau of Labor Statistics shows 6,960 physical therapists working in the State. However, the OLS cannot determine the subset of these that will pursue dry needling and also meet the requirements as provided for in the bill, thereby precluding estimates on the size of possible State expenditure and revenue increases.

Expenditure Increases: The State Board of Physical Therapy Examiners will experience a recurring workload increase, as the bill requires: a) changes in the licensing requirements for the physical therapists who choose to perform dry needling, which requires additional guidelines to be established and review and enforcement by the board; and b) regulating the new practice of permitting physical therapists to perform dry needling. Depending on the board's resource allocation policies, however, the added workload may or may not augment State administrative expenditures.

Revenue Gains: Additional indeterminate annual State revenue will accrue from fine and penalty payments from convicted violators of new statutory provisions.

Currently, violations of the practice of physical therapy constitute a crime of the third degree, which is punishable by imprisonment for three to five years, a fine of up to \$15,000, or both. The OLS cannot determine the number of convictions that may result from violations of the bill's provisions and, by extension, the total of any fine, fee, and assessment collections or the costs associated with incarcerating convicted offenders. The OLS additionally notes that due to financial constraints, many penalties go unpaid by those persons convicted of crimes.

Section: Law and Public Safety

*Analyst: Kristin Brunner Santos
Lead Fiscal Analyst*

*Approved: Thomas Koenig
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 Takes Action on Legislation

01/18/2022

TRENTON – Governor Murphy today signed the following bills:

S-384/A-1964 (Weinberg, Singleton/Stanley, Munoz, McKeon, Sumter, Lampitt, Vainieri Huttle, Wimberly, Mosquera, Downey, Chiaravalloti) – Expands training for judges, law enforcement officers and assistant county prosecutors concerning handling of domestic violence cases

S-386/A-1763 (Weinberg, Singleton/Munoz, Vainieri Huttle, Downey, Mosquera, Lampitt, Benson) - Establishes mandatory domestic violence training for municipal prosecutors

S-396/A-4903 (Weinberg, Addiego/Johnson, Mukherji) – Adjusts statute of limitations on damage claim for construction defect in common interest communities

S-705/A-1077 (Ruiz, Cunningham/Speight, Vainieri Huttle, Downey) – Requires DOH to develop and implement plan to improve access to perinatal mood and anxiety disorder screening

SCS for S-844 and 2533/ACS for A-4635 (Pou, Greenstein/Zwicker, Lopez) – Revises reporting requirements for charitable organizations and non-profit corporations

S-867/A-2316 (Pou/Jimenez, Giblin, Johnson) – Permits physical therapists to perform dry needling under certain circumstances

S-896/A-2396 (Pou, Turner/Wimberly, Timberlake, Murphy) – Expands Office of Public Defender representation of juveniles; repeals section 4 of P.L.1968, c.371

S-969WGR/ACS for A-2687 (Ruiz, Turner/Mazzeo, Lampitt, Moen) – Establishes loan redemption program for certain teachers to redeem loan amounts received under New Jersey College Loans to Assist State Students Loan Program through employment in certain schools; makes annual appropriation of \$1 million

S-994/A-6248 (Sweeney, Singleton/Lopez) – Requires State agencies and political subdivisions to make good faith effort to purchase five percent of goods and services from Central Nonprofit Agency

SCS for S-1016/ACS for A-2070 (Smith, Bateman/Calabrese, Mukherji, Benson) – Restricts use of neonicotinoid pesticides

S-1020/AS for ACS for A-1184 and 4414 (Ruiz, Gopal/Zwicker, Conaway, Verrelli, Caputo) – Requires School Report Card to include demographic breakdown of students who receive disciplinary actions; requires Commissioner of Education to establish Statewide database concerning certain disciplinary actions

S-1559/A-1659 (Scutari, Diegnan/Quijano, Bramnick, Mukherji, Sumter, Downey, Dancer) – “New Jersey Insurance Fair Conduct Act”

S-1771/A-1489 (Madden, Turner/Moriarty, Mosquera, Vainieri Huttle) – Expressly prohibits invasive examination of unconscious patient by health care practitioner without patient’s prior informed written consent

S-2160wGR/A-5701 (Sweeney, Oroho, Singer/Carter, Lampitt, Jasey) – Creates special education unit within the Office of Administrative Law; requires annual report

SCS for S-2515/ACS for A-4676 (Smith, Greenstein/Quijano, Jasey, McKeon) – Establishes postconsumer recycled content requirements for rigid plastic containers, glass containers, paper and plastic carryout bags, and plastic trash bags; prohibits sale of polystyrene loose fill packaging

S-2723/A-2614 (Sweeney, Turner/Murphy, Benson, Timberlake) – “21st Century Integrated Digital Experience Act”

S-2830/A-5291 (Ruiz, Singleton/Quijano) – Requires educator preparation program to report passing rates of students who complete certain tests and to disseminate information on test fee waiver programs, and permits collection of student fee for certain testing costs

S-2835/A-5292 (Ruiz, Cunningham/Quijano, Lampitt, Jasey) – Requires compilation of data and issuance of annual reports on New Jersey teacher workforce

S-2921/A-5554 (Gopal, Greenstein/Houghtaling, Downey, Mukherji) – Allows municipalities to designate outdoor areas upon which people may consume alcoholic beverages

S-3009/A-4847 (Vitale, Gopal, Gill/Vainieri Huttle, Quijano, Verrelli) – Authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously

S-3081/A-5219 (Singleton/McKeon, Dunn) – Repeals law concerning excess rates and charges for title insurance; makes agreement to use services of title or settlement service company subject to attorney review

S-3164/A-4987 (Gopal, Singleton/Houghtaling, Vainieri Huttle, Giblin) – Creates NJ Legislative Youth Council

S-3265/A-5074 (Diegnan, Greenstein/DeAngelo, Dancer, Mukherji) – Permits members of SPRS to purchase service credit for prior public employment with federal government or another state

S-3342/A-5463 (Codey, Singleton/Jasey, Giblin, Timberlake) – Directs NJT to erect statue in honor of A. Philip Randolph; appropriates \$90,000

S-3465/A-4336 (Oroho, Sweeney/Houghtaling, Space) – Directs Department of Agriculture to pay annual premiums to enrolled dairy farmers for certain coverage under the federal Dairy Margin Coverage Program; appropriates \$125,000

S-3488wGR/A-5537 (Sweeney, Gopal, O'Scanlon/Burzichelli, Dancer, Spearman) – Modifies certain procedures pertaining to school district regionalization; establishes grant program for cost reimbursement of conducting regionalization feasibility studies; and provides financial incentives for regionalization

S-3493/A-5458 (Vitale, Gill/Vainieri Huttle, Mukherji, McKnight) – Permits expungement of possession or distribution of hypodermic syringe or needle offense in cases of previous expungement; repeals criminal offense of possession of syringe

S-3539/A5409 (T. Kean, Gopal/Houghtaling) – Directs DEP to establish grant program for local governments to support development of community gardens

S-3594/A-5509 (Singleton, Scutari/Zwicker, Reynolds-Jackson, Verrelli) – Provides that in personal

injury or wrongful death lawsuits, calculations of lost or impaired earnings capacity not be reduced because of race, ethnicity, gender identity or expression, or affectional or sexual orientation

S-3672/A-6009 (Singleton, Turner, Moen, Johnson, McKnight) – Permits exemption from civil service examination requirement for entry-level law enforcement officers, sheriff's officers, and State and county correctional police officers; permits hiring or appointment of such officers under certain conditions, and makes appropriation

S-3673/A-6219 (Gopal, Greenstein/Burzichelli) – Authorizes limited breweries and craft distilleries to sell at retail and offer for sampling purposes product bottled and stored off-site under certain circumstances

S-3685/A-5576 (Ruiz, Codey/Jasey, Lampitt, Mukherji) – Permits teacher and professional staff member who provides special services retired from TPAF to return to employment for up to two years without reenrollment in TPAF if employment commences during 2021-2022 and 2022-2023 school years

S-3707/A-5673 (Vitale, Ruiz/Vainieri Huttle, Downey, Zwicker) – Repeals statute criminalizing sexual penetration while infected with venereal disease or HIV under certain circumstances; requires that in prosecutions for endangering another by creating substantial risk of transmitting infectious disease, name of defendant and other person be kept confidential

S-3764/A-3369 (Gopal, Weinberg/Johnson, Stanley, Karabinchak) – Establishes Commission on Asian American Heritage in DOE

S-3810/ACS for A-5862 (Sweeney, Addiego, Greenstein/Benson, Quijano) – “Responsible Collective Negotiations Act”

S-3968/A-5930 (Singleton, Beach/Sumter, Karabinchak) – Increases purchasing threshold permitting Director of Division of Purchase and Property to delegate authority to agencies; increases bid advertising threshold on certain contracts by same scale

S-3975/A-5963 (Greenstein, Oroho/Benson, Vainieri Huttle, DeAngelo) – Establishes requirements to commence screening newborn infants for congenital cytomegalovirus infection; establishes public awareness campaign

S-4004wGR/A-5950 (Weinberg, Greenstein/Sumter, Benson, Reynolds-Jackson) – Establishes database of certain appointed positions and elected offices

S-4020/A-5867 (Gopal, Cunningham/Chiaravalloti, Jasey, Carter) – Expands bonding authority of New Jersey Educational Facilities Authority to permit financing for general funding needs at New Jersey's institutions of higher education

S-4021/A-6100 (Gopal, Ruiz/Mukherji, Jasey, Timberlake, Stanley) – Requires school districts to provide instruction on history and contributions of Asian Americans and Pacific Islanders as part of implementation of New Jersey Student Learning Standards in Social Studies

S-4043/A-6005 (Cunningham/Jasey, Greenwald) – Raises statutory threshold for certain public bidding, permits bidder disqualification due to prior negative experience, adds exemptions to public bidding requirement under "State College Contracts Law," and establishes process for cooperative pricing system

S-4063/A-6220 (Sweeney/Giblin, Egan) – Removes New Jersey Maritime Pilot and Docking Pilot Commission from appropriations act provision that limits compensation and health benefits; clarifies PERS and SHBP eligibility for members of commission

S-4068/ACS for A-6110 and 6185 (Sarlo, Oroho/Benson, Mukherji, Bramnick) – Revises elective pass-through entity business alternative income tax

S-4074wGR/A-6000 (Ruiz, Beach/Verrelli, Lampitt, Carter) – Allows alternative evaluation in place of basic skills testing requirements for certain teacher certification

SCS for S-4102/A-6230 (Sweeney, Ruiz/Benson, Mejia, Zwicker) – Establishes Direct Support Professional Career Development Program; appropriates \$1,000,000

S-4128/A-6231 (Sweeney, Pou/Houghtaling, Conaway, Dancer) – Requires that only fruits and vegetables grown and packaged in NJ may be labeled by food retailers as local to State

S-4207/A-6119 (Sweeney, Beach/Mukherji, Egan, Pintor Marin) – Concerns apprenticeship programs of public works contractors

S-4210/A-6062 (Sweeney, Greenstein/Greenwald, McKnight, Mukherji) – Requires EDA to establish loan program to assist certain businesses with funding to provide reasonable accommodations for employees with disabilities

S-4211/A-6228 (Sweeney, Corrado/Benson, Speight, Zwicker) – Establishes county college-based adult centers for transition for individuals with developmental disabilities; makes annual appropriation of \$4.5 million

S-4218/A-6256 (Scutari/Reynolds-Jackson, Wimberly, Mukherji) – Appropriates \$2 million to CRDA to support costs associated with hosting NAACP National Convention in Atlantic City

S-4233/A-6229 (Scutari, Gopal/Mukherji, Jimenez) – Limits fees charged to patients and authorized third parties for copies of medical and billing records

S-4252/A-6182 (Madden/Murphy, Chaparro) – Limits extension of mandatory retirement to 90 days from State Police Retirement System during emergencies

A-259/S-2224 (DeAngelo, Mukherji, Benson/Gopal, Pennacchio) – Provides civil service preference to military service members who did not serve in theater of operation but received campaign or expedition medal

A-798/S-52 (Verrelli, Vainieri Huttel, Armato/Singer, Greenstein) – Establishes local drug overdose fatality review teams

A-802/S-1352 (Verrelli, Reynolds-Jackson, Murphy/Turner, Pou) – Requires certain retailers to train employees on gift card fraud

A-862wGR/S-962 (Chiaravalloti, Karabinchak/Pennacchio, Pou) – Permits municipalities to refund excess property taxes paid by a taxpayer who wins an assessment appeal as a property tax credit

A-953/S-4031 (Karabinchak, Houghtaling/Pou) – Requires architects disclose insurance coverage

ACS for A-998 and 2349/S-4312 (Moen, Downey, Houghtaling, Benson, Vainieri Huttel/Ruiz, Beach, Singleton) – The “New Jersey Social Innovation Act”; establishes social innovation loan pilot program and study commission within EDA

A-1121/S-1871 (Murphy, Dancer, Stanley/Lagana, Pennacchio) – Upgrades certain crimes of misrepresenting oneself as member or veteran of US Armed Forces or organized militia

A-1219wGR/S-1054 (Chaparro, McKnight/Stack) – Requires owner notification of rabies testing protocol prior to testing of owner’s animal for rabies

A-1229wGR/S-2161 (Schaer, Mosquera, Tucker, Lampitt, Vainieri Huttle, Quijano, Wimberly, Pintor Marin, Jasey/Turner, Singleton) – Requires DCA to make information on homeless prevention programs and services available on its Internet website

A-1293/S-3977 (Greenwald, Burzichelli, Mukherji/Greenstein, Gopal) – Establishes advisory council for the brewery, cidery, meadery, and distillery industries in NJ and provides for funding through certain alcoholic beverage tax receipts

A-1663/S-1842 (Quijano, Vainieri Huttle, Karabinchak/Cryan, Scutari) – Establishes “New Jersey Nonprofit Security Grant Program”

A-2186/S-1599 (Mukherji, Chaparro, McKnight/Codey, Pou) – Establishes Statewide database of beds in shelters for the homeless

A-2360/S-3285 (Chaparro, Karabinchak, Johnson/Greenstein, Stack) – Requires electric public utility to charge residential rate for service used by residential customer for electric vehicle charging at charging stations within certain designated parking spaces

A-2685wGR/S-4209 (Armato, Mazzeo, Mukherji/Stack) – Concerns information on property condition disclosure statement

A-2772/S-1040 (Downey, Houghtaling, Benson/Gopal) – Authorizes certain Medicaid recipients residing on post-secondary school campus to participate remotely in meetings of non-medical nature regarding Medicaid benefits

A-2877/S-1149 (Dancer, Vainieri Huttle, Reynolds-Jackson/Ruiz) – Requires registration of certain vacant and abandoned properties with municipalities and provides enforcement tools related to maintenance of these properties

A-3007/S-3127 (Lampitt, Dunn, Benson/Lagana, Gopal) – Requires institutions of higher education to provide students with access to mental health care programs and services and to establish a hotline to provide information concerning the availability of those services

A-3392/S-1219 (Reynolds-Jackson, Timberlake, Jasey/Turner, Beach) – Requires student representative be appointed to each board of education of school district and board of trustees of charter school that includes grades nine through 12

A-3804/S-1590 (Armato, Murphy, S. Kean/Beach, A.M. Bucco) – Designates 9-1-1 operators or dispatchers as 9-1-1 first responder dispatchers

A-3870/S-2807 (Karabinchak, Johnson, Mukherji/Greenstein, Pou) – “Defense Against Porch Pirates Act”; amends theft statute

A-3950wGR/S-3180 (Verrelli, Benson, Zwicker/Greenstein, Turner) – Prohibits employer use of tracking device in vehicle operated by employee under certain circumstances

A-4002wGR/S-2257 (Caputo, Dancer, Murphy/Gopal, Sarlo) – Allows deduction of promotional gaming credit from gross revenue on sports wagering

A-4232/S-4231 (Houghtaling, Dancer, Wirths/Oroho, Smith) – Creates program in Department of Agriculture for deer fencing on certain farmland

A-4238/S-2561 (Chiaravalloti, Schaer, Benson/Gopal, Singer) – Establishes minimum Medicaid reimbursement rate for adult medical day care services

A-4241/S-2894 (Downey, Vainieri Huttle, Murphy/Pou) – Requires DHS to conduct biennial survey of SNAP experience

ACS for A-4253/S-3233 (Conaway, Pinkin, Jimenez/Cryan) – Requires certain electronic medical programs to include demographic data entry feature; requires laboratories to record certain patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training program

A-4366/S-2801 (Taliaferro, Sumter, Mukherji/Pou, Greenstein) – Requires Police Training Commission to contract with crisis intervention training center to provide mental health training to police officers and establish curriculum specific to persons experiencing economic crisis or substance use disorder

A-4434wGR/S-2716 (Greenwald, Lampitt, Mukherji/Beach, Ruiz) – Establishes Student Wellness Grant Program in DOE

A-4478/S2759 (Vainieri Huttle, Speight, Schepisi, DeCroce/Vitale, Madden) – Establishes additional requirements for DOH to assess sanctions and impose penalties on nursing homes; revises reporting requirements for nursing homes

A-4569/S-3535 (Reynolds-Jackson, Benson, Karabinchak/Turner) – Requires BPU, electric power suppliers, and gas suppliers to publish certain information related to filing of customer complaints

ACS for A-4655/S-3595 (Reynolds-Jackson, Wimberly, Carter/Turner) – Limits police presence at polling places and ballot drop boxes; prohibits electioneering within 100 feet of ballot drop box

A-4771/S-2951 (Downey, Armato, Mukherji/Gopal, Singleton) – Expands offenses eligible for expungement upon successful discharge from drug court

A-4856/S-3094 (Lampitt, Benson, Caputo/Ruiz, Beach) – Requires Internet websites and web services of school districts, charter schools, renaissance schools, and the Marie H. Katzenbach School for the Deaf to be accessible to persons with disabilities

A-5033wGR/S-3279 (Benson, Dancer, Verrelli/Gopal) – Authorizes motor vehicle dealers to sell motor vehicles online and obtain electronic signatures for motor vehicle transactions

ACS for A-5075wGR/S-4001 (Burzichelli, Dancer, Johnson/Sweeney, A.M. Bucco) – Removes Fire Museum and Fallen Firefighters Memorial from auspices of DEP and establishes museum as independent organization; makes \$200,000 supplemental appropriation

A-5160/S-3324 (DeAngelo, Conaway, Zwicker/Smith, Bateman) – Establishes minimum energy and water efficiency standards for certain products sold, offered for sale, or leased in the State

A-5294/S-3418 (Speight, Vainieri Huttle, Verrelli/Gopal, Madden) – Provides fast track hiring and advancement employment opportunities by State for persons with significant disabilities

A-5296/S-3426 (Speight, Vainieri Huttle, McKnight/T. Kean, Schepisi) – Provides for employment by State of certain persons with disabilities

A-5322/S-3433 (Mosquera, Vainieri Huttle, DePhillips/Cruz-Perez, T. Kean) – Provides for process to vacate and expunge certain arrests, charges, complaints, convictions, other dispositions, and DNA

records, associated with violations by certain human trafficking victims

A-5336wGR/S-3441 (Benson, Freiman, Vainieri Huttie/Diegnan, Madden) – Requires DHS to establish payment programs for purchase of transportation services from private sector and government transportation service providers

A-5439/S-3760 (Caputo, Dancer, Murphy/Gopal, Beach) – Changes deadline for New Jersey Racing Commission's annual report from end of calendar year to end of State fiscal year

A-5694/S-3783 (Houghtaling, Downey, Dancer/Gopal, Madden) – Permits dependents of military member to enroll in school district in advance of military member's relocation to district

A-5814/S-3851 (Swain, Tully, Benson/Lagana, Diegnan) – Creates Office of School Bus Safety in Department of Education; appropriates \$200,000

A-5864wGR/S-3939 (Speight, Pintor Marin, Chaparro, McKnight, DeAngelo, Bergen/Gopal, Cryan) – Allows law enforcement officers to review body worn camera recordings prior to creating initial report

A-5997/S-4084 (Coughlin, Lopez/Sweeney, O'Scanlon) – Removes requirement for Legislature, DOE, free public libraries, and historical societies to purchase "Manual of the Legislature of New Jersey"

A-6012/S-4076 (Moen, Murphy, Freiman/Sarlo, Gopal) – Appropriates \$500,000 for USS New Jersey Commissioning Committee to support commissioning of boat and assigned personnel

A-6020/S-4114 (Conaway, Jimenez, Vainieri Huttie/Codey) – Establishes requirements for certain tobacco product retailers to stock and sell nicotine replacement therapy products

A-6060/S-4272 (Tucker, Caputo, Mukherji/Cunningham) – Makes supplemental appropriation of \$8 million to DHS to increase reimbursement for funeral, burial, and crematory services provided to certain beneficiaries of Work First New Jersey and Supplemental Security Income programs

A-6073/S-4140 (Verrelli/Vitale) – Temporarily waives certain basic life support services crewmember requirements

A-6093/S-4201 (Stanley, Benson, Timberlake/Greenstein, Gopal) – Mandates periodic cancer screening examinations for firefighters enrolled in SHBP

A-6108wGR/S-4247 (DeAngelo, Egan, Houghtaling/Madden) – Updates licenses offered by and certain licensure requirements from Board of Examiners of Electrical Contractors

A-6132/S-4235 (Schaer, Greenwald, Conaway/Singer, Gopal) – Permits volunteer paramedics to operate within mobile intensive care units

A-6133/S-4251 (Bramnick, Mukherji, Downey/Scutari) – Allows certain persons not yet appointed as administrator of estate to pursue lawsuit for damages for wrongful death on behalf of deceased's survivors

A-6150/S-4119 (DeAngelo, Karabinchak, Wirths/Oroho, Pou) – Revises penalties for transfer of certain professional and occupational licenses

A-6159/S-4236 (Coughlin, McKnight/Vitale, Ruiz) – Revises and renames Office of Food Insecurity Advocate

A-6162/S-4246 (Benson, Stanley/Gopal) – Requires certain motor vehicle dealers to maintain certain

requirements for business premises

A-6205/S-4270 (Coughlin, McKeon/Pou) – Amends certain requirements concerning insurance holding companies

A-6206wGR/S-4260 (Wimberly/Diegnan, Oroho) – Codifies right of real estate broker-salespersons and salespersons to define relationship with broker as one between broker and independent contractor or employee and enforces current and previous written agreements addressing relationship

A-6207/S-4222 (Greenwald, Lampitt, Benson/Sweeney) – Eliminates requirement for DOE to set certain tuition rates for approved private schools for students with disabilities in certain cases

A-6208/S-4151 (Mosquera, DeAngelo, Armato/Greenstein, Cruz-Perez) – Appropriates \$60,940,361 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for farmland preservation purposes

A-6209/S-4154 (Freiman, Spearman, Egan/Turner, Oroho) – Appropriates \$18 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for county planning incentive grants for farmland preservation purposes

A-6210/S-4150 (Taliaferro, Moriarty, Burzichelli/Cruz-Perez, Greenstein) – Appropriates \$4.5 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for municipal planning incentive grants for farmland preservation purposes

A-6211/S-4149 (Houghtaling, Reynolds-Jackson, Downey/Cruz-Perez, Greenstein) – Appropriates \$440,240 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for grants to certain nonprofit organizations for farmland preservation purposes

A-6212/S-4148 (Jimenez, Swain, Timberlake/Codey, Corrado) – Appropriates \$54.5 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects

A-6213/S-4155 (Kennedy, Carter, Tully/Bateman, Smith) – Appropriates \$49.932 million from constitutionally dedicated CBT revenues to DEP for State acquisition of lands for recreation and conservation purposes, including Blue Acres projects, and Green Acres Program administrative costs

A-6214/S-4153 (Danielsen, Zwicker, Conaway/Greenstein, Smith) – Appropriates \$80,539,578 from constitutionally dedicated CBT revenues and various Green Acres funds to DEP for local government open space acquisition and park development projects

A-6215/S-4152 (Stanley, Murphy, Jasey/Smith, Greenstein) – Appropriates \$14,687,510 to DEP from constitutionally dedicated CBT revenues for grants to certain nonprofit entities to acquire or develop lands for recreation and conservation purposes

A-6246/S-4295 (Karabinchak/Sweeney) – Concerns changes in control of hotels and disruptions of hotel services

A-6257/S-4311 (McKnight/Sweeney, Singleton) – Imposes surcharge on casino hotel occupancies to fund public safety services

A-6262/S-4314 (Burzichelli, Reynolds-Jackson, Mukherji/Sweeney, Oroho, T. Kean) – Permits PERS retiree to return to employment in NJ Legislature after retirement under certain circumstances

A-6263/S-4315 (Burzichelli, Reynolds-Jackson, Mukherji/Sweeney, Oroho, T. Kean) – Appropriates \$2 million to Legislative Services Commission

Governor Murphy pocket vetoed the following bills:

S-73/A-4580 (Bateman, Sarlo/Zwicker, Thomson, McKnight) – Establishes requirements for sale of cottage food products

S-995/A-6172 (Sweeney, A.M. Bucco/Downey, McKnight) – Requires DOLWD and DHS to conduct assessment of community rehabilitation programs and community businesses

S-1934/A-1158 (Sweeney, Pou, Cryan/Freiman, Lopez, Murphy) – Authorizes use of disability benefits for transportation provided by transportation network companies

S-2679/A-1979 (Beach, Smith/Stanley, Lopez, Kennedy) – Requires paint producers to implement or participate in paint stewardship program

S-2768/A-4664 (Singleton, Ruiz/Reynolds-Jackson, Stanley, Sumter) – Authorizes State Chief Diversity Officer to conduct disparity study concerning utilization of minority-owned and women-owned businesses in State procurement process

S-3458/A-6245 (Lagana, Gopal/Coughlin, Jimenez, Mukherji) – Revises out-of-network arbitration process

S-3529/A-5442 (Addiego, Diegnan/DeAngelo, Dancer, Dunn) – Clarifies that member of SPRS may receive accidental disability benefit under certain circumstances

S-3715/A-5804 (Cryan/Quijano, Mukherji) – Modifies certain definitions related to transient accommodation taxes and fees

S-4189/A-6112 (Vitale, Cruz-Perez/Lopez) – Permits PERS retiree to return to elective public office after retirement under certain circumstances

A-1073/S-3432 (Speight, Pintor Marin, McKnight, Timberlake/Ruiz, O'Scanlon) – Establishes requirements to screen certain people who are pregnant and who have given birth for preeclampsia

A-1269/S-3490 (Greenwald, Giblin, Calabrese/Cruz-Perez, Beach) – Eliminates one percent tax on purchasers of Class 4A commercial property transferred for consideration in excess of \$1 million

A-4958/S-3740 (Tully, Armato, Zwicker/Lagana, Oroho) – Provides temporary exemption under sales and use tax for winterizing certain small business operations

A-5334/S-3442 (Lopez, Mazzeo, Stanley/Diegnan, T. Kean) – Requires DOT, NJT, and DHS to study and implement transportation mobility and accessibility improvements for persons with autism and developmental disabilities

A-5484/S-3817 (Dancer, Caputo, Houghtaling/Lagana) – Requires New Jersey Racing Commission to adopt procedures to enforce internal controls; requires annual audit

A-6033/S-4194 (Bramnick/Sweeney, T. Kean) – Classifies golf caddies as independent contractors for purposes of State employment laws

A-6157/S-4202 (Speight, Moen/Ruiz, Beach) – Prohibits circumventing intergovernmental transfer process for law enforcement officers in certain circumstances

