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LAW/RWH

[Second Reprint]
ASSEMBLY, No. 3583

STATE OF NEW JERSEY
213th LEGISLATURE

INTRODUCED JANUARY 13, 2009

Sponsored by:

Assemblyman JOSEPH CRYAN

District 20 (Union)

Assemblyman JOSEPH VAS

District 19 (Middlesex)

Assemblywoman NILSA CRUZ-PEREZ

District 5 (Camden and Gloucester)

Co-Sponsored by:

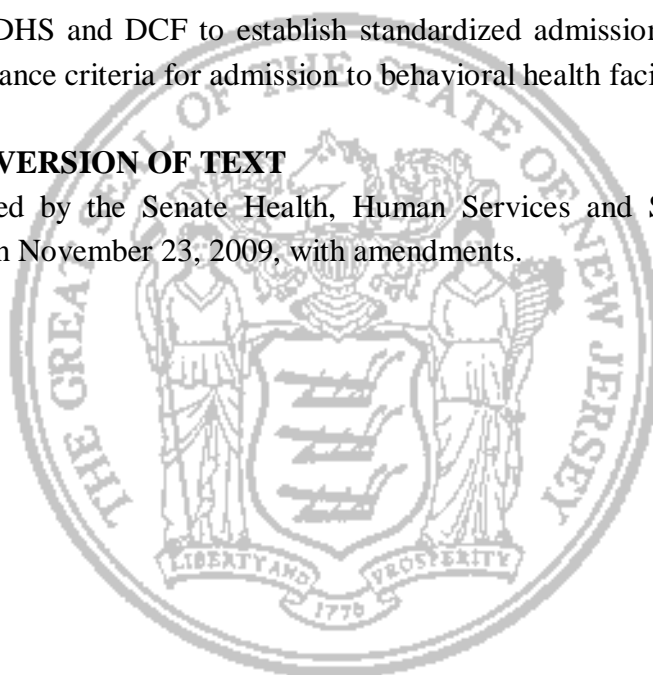
Assemblywoman Quijano, Assemblyman Chiappone, Assemblywomen Vainieri Huttle, Pou, Senators Codey, Gordon, Assemblywomen Rodriguez and Greenstein

SYNOPSIS

Requires DHS and DCF to establish standardized admission protocols and medical clearance criteria for admission to behavioral health facilities.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on November 23, 2009, with amendments.



(Sponsorship Updated As Of: 1/12/2010)

1 AN ACT concerning admission to certain psychiatric facilities and
2 supplementing ²[Title] Titles 9 and² 30 of the Revised Statutes.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. a. The ²[Assistant Commissioner of the Division of Mental
8 Health Services in the Department of] Commissioner of² Human
9 Services, in consultation with ²the Commissioner of Health and
10 Senior Services, the State Board of Medical Examiners,² the New
11 Jersey Hospital Association, the Hospital Alliance of New Jersey,
12 the New Jersey Council of Teaching Hospitals, the New Jersey
13 Chapter of the American College of Emergency Physicians, and the
14 New Jersey Psychiatric Association, ²and such other groups as
15 deemed appropriate by the commissioner,² shall develop
16 standardized admission protocols and medical clearance criteria for
17 transfer or admission of a hospital emergency department patient to
18 a State or county psychiatric hospital or a short-term care facility.

19 The standardized admission protocols shall include, but not be
20 limited to, the following elements:

21 (1) routine laboratory and diagnostic tests, based on nationally
22 recognized standards of care, for patients whose clinical
23 presentation warrant such testing. ¹[The assigned physician at the
24 psychiatric hospital or facility shall not be permitted to request
25 additional tests on the basis of an abnormal value; however, the
26 examining physician in the emergency department may order any
27 follow-up tests that may be necessary in the clinical judgment of the
28 examining physician.]¹ If there is a clinical disagreement ¹about
29 the testing¹ between the examining physician at the emergency
30 department and the assigned physician at the psychiatric hospital or
31 facility, the physicians shall engage in direct physician-to-physician
32 communication to resolve the disagreement;

33 (2) a medical clearance checklist form for transfer or admission
34 to a State or county psychiatric hospital or a short-term care facility,
35 including contraindications for admission to a State or county
36 psychiatric hospital or short-term care facility;

37 (3) guidelines for emergency medical services personnel when
38 there is a delay in accepting patients at the receiving State or county
39 psychiatric hospital or short-term care facility once patient transport
40 has begun;

41 (4) ²each separate governing body for a hospital emergency
42 department shall be responsible for reviewing the relevant internal
43 medical clearance protocols consistent with the general parameters

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:

¹Assembly AHU committee amendments adopted May 11, 2009.

²Senate SHH committee amendments adopted November 23, 2009.

1 set forth in this act as well as provisions in the Emergency Medical
2 Treatment and Active Labor Act, section 9121 of Pub.L. 99-272 (42
3 U.S.C. s. 1395dd), to ensure that there is no conflict with the
4 medical clearance procedures or transfer of a patient;

5 (5)² procedures for requesting a transfer of a patient to a State or
6 county psychiatric hospital or short-term care facility by emergency
7 department personnel and procedures for accepting a transfer of a
8 patient by a State or county psychiatric hospital or short-term care
9 facility;

10 ²[(5)](6)² procedures to contact the designated State or county
11 psychiatric hospital or short-term care facility physician who is
12 responsible for coordinating medical clearance of a patient, on a 24-
13 hours per day, seven-days-a-week basis; and

14 ²[(6)](7)² a mechanism for training emergency department
15 hospital staff, screening center staff, State and county psychiatric
16 hospital staff, short-term care facility staff, and emergency medical
17 services staff in the standardized admission protocols established
18 pursuant to this section.

19 b. The ²[assistant commissioner] Commissioner of Human
20 Services² shall collect data from the hospital emergency
21 departments and State and county psychiatric hospitals and short-
22 term care facilities regarding the protocols established pursuant to
23 this section and evaluate the effectiveness of the protocols on
24 patient care one year after their implementation.

25
26 ²2. The Commissioner of Children and Families, after
27 consultation with the State-designated Children's Crisis
28 Intervention Services units and screening centers, the New Jersey
29 Hospital Association, the Hospital Alliance of New Jersey, the New
30 Jersey Council of Teaching Hospitals, the New Jersey Chapter of
31 the American College of Emergency Physicians, the New Jersey
32 Psychiatric Association, the New Jersey Association of Mental
33 Health Agencies, and other groups as deemed appropriate by the
34 commissioner, shall develop standardized admission protocols. The
35 protocols shall include, but not be limited to, the following:

36 a. routine laboratory and diagnostic tests, based on nationally
37 recognized standards of care, for patients whose clinical
38 presentation warrant such testing. If there is a clinical disagreement
39 about the testing between the examining physician at the emergency
40 department and the assigned physician at the psychiatric hospital or
41 facility, the physicians shall engage in direct physician-to-physician
42 communication to resolve the disagreement; and

43 b. a medical clearance checklist form for transfer or admission
44 to a Children's Crisis Intervention Services unit or screening
45 center.²

1 ²[2.] 3.² The Commissioner of Human Services shall, in
2 accordance with the “Administrative Procedure Act,” P.L.1968,
3 c.410 (C.52:14B-1 et seq.), adopt such rules and regulations as the
4 commissioner deems necessary to carry out the provisions of this
5 act.

6
7 ²4. The Commissioner of Children and Families, in accordance
8 with the “Administrative Procedure Act,” P.L.1968, c.410
9 (C.52:14B-1 et seq.), shall adopt such rules and regulations as the
10 commissioner deems necessary to carry out the provisions of this
11 act.²

12
13 ²[3.] 5.² This act shall take effect on the ²[90th] 180th² day
14 after enactment, but the ²[Commissioner] Commissioners² of
15 Human Services ²and Children and Families² may take such
16 anticipatory administrative action in advance thereof as shall be
17 necessary for the implementation of this act.

ASSEMBLY, No. 3583

STATE OF NEW JERSEY 213th LEGISLATURE

INTRODUCED JANUARY 13, 2009

Sponsored by:

Assemblyman JOSEPH CRYAN

District 20 (Union)

Assemblyman JOSEPH VAS

District 19 (Middlesex)

Assemblywoman NILSA CRUZ-PEREZ

District 5 (Camden and Gloucester)

Co-Sponsored by:

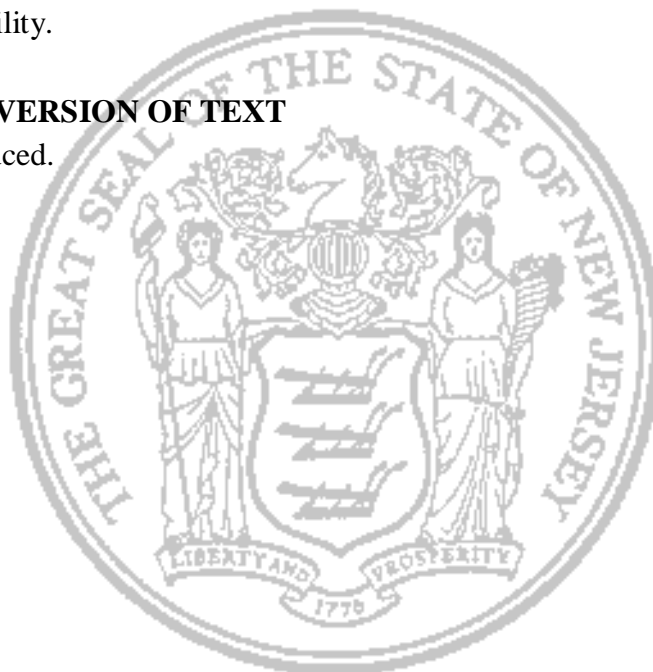
Assemblywoman Quijano

SYNOPSIS

Requires DHS to establish standardized admission protocols and medical clearance criteria for admission to State or county psychiatric hospital or short-term care facility.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/12/2009)

1 AN ACT concerning admission to certain psychiatric facilities and
2 supplementing Title 30 of the Revised Statutes.

3

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

6

7 1. a. The Assistant Commissioner of the Division of Mental
8 Health Services in the Department of Human Services, in
9 consultation with the New Jersey Hospital Association, the Hospital
10 Alliance of New Jersey, the New Jersey Council of Teaching
11 Hospitals, the New Jersey Chapter of the American College of
12 Emergency Physicians, and the New Jersey Psychiatric Association,
13 shall develop standardized admission protocols and medical
14 clearance criteria for transfer or admission of a hospital emergency
15 department patient to a State or county psychiatric hospital or a
16 short-term care facility.

17 The standardized admission protocols shall include, but not be
18 limited to, the following elements:

19 (1) routine laboratory and diagnostic tests, based on nationally
20 recognized standards of care, for patients whose clinical
21 presentation warrant such testing. The assigned physician at the
22 psychiatric hospital or facility shall not be permitted to request
23 additional tests on the basis of an abnormal value; however, the
24 examining physician in the emergency department may order any
25 follow-up tests that may be necessary in the clinical judgment of the
26 examining physician. If there is a clinical disagreement between
27 the examining physician at the emergency department and the
28 assigned physician at the psychiatric hospital or facility, the
29 physicians shall engage in direct physician-to-physician
30 communication to resolve the disagreement;

31 (2) a medical clearance checklist form for transfer or admission
32 to a State or county psychiatric hospital or a short-term care facility,
33 including contraindications for admission to a State or county
34 psychiatric hospital or short-term care facility;

35 (3) guidelines for emergency medical services personnel when
36 there is a delay in accepting patients at the receiving State or county
37 psychiatric hospital or short-term care facility once patient transport
38 has begun;

39 (4) procedures for requesting a transfer of a patient to a State or
40 county psychiatric hospital or short-term care facility by emergency
41 department personnel and procedures for accepting a transfer of a
42 patient by a State or county psychiatric hospital or short-term care
43 facility;

44 (5) procedures to contact the designated State or county
45 psychiatric hospital or short-term care facility physician who is
46 responsible for coordinating medical clearance of a patient, on a 24-
47 hours per day, seven-days-a-week basis; and

1 (6) a mechanism for training emergency department hospital
2 staff, screening center staff, State and county psychiatric hospital
3 staff, short-term care facility staff, and emergency medical services
4 staff in the standardized admission protocols established pursuant to
5 this section.

6 b. The assistant commissioner shall collect data from the
7 hospital emergency departments and State and county psychiatric
8 hospitals and short-term care facilities regarding the protocols
9 established pursuant to this section and evaluate the effectiveness of
10 the protocols on patient care one year after their implementation.

11
12 2. The Commissioner of Human Services shall, in accordance
13 with the "Administrative Procedure Act," P.L.1968, c.410
14 (C.52:14B-1 et seq.), adopt such rules and regulations as the
15 commissioner deems necessary to carry out the provisions of this
16 act.

17
18 3. This act shall take effect on the 90th day after enactment, but
19 the Commissioner of Human Services may take such anticipatory
20 administrative action in advance thereof as shall be necessary for
21 the implementation of this act.

22
23
24 STATEMENT

25
26 This bill requires the Assistant Commissioner of the Division of
27 Mental Health Services, in consultation with the New Jersey
28 Hospital Association, the Hospital Alliance of New Jersey, the New
29 Jersey Council of Teaching Hospitals, the New Jersey Chapter of
30 the American College of Emergency Physicians, and the New
31 Jersey Psychiatric Association, to develop standardized admission
32 protocols and medical clearance criteria for transfer or admission of
33 a hospital emergency department patient to a State or county
34 psychiatric hospital or short-term care facility.

35 The standardized admission protocols shall include, but not be
36 limited to, the following elements:

- 37 • routine laboratory and diagnostic tests, based on nationally
38 recognized standards of care, for patients whose clinical
39 presentation warrant such testing. The assigned physician at
40 the psychiatric hospital or facility shall not be permitted to
41 request additional tests on the basis of an abnormal value;
42 however, the examining physician in the emergency
43 department may order any follow-up tests that may be
44 necessary in the clinical judgment of the examining physician.
45 If there is a clinical disagreement between the examining
46 physician at the emergency department and the assigned
47 physician at the psychiatric hospital or facility, the physicians

- 1 shall engage in direct physician-to-physician communication
2 to resolve the disagreement;
- 3 • a medical clearance checklist form for transfer or admission to
4 a State or county psychiatric hospital or short-term care
5 facility, including contraindications for admission to a State or
6 county psychiatric hospital or short-term care facility;
 - 7 • guidelines for emergency medical services personnel when
8 there is a delay in accepting patients at the receiving State or
9 county psychiatric hospital or short-term care facility once
10 patient transport has begun;
 - 11 • procedures for requesting a transfer of a patient to a State or
12 county psychiatric hospital or short-term care facility by
13 emergency department personnel and procedures for accepting
14 a transfer of a patient by a State or county psychiatric hospital
15 or short-term care facility;
 - 16 • procedures to contact the designated State or county
17 psychiatric hospital or short-term care facility physician who is
18 responsible for coordinating medical clearance of a patient, on
19 a 24-hours per day, seven-days-a-week basis; and
 - 20 • a mechanism for training emergency department hospital staff,
21 screening center staff, State and county psychiatric hospital
22 staff, short-term care facility staff, and emergency medical
23 services staff in the standardized admission protocols
24 established pursuant to this bill.

25 The bill also requires the assistant commissioner to collect data
26 from the hospital emergency departments and State and county
27 psychiatric hospitals and short-term care facilities regarding the
28 protocols established pursuant to this bill and evaluate the
29 effectiveness of the protocols on patient care one year after their
30 implementation.

31 The bill takes effect on the 90th day after enactment, but the
32 Commissioner of Human Services is authorized to take such
33 anticipatory administrative action in advance thereof as shall be
34 necessary for its implementation.

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3583

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 11, 2009

The Assembly Human Services Committee reports favorably and with committee amendments, Assembly Bill No. 3583.

A amended by the committee, this bill requires the Assistant Commissioner of the Division of Mental Health Services, in consultation with the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Council of Teaching Hospitals, the New Jersey Chapter of the American College of Emergency Physicians, and the New Jersey Psychiatric Association, to develop standardized admission protocols and medical clearance criteria for transfer or admission of a hospital emergency department patient to a State or county psychiatric hospital or short-term care facility.

The standardized admission protocols shall include, but not be limited to, the following elements:

- routine laboratory and diagnostic tests, based on nationally recognized standards of care, for patients whose clinical presentation warrant such testing. If there is a clinical disagreement about the testing between the examining physician at the emergency department and the assigned physician at the psychiatric hospital or facility, the physicians shall engage in direct physician-to-physician communication to resolve the disagreement;
- a medical clearance checklist form for transfer or admission to a State or county psychiatric hospital or short-term care facility, including contraindications for admission to a State or county psychiatric hospital or short-term care facility;
- guidelines for emergency medical services personnel when there is a delay in accepting patients at the receiving State or county psychiatric hospital or short-term care facility once patient transport has begun;
- procedures for requesting a transfer of a patient to a State or county psychiatric hospital or short-term care facility by emergency department personnel and procedures for accepting a

transfer of a patient by a State or county psychiatric hospital or short-term care facility;

- procedures to contact the designated State or county psychiatric hospital or short-term care facility physician who is responsible for coordinating medical clearance of a patient, on a 24-hours per day, seven-days-a-week basis; and
- a mechanism for training emergency department hospital staff, screening center staff, State and county psychiatric hospital staff, short-term care facility staff, and emergency medical services staff in the standardized admission protocols established pursuant to this bill.

The bill also requires the assistant commissioner to collect data from the hospital emergency departments and State and county psychiatric hospitals and short-term care facilities regarding the protocols established pursuant to this bill and evaluate the effectiveness of the protocols on patient care one year after their implementation.

The bill takes effect on the 90th day after enactment, but the Commissioner of Human Services is authorized to take such anticipatory administrative action in advance thereof as shall be necessary for its implementation.

The bill is similar to Senate Bill No. 2445 (Codey) which is currently pending in the Senate Health, Human Services and Senior Citizens Committee.

COMMITTEE AMENDMENTS

The committee amendments delete language that would have prohibited assigned physicians at psychiatric hospitals or facilities from requesting additional tests, but would have permitted emergency room examining physicians to order follow-up tests.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 3583

with committee amendments

STATE OF NEW JERSEY

DATED: NOVEMBER 23, 2009

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with amendments Assembly Bill No. 3583(1R).

As amended by the committee, this bill requires the Commissioner of Human Services, in consultation with the Commissioner of Health and Senior Services, the State Board of Medical Examiners, the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Council of Teaching Hospitals, the New Jersey Chapter of the American College of Emergency Physicians, and the New Jersey Psychiatric Association, and such other groups as deemed appropriate by the commissioner, to develop standardized admission protocols and medical clearance criteria for transfer or admission of a hospital emergency department patient to a State or county psychiatric hospital or a short-term care facility.

The standardized admission protocols are to include, but not be limited to, the following elements:

- routine laboratory and diagnostic tests, based on nationally recognized standards of care, for patients whose clinical presentation warrant such testing. If there is a clinical disagreement about the testing between the examining physician at the emergency department and the assigned physician at the psychiatric hospital or facility, the physicians shall engage in direct physician-to-physician communication to resolve the disagreement;
- a medical clearance checklist form for transfer or admission to a State or county psychiatric hospital or a short-term care facility, including contraindications for admission to a State or county psychiatric hospital or short-term care facility;
- guidelines for emergency medical services personnel when there is a delay in accepting patients at the receiving State or county psychiatric hospital or short-term care facility once patient transport has begun;

- each separate governing body for a hospital emergency department shall be responsible for reviewing the relevant internal medical clearance protocols consistent with the general parameters set forth in the bill as well as provisions in the federal Emergency Medical Treatment and Active Labor Act (EMTALA), to ensure that there is no conflict with the medical clearance procedures or transfer of a patient;
- procedures for requesting a transfer of a patient to a State or county psychiatric hospital or short-term care facility by emergency department personnel and procedures for accepting a transfer of a patient by a State or county psychiatric hospital or short-term care facility;
- procedures to contact the designated State or county psychiatric hospital or short-term care facility physician who is responsible for coordinating medical clearance of a patient, on a 24-hours per day, seven-days-a-week basis; and
- a mechanism for training emergency department hospital staff, screening center staff, State and county psychiatric hospital staff, short-term care facility staff, and emergency medical services staff in the standardized admission protocols established pursuant to the bill.

The Commissioner of Human Services shall collect data from the hospital emergency departments and State and county psychiatric hospitals and short-term care facilities regarding the protocols established pursuant to the bill and evaluate the effectiveness of the protocols on patient care one year after their implementation.

Similarly, the bill requires the Commissioner of Children and Families, after consultation with the State-designated Children's Crisis Intervention Services (CCIS) units and screening centers, the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Council of Teaching Hospitals, the New Jersey Chapter of the American College of Emergency Physicians, the New Jersey Psychiatric Association, the New Jersey Association of Mental Health Agencies, and other groups as deemed appropriate by the commissioner, to develop standardized admission protocols. The protocols shall include, but not be limited to, the following:

- routine laboratory and diagnostic tests, based on nationally recognized standards of care, for patients whose clinical presentation warrant such testing. If there is a clinical disagreement about the testing between the examining physician at the emergency department and the assigned physician at the psychiatric hospital or facility, the physicians shall engage in direct physician-to-physician communication to resolve the disagreement; and
- a medical clearance checklist form for transfer or admission to a CCIS.

The Commissioner of Human Services, in consultation with the Commissioner of Health and Senior Services, shall adopt such rules and regulations as are necessary to carry out the provisions of the bill, and the Commissioner of Children and Families likewise shall adopt such rules and regulations.

The bill takes effect on the 180th day after enactment, but the Commissioners of Human Services and Children and Families may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of the bill.

The committee amendments:

- apply the provisions of the bill to the Department of Human Services and the Commissioner of Human Services, and delete references to the Division of Mental Health Services and the Assistant Commissioner of that division;
- provide that the Commissioner of Human Services shall consult with the Commissioner of Health and Senior Services in developing the standardized protocols, and add the State Board of Medical Examiners, “and such other groups as deemed appropriate by the commissioner” to the entities with which the commissioner is to consult;
- provide that each separate governing body for a hospital emergency department shall be responsible for reviewing the relevant internal medical clearance protocols;
- add the requirement that the Commissioner of Children and Families similarly develop standardized admission protocols, after consultation with the State-designated CCIS units and screening centers, the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Council of Teaching Hospitals, the New Jersey Chapter of the American College of Emergency Physicians, the New Jersey Psychiatric Association, the New Jersey Association of Mental Health Agencies, and other groups as deemed appropriate by the commissioner; and
- change the effective date from the 90th day after enactment to the 180th day after enactment.

As amended by the committee, this bill is identical to Senate Bill No. 2445 (SCA) (Codey), which the committee also reported favorably on this date.

SENATE, No. 2445

STATE OF NEW JERSEY
213th LEGISLATURE

INTRODUCED DECEMBER 15, 2008

Sponsored by:
Senator RICHARD J. CODEY
District 27 (Essex)

SYNOPSIS

Requires DHS to establish standardized admission protocols and medical clearance criteria for admission to State or county psychiatric hospital or short-term care facility.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning admission to certain psychiatric facilities and
2 supplementing Title 30 of the Revised Statutes.

3

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

6

7 1. a. The Assistant Commissioner of the Division of Mental
8 Health Services in the Department of Human Services, in
9 consultation with the New Jersey Hospital Association, the Hospital
10 Alliance of New Jersey, the New Jersey Council of Teaching
11 Hospitals, the New Jersey Chapter of the American College of
12 Emergency Physicians, and the New Jersey Psychiatric Association,
13 shall develop standardized admission protocols and medical
14 clearance criteria for transfer or admission of a hospital emergency
15 department patient to a State or county psychiatric hospital or a
16 short-term care facility.

17 The standardized admission protocols shall include, but not be
18 limited to, the following elements:

19 (1) routine laboratory and diagnostic tests, based on nationally
20 recognized standards of care, for patients whose clinical
21 presentation warrant such testing. The assigned physician at the
22 psychiatric hospital or facility shall not be permitted to request
23 additional tests on the basis of an abnormal value; however, the
24 examining physician in the emergency department may order any
25 follow-up tests that may be necessary in the clinical judgment of the
26 examining physician. If there is a clinical disagreement between
27 the examining physician at the emergency department and the
28 assigned physician at the psychiatric hospital or facility, the
29 physicians shall engage in direct physician-to-physician
30 communication to resolve the disagreement;

31 (2) a medical clearance checklist form for transfer or admission
32 to a State or county psychiatric hospital or a short-term care facility,
33 including contraindications for admission to a State or county
34 psychiatric hospital or short-term care facility;

35 (3) guidelines for emergency medical services personnel when
36 there is a delay in accepting patients at the receiving State or county
37 psychiatric hospital or short-term care facility once patient transport
38 has begun;

39 (4) procedures for requesting a transfer of a patient to a State or
40 county psychiatric hospital or short-term care facility by emergency
41 department personnel and procedures for accepting a transfer of a
42 patient by a State or county psychiatric hospital or short-term care
43 facility;

44 (5) procedures to contact the designated State or county
45 psychiatric hospital or short-term care facility physician who is
46 responsible for coordinating medical clearance of a patient, on a 24-
47 hours per day, seven-days-a-week basis; and

1 (6) a mechanism for training emergency department hospital
2 staff, screening center staff, State and county psychiatric hospital
3 staff, short-term care facility staff, and emergency medical services
4 staff in the standardized admission protocols established pursuant to
5 this section.

6 b. The assistant commissioner shall collect data from the
7 hospital emergency departments and State and county psychiatric
8 hospitals and short-term care facilities regarding the protocols
9 established pursuant to this section and evaluate the effectiveness of
10 the protocols on patient care one year after their implementation.

11
12 2. The Commissioner of Human Services shall, in accordance
13 with the “Administrative Procedure Act,” P.L.1968, c.410
14 (C.52:14B-1 et seq.), adopt such rules and regulations as the
15 commissioner deems necessary to carry out the provisions of this
16 act.

17
18 3. This act shall take effect on the 90th day after enactment, but
19 the Commissioner of Human Services may take such anticipatory
20 administrative action in advance thereof as shall be necessary for
21 the implementation of this act.

22
23
24 STATEMENT

25
26 This bill requires the Assistant Commissioner of the Division of
27 Mental Health Services, in consultation with the New Jersey
28 Hospital Association, the Hospital Alliance of New Jersey, the New
29 Jersey Council of Teaching Hospitals, the New Jersey Chapter of
30 the American College of Emergency Physicians, and the New
31 Jersey Psychiatric Association, to develop standardized admission
32 protocols and medical clearance criteria for transfer or admission of
33 a hospital emergency department patient to a State or county
34 psychiatric hospital or short-term care facility.

35 The standardized admission protocols shall include, but not be
36 limited to, the following elements:

- 37 • routine laboratory and diagnostic tests, based on nationally
38 recognized standards of care, for patients whose clinical
39 presentation warrant such testing. The assigned physician at
40 the psychiatric hospital or facility shall not be permitted to
41 request additional tests on the basis of an abnormal value;
42 however, the examining physician in the emergency
43 department may order any follow-up tests that may be
44 necessary in the clinical judgment of the examining physician.
45 If there is a clinical disagreement between the examining
46 physician at the emergency department and the assigned
47 physician at the psychiatric hospital or facility, the physicians

S2445 CODEY

- 1 shall engage in direct physician-to-physician communication
2 to resolve the disagreement;
- 3 • a medical clearance checklist form for transfer or admission to
4 a State or county psychiatric hospital or short-term care
5 facility, including contraindications for admission to a State or
6 county psychiatric hospital or short-term care facility;
 - 7 • guidelines for emergency medical services personnel when
8 there is a delay in accepting patients at the receiving State or
9 county psychiatric hospital or short-term care facility once
10 patient transport has begun;
 - 11 • procedures for requesting a transfer of a patient to a State or
12 county psychiatric hospital or short-term care facility by
13 emergency department personnel and procedures for accepting
14 a transfer of a patient by a State or county psychiatric hospital
15 or short-term care facility;
 - 16 • procedures to contact the designated State or county
17 psychiatric hospital or short-term care facility physician who is
18 responsible for coordinating medical clearance of a patient, on
19 a 24-hours per day, seven-days-a-week basis; and
 - 20 • a mechanism for training emergency department hospital staff,
21 screening center staff, State and county psychiatric hospital
22 staff, short-term care facility staff, and emergency medical
23 services staff in the standardized admission protocols
24 established pursuant to this bill.

25 The bill also requires the assistant commissioner to collect data
26 from the hospital emergency departments and State and county
27 psychiatric hospitals and short-term care facilities regarding the
28 protocols established pursuant to this bill and evaluate the
29 effectiveness of the protocols on patient care one year after their
30 implementation.

31 The bill takes effect on the 90th day after enactment, but the
32 Commissioner of Human Services is authorized to take such
33 anticipatory administrative action in advance thereof as shall be
34 necessary for its implementation.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 2445

with committee amendments

STATE OF NEW JERSEY

DATED: NOVEMBER 23, 2009

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with amendments Senate Bill No. 2445.

As amended by the committee, this bill requires the Commissioner of Human Services, in consultation with the Commissioner of Health and Senior Services, the State Board of Medical Examiners, the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Council of Teaching Hospitals, the New Jersey Chapter of the American College of Emergency Physicians, and the New Jersey Psychiatric Association, and such other groups as deemed appropriate by the commissioner, to develop standardized admission protocols and medical clearance criteria for transfer or admission of a hospital emergency department patient to a State or county psychiatric hospital or a short-term care facility.

The standardized admission protocols are to include, but not be limited to, the following elements:

- routine laboratory and diagnostic tests, based on nationally recognized standards of care, for patients whose clinical presentation warrant such testing. If there is a clinical disagreement about the testing between the examining physician at the emergency department and the assigned physician at the psychiatric hospital or facility, the physicians shall engage in direct physician-to-physician communication to resolve the disagreement;
- a medical clearance checklist form for transfer or admission to a State or county psychiatric hospital or a short-term care facility, including contraindications for admission to a State or county psychiatric hospital or short-term care facility;
- guidelines for emergency medical services personnel when there is a delay in accepting patients at the receiving State or county psychiatric hospital or short-term care facility once patient transport has begun;

- each separate governing body for a hospital emergency department shall be responsible for reviewing the relevant internal medical clearance protocols consistent with the general parameters set forth in the bill as well as provisions in the federal Emergency Medical Treatment and Active Labor Act (EMTALA), to ensure that there is no conflict with the medical clearance procedures or transfer of a patient;
- procedures for requesting a transfer of a patient to a State or county psychiatric hospital or short-term care facility by emergency department personnel and procedures for accepting a transfer of a patient by a State or county psychiatric hospital or short-term care facility;
- procedures to contact the designated State or county psychiatric hospital or short-term care facility physician who is responsible for coordinating medical clearance of a patient, on a 24-hours per day, seven-days-a-week basis; and
- a mechanism for training emergency department hospital staff, screening center staff, State and county psychiatric hospital staff, short-term care facility staff, and emergency medical services staff in the standardized admission protocols established pursuant to the bill.

The Commissioner of Human Services shall collect data from the hospital emergency departments and State and county psychiatric hospitals and short-term care facilities regarding the protocols established pursuant to the bill and evaluate the effectiveness of the protocols on patient care one year after their implementation.

Similarly, the bill requires the Commissioner of Children and Families, after consultation with the State-designated Children's Crisis Intervention Services (CCIS) units and screening centers, the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Council of Teaching Hospitals, the New Jersey Chapter of the American College of Emergency Physicians, the New Jersey Psychiatric Association, the New Jersey Association of Mental Health Agencies, and other groups as deemed appropriate by the commissioner, to develop standardized admission protocols. The protocols shall include, but not be limited to, the following:

- routine laboratory and diagnostic tests, based on nationally recognized standards of care, for patients whose clinical presentation warrant such testing. If there is a clinical disagreement about the testing between the examining physician at the emergency department and the assigned physician at the psychiatric hospital or facility, the physicians shall engage in direct physician-to-physician communication to resolve the disagreement; and
- a medical clearance checklist form for transfer or admission to a CCIS.

The Commissioner of Human Services shall adopt such rules and regulations as are necessary to carry out the provisions of the bill. The Commissioner of Children and Families likewise shall adopt such rules and regulations.

The bill takes effect on the 180th day after enactment, but the Commissioners of Human Services and Children and Families may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of the bill.

The committee amendments:

- apply the provisions of the bill to the Department of Human Services and the Commissioner of Human Services, rather than to the Division of Mental Health Services and the Assistant Commissioner of that division;
- provide that the Commissioner of Human Services shall consult with the Commissioner of Health and Senior Services in developing the standardized protocols, and add the State Board of Medical Examiners, “and such other groups as deemed appropriate by the commissioner” to the entities with which the commissioner is to consult;
- delete the provision prohibiting assigned physicians at a psychiatric hospital or facility from requesting additional tests on the basis of abnormal values, and examining physicians in the emergency department from ordering follow-up tests that they deem necessary;
- provide that each separate governing body for a hospital emergency department shall be responsible for reviewing the relevant internal medical clearance protocols;
- add the requirement that the Commissioner of Children and Families similarly develop standardized admission protocols, after consultation with the State-designated CCIS units and screening centers, the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Council of Teaching Hospitals, the New Jersey Chapter of the American College of Emergency Physicians, the New Jersey Psychiatric Association, the New Jersey Association of Mental Health Agencies, and other groups as deemed appropriate by the commissioner; and
- change the effective date from the 90th day after enactment to the 180th day after enactment.

As amended this bill is identical to Assembly No. 3583(1R) SCA (Cryan/Vas/Cruz-Perez), which the committee also reported favorably on this date.