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LAW/KR

§§4,5 -
C.30:1-12.3 &
30:1-12.4
§5 - Note to
C.55:13B-9 &
55:13C-3

P.L.2015, CHAPTER 6, *approved February 5, 2015*
Senate, No. 1856 (*First Reprint*)

1 AN ACT concerning inspection reports for residential health care
2 facilities, boarding homes, and emergency shelters for the
3 homeless, ¹**[and]**,¹ amending P.L.1971, c.136, P.L.1979, c.496,
4 and P.L.1985, c.48 ¹, and supplementing Title 30 of the Revised
5 Statutes¹.
6

7 **BE IT ENACTED** by the Senate and General Assembly of the State
8 of New Jersey:
9

10 1. Section 12 of P.L.1971, c.136 (C.26:2H-12) is amended to
11 read as follows:

12 12. a. No health care service or health care facility shall be
13 operated unless it shall: (1) possess a valid license issued pursuant
14 to this act, which license shall specify the kind or kinds of health
15 care services the facility is authorized to provide; (2) establish and
16 maintain a uniform system of cost accounting approved by the
17 commissioner; (3) establish and maintain a uniform system of
18 reports and audits meeting the requirements of the commissioner;
19 (4) prepare and review annually a long range plan for the provision
20 of health care services; and (5) establish and maintain a centralized,
21 coordinated system of discharge planning which assures every
22 patient a planned program of continuing care and which meets the
23 requirements of the commissioner which requirements shall, where
24 feasible, equal or exceed those standards and regulations
25 established by the federal government for all federally-funded
26 health care facilities but shall not require any person who is not in
27 receipt of State or federal assistance to be discharged against his
28 will.

29 b. (1) Application for a license for a health care service or
30 health care facility shall be made upon forms prescribed by the
31 department. The department shall charge a single, nonrefundable
32 fee for the filing of an application for and issuance of a license and
33 a single, nonrefundable fee for any renewal thereof, and a single,
34 nonrefundable fee for a biennial inspection of the facility, as it shall
35 from time to time fix in rules or regulations; provided, however,

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 September 22, 2014.

1 that no such licensing fee shall exceed \$10,000 in the case of a
2 hospital and \$4,000 in the case of any other health care facility for
3 all services provided by the hospital or other health care facility,
4 and no such inspection fee shall exceed \$5,000 in the case of a
5 hospital and \$2,000 in the case of any other health care facility for
6 all services provided by the hospital or other health care facility.
7 No inspection fee shall be charged for inspections other than
8 biennial inspections. The application shall contain the name of the
9 health care facility, the kind or kinds of health care service to be
10 provided, the location and physical description of the institution,
11 and such other information as the department may require.

12 (2) A license shall be issued by the department upon its findings
13 that the premises, equipment, personnel, including principals and
14 management, finances, rules and bylaws, and standards of health
15 care service are fit and adequate and there is reasonable assurance
16 the health care facility will be operated in the manner required by
17 this act and rules and regulations thereunder.

18 (3) The department shall post on its Internet website each
19 inspection report prepared following an inspection of a residential
20 health care facility, as defined in section 1 of P.L.1953, c.212
21 (C.30:11A-1) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et
22 seq.), that is performed pursuant to this subsection, along with any
23 other inspection report prepared by or on behalf of the department
24 for such facility.

25 ¹If an inspection reveals a serious health and safety violation at a
26 residential health care facility, the department shall post the
27 inspection report, including the name of the facility and the owner
28 of the facility, on its website no later than 72 hours following the
29 inspection. If a license of a residential health care facility is
30 suspended, the department shall post the suspension on its website
31 no later than 72 hours following the suspension. The department
32 shall update its website to reflect the correction of a serious health
33 and safety violation, and the lifting of a suspension.

34 The department shall notify, as soon as possible, the
35 Commissioner of Human Services, or the commissioner's designee,
36 and the director of the county board of social services or county
37 welfare agency, as appropriate, in the county in which a residential
38 health care facility is located, of a serious health and safety
39 violation at the facility and of any suspension of a license to operate
40 such facility.¹

41 If the inspection responsibilities under this subsection with
42 respect to such facility are transferred or otherwise assigned to
43 another department, that other department shall post on its Internet
44 website each inspection report prepared following an inspection of
45 such facility performed pursuant to this subsection, along with any
46 other inspection report prepared by or on behalf of that department
47 for such facility ¹, and shall comply with the other requirements
48 specified in this subsection¹.

1 c. (Deleted by amendment, P.L.1998, c.43).

2 d. The commissioner may amend a facility's license to reduce
3 that facility's licensed bed capacity to reflect actual utilization at the
4 facility if the commissioner determines that 10 or more licensed
5 beds in the health care facility have not been used for at least the
6 last two succeeding years. For the purposes of this subsection, the
7 commissioner may retroactively review utilization at a facility for a
8 two-year period beginning on January 1, 1990.

9 e. If a prospective applicant for licensure for a health care
10 service or facility that is not subject to certificate of need review
11 pursuant to P.L.1971, c.136 (C.26:2H-1 et al.) so requests, the
12 department shall provide the prospective applicant with a pre-
13 licensure consultation. The purpose of the consultation is to
14 provide the prospective applicant with information and guidance on
15 rules, regulations, standards and procedures appropriate and
16 applicable to the licensure process. The department shall conduct
17 the consultation within 60 days of the request of the prospective
18 applicant.

19 f. Notwithstanding the provisions of any other law to the
20 contrary, an entity that provides magnetic resonance imaging or
21 computerized axial tomography services shall be required to obtain
22 a license from the department to operate those services prior to
23 commencement of services, except that a physician who is
24 operating such services on the effective date of P.L.2004, c.54 shall
25 have one year from the effective date of P.L.2004, c.54 to obtain the
26 license.

27 g. (1) Notwithstanding the provisions of any other law to the
28 contrary, an entity that operates a surgical practice on the effective
29 date of this section of P.L.2009, c.24, as defined in this subsection,
30 shall be required to register with the department within one year of
31 the effective date of P.L.2009, c.24.

32 (2) An entity that has not commenced operation as a surgical
33 practice on the effective date of this section of P.L.2009, c.24, but
34 has filed or files before the 180th day after the effective date of this
35 section of P.L.2009, c.24 its plans, specifications, and required
36 documents with the municipality in which the surgical practice will
37 be located, shall register with the department prior to the
38 commencement of services.

39 (3) As a condition of registration with the department, a surgical
40 practice shall be required to obtain certification by the Centers for
41 Medicare and Medicaid Services as an ambulatory surgery center
42 provider or obtain ambulatory care accreditation from an
43 accrediting body recognized by the Centers for Medicare and
44 Medicaid Services.

45 (4) As a condition of registration with the department, a surgical
46 practice shall be required to report the following information
47 annually: the number of patients served by payment source,
48 including the number of Medicaid-eligible and medically indigent

1 persons served; the number of new patients accepted; and the
2 number of physicians, physician assistants, and advanced practice
3 nurses providing professional services at the surgical practice.

4 (5) As used in this subsection and subsection i. of this section,
5 "surgical practice" means a structure or suite of rooms that has the
6 following characteristics:

7 (a) has no more than one room dedicated for use as an operating
8 room which is specifically equipped to perform surgery, and is
9 designed and constructed to accommodate invasive diagnostic and
10 surgical procedures;

11 (b) has one or more post-anesthesia care units or a dedicated
12 recovery area where the patient may be closely monitored and
13 observed until discharged; and

14 (c) is established by a physician, physician professional
15 association surgical practice, or other professional practice form
16 specified by the State Board of Medical Examiners pursuant to
17 regulation solely for the physician's, association's or other
18 professional entity's private medical practice.

19 "Surgical practice" includes an unlicensed entity that is certified
20 by the Centers for Medicare and Medicaid Services as an
21 ambulatory surgery center provider.

22 (6) Nothing in this subsection shall be construed to limit the
23 State Board of Medical Examiners from establishing standards of
24 care with respect to the practice of medicine.

25 h. An ambulatory care facility licensed to provide surgical and
26 related services shall be required to obtain ambulatory care
27 accreditation from an accrediting body recognized by the Centers
28 for Medicare and Medicaid Services as a condition of licensure by
29 the department.

30 An ambulatory care facility that is licensed to provide surgical
31 and related services on the effective date of this section of
32 P.L.2009, c.24 shall have one year from the effective date of this
33 section of P.L.2009, c.24 to obtain ambulatory care accreditation.

34 i. Beginning on the effective date of this section of P.L.2009,
35 c.24, the department shall not issue a new registration to a surgical
36 practice or a new license to an ambulatory care facility to provide
37 surgical and related services unless:

38 (1) in the case of a registered surgical practice or licensed
39 facility in which a transfer of ownership of the practice or facility is
40 proposed, the commissioner reviews the qualifications of the new
41 owner or owners and approves the transfer;

42 (2) (a) except as provided in subparagraph (b) of this paragraph,
43 in the case of a registered surgical practice or licensed facility for
44 which a relocation of the practice or facility is proposed, the
45 relocation is within 20 miles of the practice's or facility's current
46 location or the relocation is to a "Health Enterprise Zone"
47 designated pursuant to section 1 of P.L.2004, c.139 (C.54A:3-7),
48 there is no expansion in the scope of services provided at the new

1 location from that of the current location, and the commissioner
2 reviews and approves the relocation; or

3 (b) in the case of a licensed facility described in paragraph (5)
4 or (6) of this subsection for which a relocation of the facility is
5 proposed, the commissioner reviews and approves the relocation;

6 (3) the entity is a surgical practice required to be registered
7 pursuant to paragraph (1) of subsection g. of this section and meets
8 the requirements of that subsection;

9 (4) the entity has filed its plans, specifications, and required
10 documents with the Health Care Plan Review Unit of the
11 Department of Community Affairs or the municipality in which the
12 surgical practice or facility will be located, as applicable, on or
13 before the 180th day following the effective date of this section of
14 P.L.2009, c.24;

15 (5) the facility is owned jointly by a general hospital in this
16 State and one or more other parties; or

17 (6) the facility is owned by a hospital or medical school.

18 j. (1) The department shall require an applicant for registration
19 as a surgical practice, as provided in subsection g. of this section, to
20 submit an application for registration in a form and manner
21 prescribed by the department. The applicant shall submit the name
22 and address of the surgical practice that is to be registered, the name
23 of the chief administrator or designated agent of the practice, the
24 names and addresses of all owners of the practice, the scope of
25 services provided at the practice, proof of certification by the
26 Centers for Medicare and Medicaid Services or accreditation from
27 an accrediting body recognized by the Centers for Medicare and
28 Medicaid Services, and such other information as the commissioner
29 deems necessary and as provided by regulation.

30 (2) The registration shall be valid for a one-year period and may
31 be renewed upon submission to the department of an application for
32 renewal.

33 (3) The commissioner may suspend, revoke, or deny a
34 registration if the registrant or applicant, as applicable, is not in
35 compliance with the requirements of this section.

36 (4) No registered surgical practice shall be owned, managed, or
37 operated by any person convicted of a crime relating adversely to
38 the person's capability of owning, managing, or operating the
39 practice.

40 (5) The department may charge a reasonable fee for filing an
41 application for registration and for each renewal thereof.

42 (cf: P.L.2009, c.24, s.1)

43

44 2. Section 9 of P.L.1979, c.496 (C.55:13B-9) is amended to
45 read as follows:

46 9. The commissioner shall ensure that each rooming or
47 boarding house whose owner possesses a valid license is inspected
48 and its records reviewed at least once each year for the purpose of

1 determining whether the owner or operator is complying with
2 standards promulgated pursuant to the provisions of ¹**[this act]**
3 P.L.1979, c.496 (C.55:13B-1 et seq.)¹. If the commissioner
4 determines, as a result of any such inspection and review of records,
5 that an owner or operator is in violation of such standards, he shall
6 serve the owner or operator of the facility with a written notice
7 thereof, which shall fix a date by which the owner or operator shall
8 enter into compliance. The commissioner shall not be required to
9 perform annual inspections of facilities licensed and inspected by a
10 municipality pursuant to P.L.1993, c.290 (C.40:52-9 et seq.), but
11 shall have the authority to oversee and ensure the enforcement of
12 the "Rooming and Boarding House Act of 1979," P.L.1979, c.496
13 (C.55:13B-1 et seq.), and the rules and regulations adopted pursuant
14 thereto in those facilities. A municipality shall file with the
15 commissioner a copy of an inspection report prepared following an
16 inspection of a rooming or boarding house performed by the
17 municipality pursuant to P.L.1993, c.290 (C.40:52-9 et seq.). The
18 commissioner may prescribe a standard inspection report format to
19 be used by the municipality.

20 The Department of Community Affairs shall post on its Internet
21 website each inspection report prepared following an inspection
22 performed on behalf of or filed with the commissioner pursuant to
23 this section, along with any other inspection report prepared by or
24 on behalf of the department for a rooming or boarding house.

25 ¹If an inspection reveals a serious health and safety violation at a
26 rooming or boarding house, the department shall post the inspection
27 report, including the name of the rooming or boarding house and the
28 owner of the rooming or boarding house, on its website no later
29 than 72 hours following the inspection. If a license of a rooming or
30 boarding house is suspended, the department shall post the
31 suspension on its website no later than 72 hours following the
32 suspension. The department shall update its website to reflect the
33 correction of a serious health and safety violation, and the lifting of
34 a suspension.

35 The department shall notify, as soon as possible, the
36 Commissioner of Human Services, or the commissioner's designee,
37 and the director of the county board of social services or county
38 welfare agency, as appropriate, in the county in which a rooming or
39 boarding house is located, of a serious health and safety violation at
40 the rooming or boarding house and of any suspension of a license to
41 operate such rooming or boarding house.¹

42 (cf: P.L.1999, c.241, s.3)

43

44 3. Section 3 of P.L.1985, c.48 (C.55:13C-3) is amended to read
45 as follows:

46 3. Notwithstanding any provision of any other statute or any
47 municipal ordinance other than a zoning ordinance, or regulation to
48 the contrary, the licensing, regulation and inspection of emergency

1 shelters for the homeless in all municipalities of this State and the
2 issuance of all necessary permits, approvals and certificates of
3 occupancy shall be conducted by a public officer designated by the
4 municipality in accordance with the regulations promulgated by the
5 Commissioner of the Department of Community Affairs pursuant to
6 section 5 of **[this act]** P.L.1985, c.48 (C.55:13C-5). A municipality
7 shall file with the commissioner a copy of an inspection report
8 prepared following an inspection conducted by the public officer
9 pursuant to this section. The commissioner may prescribe a
10 standard inspection report format to be used by the public officer.

11 The Department of Community Affairs shall post on its Internet
12 website each inspection report filed with the commissioner pursuant
13 to this section, along with any other inspection report prepared by
14 or on behalf of the department for an emergency shelter for the
15 homeless.

16 ¹If an inspection reveals a serious health and safety violation at
17 an emergency shelter for the homeless, the department shall post the
18 inspection report, including the name of the shelter and the owner
19 of the shelter, on its website no later than 72 hours following the
20 inspection. If a license of an emergency shelter for the homeless is
21 suspended, the department shall post the suspension on its website
22 no later than 72 hours following the suspension. The department
23 shall update its website to reflect the correction of a serious health
24 and safety violation, and the lifting of a suspension.

25 The department shall notify, as soon as possible, the
26 Commissioner of Human Services, or the commissioner's designee,
27 and the director of the county board of social services or county
28 welfare agency, as appropriate, in the county in which an
29 emergency shelter for the homeless is located, of a serious health
30 and safety violation at the shelter and of any suspension of a license
31 to operate such shelter.¹

32 (cf: P.L.1985, c.48, s.3)

33

34 ¹4. (New section) a. Upon notification of a violation or license
35 suspension pursuant to paragraph (3) of subsection b. of section 12
36 of P.L.1971, c.136 (C.26:2H-12) concerning residential health care
37 facilities or section 9 of P.L.1979, c.496 (C.55:13B-9) concerning
38 rooming or boarding houses, the Commissioner of Human Services,
39 or the commissioner's designee, shall advise the chief executive
40 officer, or the officer's designee, of a psychiatric facility and special
41 psychiatric hospital, as those terms are defined in section 2 of
42 P.L.1987, c.116 (C.30:4-27.2), a general hospital licensed pursuant
43 to P.L.1971, c.136 (C.26:2H-1 et seq.) which has a psychiatric unit,
44 and a State developmental center, of a serious health and safety
45 violation in, or the suspension of a license of, a residential health
46 care facility or rooming or boarding house.

47 b. An individual who is discharged or transferred, as applicable,
48 from a psychiatric facility, special psychiatric hospital, psychiatric

1 unit of a general hospital, or State developmental center shall not be
2 placed in a residential health care facility or rooming or boarding
3 house for which the inspection report for that facility or rooming or
4 boarding house, as appropriate, reveals a serious health and safety
5 violation, until such time as the violation has been corrected and
6 any suspension of a license, if applicable, has been lifted.¹

7
8 ¹5. (New section) Upon notification of a violation or license
9 suspension of a residential health care facility pursuant to paragraph
10 (3) of subsection b. of section 12 of P.L.1971, c.136 (C.26:2H-12),
11 a rooming or boarding house pursuant to section 9 of P.L.1979,
12 c.496 (C.55:13B-9), or an emergency shelter for the homeless
13 pursuant to section 3 of P.L.1985, c.48 (C.55:13C-3), the
14 Commissioner of Human Services, or the commissioner's designee,
15 and the director of a county board of social services or county
16 welfare agency, as appropriate, shall not place or refer an individual
17 to that residential health care facility, rooming or boarding house,
18 or emergency shelter for the homeless, until such time as the
19 violation has been corrected and any suspension of a license, if
20 applicable, has been lifted.¹

21

22 ¹[4] 6.¹ This act shall take effect immediately.

23

24

25

26

27 Requires DCA to post on its website information about
28 inspection reports for residential health care facilities, boarding
29 homes, and emergency shelters for the homeless, and requires
30 notifications to DHS and counties.

SENATE, No. 1856

STATE OF NEW JERSEY
216th LEGISLATURE

INTRODUCED MARCH 24, 2014

Sponsored by:

Senator RICHARD J. CODEY

District 27 (Essex and Morris)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Co-Sponsored by:

Senators Gordon and Greenstein

SYNOPSIS

Requires DCA to post on its Internet website inspection reports for residential health care facilities, boarding homes, and emergency shelters for the homeless.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/24/2014)

1 AN ACT concerning inspection reports for residential health care
2 facilities, boarding homes, and emergency shelters for the
3 homeless, and amending P.L.1971, c.136, P.L.1979, c.496, and
4 P.L.1985, c.48.

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

8
9 1. Section 12 of P.L.1971, c.136 (C.26:2H-12) is amended to
10 read as follows:

11 12. a. No health care service or health care facility shall be
12 operated unless it shall: (1) possess a valid license issued pursuant
13 to this act, which license shall specify the kind or kinds of health
14 care services the facility is authorized to provide; (2) establish and
15 maintain a uniform system of cost accounting approved by the
16 commissioner; (3) establish and maintain a uniform system of
17 reports and audits meeting the requirements of the commissioner;
18 (4) prepare and review annually a long range plan for the provision
19 of health care services; and (5) establish and maintain a centralized,
20 coordinated system of discharge planning which assures every
21 patient a planned program of continuing care and which meets the
22 requirements of the commissioner which requirements shall, where
23 feasible, equal or exceed those standards and regulations
24 established by the federal government for all federally-funded
25 health care facilities but shall not require any person who is not in
26 receipt of State or federal assistance to be discharged against his
27 will.

28 b. (1) Application for a license for a health care service or health
29 care facility shall be made upon forms prescribed by the
30 department. The department shall charge a single, nonrefundable
31 fee for the filing of an application for and issuance of a license and
32 a single, nonrefundable fee for any renewal thereof, and a single,
33 nonrefundable fee for a biennial inspection of the facility, as it shall
34 from time to time fix in rules or regulations; provided, however,
35 that no such licensing fee shall exceed \$10,000 in the case of a
36 hospital and \$4,000 in the case of any other health care facility for
37 all services provided by the hospital or other health care facility,
38 and no such inspection fee shall exceed \$5,000 in the case of a
39 hospital and \$2,000 in the case of any other health care facility for
40 all services provided by the hospital or other health care facility.
41 No inspection fee shall be charged for inspections other than
42 biennial inspections. The application shall contain the name of the
43 health care facility, the kind or kinds of health care service to be
44 provided, the location and physical description of the institution,
45 and such other information as the department may require.

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 (2) A license shall be issued by the department upon its findings
2 that the premises, equipment, personnel, including principals and
3 management, finances, rules and bylaws, and standards of health
4 care service are fit and adequate and there is reasonable assurance
5 the health care facility will be operated in the manner required by
6 this act and rules and regulations thereunder.

7 (3) The department shall post on its Internet website each
8 inspection report prepared following an inspection of a residential
9 health care facility, as defined in section 1 of P.L.1953, c.212
10 (C.30:11A-1) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et
11 seq.), that is performed pursuant to this subsection, along with any
12 other inspection report prepared by or on behalf of the department
13 for such facility. If the inspection responsibilities under this
14 subsection with respect to such facility are transferred or otherwise
15 assigned to another department, that other department shall post on
16 its Internet website each inspection report prepared following an
17 inspection of such facility performed pursuant to this subsection,
18 along with any other inspection report prepared by or on behalf of
19 that department for such facility.

20 c. (Deleted by amendment, P.L.1998, c.43).

21 d. The commissioner may amend a facility's license to reduce
22 that facility's licensed bed capacity to reflect actual utilization at the
23 facility if the commissioner determines that 10 or more licensed
24 beds in the health care facility have not been used for at least the
25 last two succeeding years. For the purposes of this subsection, the
26 commissioner may retroactively review utilization at a facility for a
27 two-year period beginning on January 1, 1990.

28 e. If a prospective applicant for licensure for a health care
29 service or facility that is not subject to certificate of need review
30 pursuant to P.L.1971, c.136 (C.26:2H-1 et al.) so requests, the
31 department shall provide the prospective applicant with a pre-
32 licensure consultation. The purpose of the consultation is to
33 provide the prospective applicant with information and guidance on
34 rules, regulations, standards and procedures appropriate and
35 applicable to the licensure process. The department shall conduct
36 the consultation within 60 days of the request of the prospective
37 applicant.

38 f. Notwithstanding the provisions of any other law to the
39 contrary, an entity that provides magnetic resonance imaging or
40 computerized axial tomography services shall be required to obtain
41 a license from the department to operate those services prior to
42 commencement of services, except that a physician who is
43 operating such services on the effective date of P.L.2004, c.54 shall
44 have one year from the effective date of P.L.2004, c.54 to obtain the
45 license.

46 g. (1) Notwithstanding the provisions of any other law to the
47 contrary, an entity that operates a surgical practice on the effective
48 date of this section of P.L.2009, c.24, as defined in this subsection,

1 shall be required to register with the department within one year of
2 the effective date of P.L.2009, c.24.

3 (2) An entity that has not commenced operation as a surgical
4 practice on the effective date of this section of P.L.2009, c.24, but
5 has filed or files before the 180th day after the effective date of this
6 section of P.L.2009, c.24 its plans, specifications, and required
7 documents with the municipality in which the surgical practice will
8 be located, shall register with the department prior to the
9 commencement of services.

10 (3) As a condition of registration with the department, a surgical
11 practice shall be required to obtain certification by the Centers for
12 Medicare and Medicaid Services as an ambulatory surgery center
13 provider or obtain ambulatory care accreditation from an
14 accrediting body recognized by the Centers for Medicare and
15 Medicaid Services.

16 (4) As a condition of registration with the department, a surgical
17 practice shall be required to report the following information
18 annually: the number of patients served by payment source,
19 including the number of Medicaid-eligible and medically indigent
20 persons served; the number of new patients accepted; and the
21 number of physicians, physician assistants, and advanced practice
22 nurses providing professional services at the surgical practice.

23 (5) As used in this subsection and subsection i. of this section,
24 "surgical practice" means a structure or suite of rooms that has the
25 following characteristics:

26 (a) has no more than one room dedicated for use as an operating
27 room which is specifically equipped to perform surgery, and is
28 designed and constructed to accommodate invasive diagnostic and
29 surgical procedures;

30 (b) has one or more post-anesthesia care units or a dedicated
31 recovery area where the patient may be closely monitored and
32 observed until discharged; and

33 (c) is established by a physician, physician professional
34 association surgical practice, or other professional practice form
35 specified by the State Board of Medical Examiners pursuant to
36 regulation solely for the physician's, association's or other
37 professional entity's private medical practice.

38 "Surgical practice" includes an unlicensed entity that is certified
39 by the Centers for Medicare and Medicaid Services as an
40 ambulatory surgery center provider.

41 (6) Nothing in this subsection shall be construed to limit the
42 State Board of Medical Examiners from establishing standards of
43 care with respect to the practice of medicine.

44 h. An ambulatory care facility licensed to provide surgical and
45 related services shall be required to obtain ambulatory care
46 accreditation from an accrediting body recognized by the Centers
47 for Medicare and Medicaid Services as a condition of licensure by
48 the department.

1 An ambulatory care facility that is licensed to provide surgical
2 and related services on the effective date of this section of
3 P.L.2009, c.24 shall have one year from the effective date of this
4 section of P.L.2009, c.24 to obtain ambulatory care accreditation.

5 i. Beginning on the effective date of this section of P.L.2009,
6 c.24, the department shall not issue a new registration to a surgical
7 practice or a new license to an ambulatory care facility to provide
8 surgical and related services unless:

9 (1) in the case of a registered surgical practice or licensed
10 facility in which a transfer of ownership of the practice or facility is
11 proposed, the commissioner reviews the qualifications of the new
12 owner or owners and approves the transfer;

13 (2) (a) except as provided in subparagraph (b) of this paragraph,
14 in the case of a registered surgical practice or licensed facility for
15 which a relocation of the practice or facility is proposed, the
16 relocation is within 20 miles of the practice's or facility's current
17 location or the relocation is to a "Health Enterprise Zone"
18 designated pursuant to section 1 of P.L.2004, c.139 (C.54A:3-7),
19 there is no expansion in the scope of services provided at the new
20 location from that of the current location, and the commissioner
21 reviews and approves the relocation; or

22 (b) in the case of a licensed facility described in paragraph (5)
23 or (6) of this subsection for which a relocation of the facility is
24 proposed, the commissioner reviews and approves the relocation;

25 (3) the entity is a surgical practice required to be registered
26 pursuant to paragraph (1) of subsection g. of this section and meets
27 the requirements of that subsection;

28 (4) the entity has filed its plans, specifications, and required
29 documents with the Health Care Plan Review Unit of the
30 Department of Community Affairs or the municipality in which the
31 surgical practice or facility will be located, as applicable, on or
32 before the 180th day following the effective date of this section of
33 P.L.2009, c.24;

34 (5) the facility is owned jointly by a general hospital in this
35 State and one or more other parties; or

36 (6) the facility is owned by a hospital or medical school.

37 j. (1) The department shall require an applicant for registration
38 as a surgical practice, as provided in subsection g. of this section, to
39 submit an application for registration in a form and manner
40 prescribed by the department. The applicant shall submit the name
41 and address of the surgical practice that is to be registered, the name
42 of the chief administrator or designated agent of the practice, the
43 names and addresses of all owners of the practice, the scope of
44 services provided at the practice, proof of certification by the
45 Centers for Medicare and Medicaid Services or accreditation from
46 an accrediting body recognized by the Centers for Medicare and
47 Medicaid Services, and such other information as the commissioner
48 deems necessary and as provided by regulation.

1 (2) The registration shall be valid for a one-year period and may
2 be renewed upon submission to the department of an application for
3 renewal.

4 (3) The commissioner may suspend, revoke, or deny a
5 registration if the registrant or applicant, as applicable, is not in
6 compliance with the requirements of this section.

7 (4) No registered surgical practice shall be owned, managed, or
8 operated by any person convicted of a crime relating adversely to
9 the person's capability of owning, managing, or operating the
10 practice.

11 (5) The department may charge a reasonable fee for filing an
12 application for registration and for each renewal thereof.

13 (cf: P.L.2009, c.24, s.1)

14

15 2. Section 9 of P.L.1979, c.496 (C.55:13B-9) is amended to read
16 as follows:

17 9. The commissioner shall ensure that each rooming or
18 boarding house whose owner possesses a valid license is inspected
19 and its records reviewed at least once each year for the purpose of
20 determining whether the owner or operator is complying with
21 standards promulgated pursuant to the provisions of this act. If the
22 commissioner determines, as a result of any such inspection and
23 review of records, that an owner or operator is in violation of such
24 standards, he shall serve the owner or operator of the facility with a
25 written notice thereof, which shall fix a date by which the owner or
26 operator shall enter into compliance. The commissioner shall not
27 be required to perform annual inspections of facilities licensed and
28 inspected by a municipality pursuant to P.L.1993, c.290 (C.40:52-9
29 et seq.), but shall have the authority to oversee and ensure the
30 enforcement of the "Rooming and Boarding House Act of 1979,"
31 P.L.1979, c.496 (C.55:13B-1 et seq.), and the rules and regulations
32 adopted pursuant thereto in those facilities. A municipality shall
33 file with the commissioner a copy of an inspection report prepared
34 following an inspection of a rooming or boarding house performed
35 by the municipality pursuant to P.L.1993, c.290 (C.40:52-9 et seq.).
36 The commissioner may prescribe a standard inspection report
37 format to be used by the municipality.

38 The Department of Community Affairs shall post on its Internet
39 website each inspection report prepared following an inspection
40 performed on behalf of or filed with the commissioner pursuant to
41 this section, along with any other inspection report prepared by or
42 on behalf of the department for a rooming or boarding house.

43 (cf: P.L.1999, c.241, s.3)

44

45 3. Section 3 of P.L.1985, c.48 (C.55:13C-3) is amended to read
46 as follows:

47 3. Notwithstanding any provision of any other statute or any
48 municipal ordinance other than a zoning ordinance, or regulation to

1 the contrary, the licensing, regulation and inspection of emergency
2 shelters for the homeless in all municipalities of this State and the
3 issuance of all necessary permits, approvals and certificates of
4 occupancy shall be conducted by a public officer designated by the
5 municipality in accordance with the regulations promulgated by the
6 Commissioner of the Department of Community Affairs pursuant to
7 section 5 of **[this act]** P.L.1985, c.48 (C.55:13C-5). A municipality
8 shall file with the commissioner a copy of an inspection report
9 prepared following an inspection conducted by the public officer
10 pursuant to this section. The commissioner may prescribe a
11 standard inspection report format to be used by the public officer.

12 The Department of Community Affairs shall post on its Internet
13 website each inspection report filed with the commissioner pursuant
14 to this section, along with any other inspection report prepared by
15 or on behalf of the department for an emergency shelter for the
16 homeless.

17 (cf: P.L.1985, c.48, s.3)

18

19 4. This act shall take effect immediately.

20

21

22

STATEMENT

23

24 This bill would require the Department of Community Affairs
25 (DCA) to post on its Internet website all inspection reports prepared
26 on its behalf or filed therewith for residential health care facilities,
27 boarding homes, and emergency shelters for the homeless. The
28 Bureau of Rooming and Boarding House Standards in the Division
29 of Codes and Standards in DCA performs or oversees the inspection
30 of these facilities. This bill would promote greater transparency
31 with respect to these facilities by providing residents and their
32 families with greater access to information about the conditions of
33 these facilities.

34 The responsibility to inspect residential health care facilities was
35 transferred from the Department of Health to DCA pursuant to a
36 reorganization plan. If such responsibilities are returned to the
37 Department of Health or transferred to another department, the bill
38 provides that the inspection reports prepared by or on behalf of such
39 department be posted on the Internet website of that department.

40 Some rooming and boarding houses and all emergency shelters
41 for the homeless are inspected by local officials. Municipalities
42 with such local inspections would be required to file with the
43 commissioner of DCA copies of inspection reports prepared
44 following these inspections to enable DCA to post the reports on its
45 website. The bill would authorize the commissioner of DCA to
46 prescribe a standard inspection format be used by municipalities
47 conducting these inspections.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 1856

STATE OF NEW JERSEY

DATED: JUNE 5, 2014

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 1856.

This bill would require the Department of Community Affairs (DCA) to post on its Internet website all inspection reports prepared on its behalf or filed therewith for residential health care facilities, boarding homes, and emergency shelters for the homeless. The Bureau of Rooming and Boarding House Standards in the Division of Codes and Standards in DCA performs or oversees the inspection of these facilities. This bill would promote greater transparency with respect to these facilities by providing residents and their families with greater access to information about the conditions of these facilities.

The responsibility to inspect residential health care facilities was transferred from the Department of Health to DCA pursuant to a reorganization plan. If such responsibilities are returned to the Department of Health or transferred to another department, the bill provides that the inspection reports prepared by or on behalf of such department be posted on the Internet website of that department.

Some rooming and boarding houses and all emergency shelters for the homeless are inspected by local officials. Municipalities with such local inspections would be required to file with the commissioner of DCA copies of inspection reports prepared following these inspections to enable DCA to post the reports on its website. The bill would authorize the commissioner of DCA to prescribe a standard inspection format be used by municipalities conducting these inspections.

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

SENATE, No. 1856

with committee amendments

STATE OF NEW JERSEY

DATED: SEPTEMBER 22, 2014

The Assembly Human Services Committee reports favorably and with committee amendments Senate Bill No. 1856.

As amended by the committee, this bill would require the Department of Community Affairs (DCA) to post on its Internet website all inspection reports prepared on its behalf or filed therewith for residential health care facilities, boarding homes, and emergency shelters for the homeless. The Bureau of Rooming and Boarding House Standards in the Division of Codes and Standards in DCA performs or oversees the inspection of these facilities. This bill would promote greater transparency with respect to these facilities by providing residents and their families with greater access to information about the conditions of these facilities.

The responsibility to inspect residential health care facilities was transferred from the Department of Health (DOH) to DCA pursuant to a reorganization plan. If these responsibilities are returned to DOH or transferred to another department, the inspection reports would be posted on that department's website.

Some rooming and boarding houses and all emergency shelters for the homeless are inspected by local officials. Municipalities would be required to file with the commissioner of DCA copies of inspection reports prepared following these inspections to enable DCA to post the reports on its website. The bill would authorize the commissioner to prescribe a standard inspection format to be used by municipalities conducting these inspections.

As amended, this bill would also provide that if an inspection reveals a serious health and safety violation, DCA is to post the inspection report, including the name of the residential health care facility, rooming or boarding house, or emergency shelter for the homeless, and the owner, on its website no later than 72 hours following the inspection. If a license is suspended, DCA is to post the suspension no later than 72 hours following the suspension. The bill further requires DCA to update its website to reflect the correction of the violation and the lifting of a suspension.

Additionally, DCA is to notify the Commissioner of Human Services, or the commissioner's designee, and the director of the

county board of social services or welfare agency, as appropriate, of a serious health and safety violation and of any suspension of a license to operate the facilities, rooming or boarding houses, or shelters.

With regard to residential health care facilities and rooming or boarding houses, upon notification of a serious health and safety violation or suspension of a license, the Commissioner of Human Services, or designee, is required to communicate these violations and license suspensions to the chief executive officers, or designees, of State and county psychiatric hospitals, psychiatric units of county hospitals, public or private hospitals providing voluntary and involuntary mental health services, general hospitals which have a psychiatric unit, and State developmental centers. Under the bill, individuals who are discharged or transferred, as applicable, from these facilities are not to be placed in residential health care facilities or rooming or boarding houses for which an inspection report reveals a serious health and safety violation, until such time as the violation has been corrected and any suspension of a license has been lifted.

The bill further provides that individuals are not to be placed or referred by DHS or county boards of social services and welfare agencies to residential health care facilities, rooming or boarding houses, or emergency shelters for the homeless, until such time as health and safety violations have been corrected and any suspension of a license has been lifted.

As reported by the committee, this bill is identical to Assembly Bill No. 3175 Aca (Riley/DeAngelo/Bucco/Angelini), which the committee also reported favorably on this date.

COMMITTEE AMENDMENTS

The committee amendments provide that if an inspection of a residential health care facility, rooming or boarding house, or emergency shelter for the homeless reveals a serious health and safety violation, DCA is required to post the inspection report, including the name and owner of the facility, rooming or boarding house, or shelter on its website within 72 hours of the inspection. If a license is suspended, that information also is to be posted within 72 hours. The amendments also provide for notification of these violations to the Commissioner of Human Services, or the designee, and to the county boards of social services and welfare agencies.

The Commissioner of Human Services, or designee, is required to notify the chief executive officers, or their designees, of psychiatric facilities as well as developmental centers, of violations and license suspensions. Individuals who are discharged or transferred from these facilities are not to be placed in residential health care facilities or rooming or boarding houses for which inspection reports revealed serious health and safety violations, until violations have been corrected and suspensions have been lifted.

The amendments further provide that placements or referrals by DHS and county boards of social services and welfare agencies are not to be made to residential health care facilities, rooming or boarding houses, or emergency shelters for the homeless, until such time as health and safety violations have been corrected and any suspension of a license has been lifted.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 1856 STATE OF NEW JERSEY 216th LEGISLATURE

DATED: DECEMBER 23, 2014

SUMMARY

- Synopsis:** Requires DCA to post on its website information about inspection reports for residential health care facilities, boarding homes, and emergency shelters for the homeless, and requires notifications to DHS and counties.
- Type of Impact:** Indeterminate impact on State finances.
- Agencies Affected:** Department of Community Affairs, Department of Human Services, counties, and municipalities..

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Cost	Indeterminate Impact – See comments below		
Local Cost	Indeterminate Impact – See comments below		

- The Office of Legislative Services concludes that the enactment of Senate Bill No. 1856 (1R) would have an indeterminate impact on State and county finances.
- To the extent that the Department of Community Affairs (DCA) has to purchase new information technology systems that permit the posting of inspection reports for residential health care facilities, boarding homes, and emergency shelters for the homeless, and hire additional personnel to maintain that system, the State will incur additional costs.
- It is also possible that the State and counties will incur additional costs if an individual may not be discharged from a psychiatric facility or developmental center to certain residential health care facilities or rooming or boarding houses.

BILL DESCRIPTION

Senate Bill No. 1856 (1R) requires the Department of Community Affairs to post on its Internet website all inspection reports prepared on its behalf or filed therewith for residential health care facilities, boarding homes, and emergency shelters for the homeless. The Bureau of

Rooming and Boarding House Standards in the Division of Codes and Standards in DCA performs or oversees the inspection of these facilities. The responsibility to inspect residential health care facilities was transferred from the Department of Health (DOH) to DCA pursuant to a reorganization plan. If these responsibilities are returned to DOH or transferred to another department, the inspection reports would be posted on that department's website. Some rooming and boarding houses and all emergency shelters for the homeless are inspected by local officials. Municipalities would be required to file with the Commissioner of Community Affairs copies of inspection reports prepared following these inspections to enable DCA to post the reports on its website. The bill authorizes the commissioner to prescribe a standard inspection report format to be used by municipalities conducting these inspections.

The bill provides that if an inspection reveals a serious health and safety violation, DCA is to post the inspection report, including the name of the residential health care facility, rooming or boarding house, or emergency shelter for the homeless, and the owner, on its website no later than 72 hours following the inspection. The bill also provides that if the license of such facility is suspended DCA is to port the suspension on its website within 72 hours following the suspension. The bill further requires DCA to update its website to reflect the correction of a violation and the lifting of a suspension. Additionally, the DCA is to notify the Commissioner of Human Services, or the commissioner's designee, and the director of the county board of social services or welfare agency, as appropriate, of a serious health and safety violation and of any suspension of a license to operate.

With regard to residential health care facilities and rooming and boarding houses, upon notification of a serious health and safety violation or a suspension of a license, the Commissioner of Human Services is required to communicate these violations and license suspensions to the chief executive officers, or designees, of State and county psychiatric hospitals, psychiatric units of county hospitals, public or private hospitals providing voluntary and involuntary mental health services, general hospitals with a psychiatric unit, and State developmental centers. Under the bill, individuals who are discharged or transferred from these facilities are not to be placed in residential health care facilities or rooming or boarding houses for which an inspection report reveals a serious health and safety violation or the license of which has been suspended until such time as the violation has been corrected and any suspension of a license has been lifted. The bill further provides that individuals are not to be placed or referred by the Department of Human Services or county boards of social services and welfare agencies to residential health care facilities, rooming or boarding houses, or emergency shelters for the homeless, until such time as health and safety violations have been corrected and any suspension of a license has been lifted.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services concludes that the enactment of Senate Bill No. 1856 (1R) would result in an indeterminate impact on State and county finances. To the extent that DCA has to purchase new information technology systems that permit the posting of inspection reports for residential health care facilities, boarding homes, and emergency shelters for the homeless, and hire additional personnel to maintain that system, the State will incur additional costs.

New services provided to individuals in a psychiatric hospital or development center generally cost more than those services provided in a residential health care facility or rooming or boarding house. Therefore, it is also possible that the State and counties will incur additional costs if an individual may not be discharged from a psychiatric facility or developmental center because residential health care facilities or rooming or boarding houses are unavailable due to violation or license suspension. Information on the number of persons transferred from psychiatric hospitals and development centers to residential health care facilities and rooming and boarding houses is not available at this time.

Section: Local Government

*Analyst: Scott A. Brodsky
Senior Fiscal Analyst*

*Approved: David J. Rosen
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. 3175

STATE OF NEW JERSEY 216th LEGISLATURE

INTRODUCED MAY 15, 2014

Sponsored by:

Assemblywoman CELESTE M. RILEY

District 3 (Cumberland, Gloucester and Salem)

Assemblyman WAYNE P. DEANGELO

District 14 (Mercer and Middlesex)

Assemblyman ANTHONY M. BUCCO

District 25 (Morris and Somerset)

Assemblywoman MARY PAT ANGELINI

District 11 (Monmouth)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Co-Sponsored by:

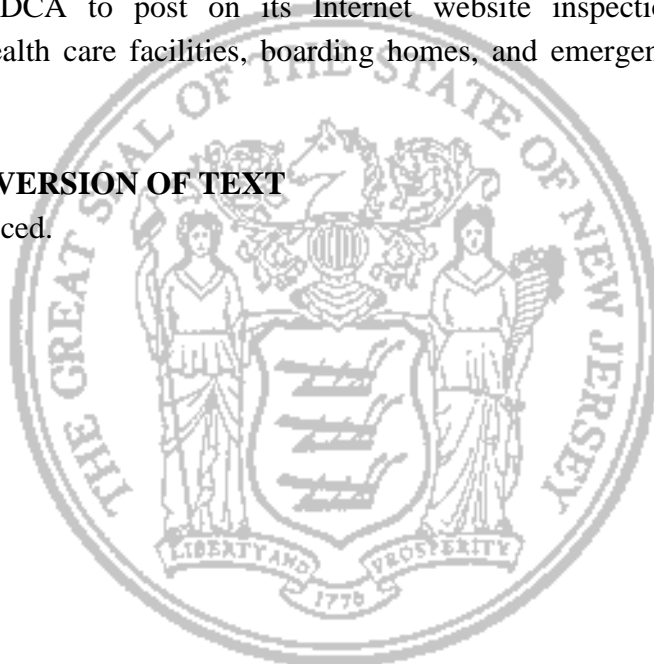
Assemblywoman Tucker

SYNOPSIS

Requires DCA to post on its Internet website inspection reports for residential health care facilities, boarding homes, and emergency shelters for the homeless.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 9/23/2014)

A3175 RILEY, DEANGELO

2

1 AN ACT concerning inspection reports for residential health care
2 facilities, boarding homes, and emergency shelters for the
3 homeless, and amending P.L.1971, c.136, P.L.1979, c.496, and
4 P.L.1985, c.48.

5

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

8

9 1. Section 12 of P.L.1971, c.136 (C.26:2H-12) is amended to
10 read as follows:

11 12. a. No health care service or health care facility shall be
12 operated unless it shall: (1) possess a valid license issued pursuant
13 to this act, which license shall specify the kind or kinds of health
14 care services the facility is authorized to provide; (2) establish and
15 maintain a uniform system of cost accounting approved by the
16 commissioner; (3) establish and maintain a uniform system of
17 reports and audits meeting the requirements of the commissioner;
18 (4) prepare and review annually a long range plan for the provision
19 of health care services; and (5) establish and maintain a centralized,
20 coordinated system of discharge planning which assures every
21 patient a planned program of continuing care and which meets the
22 requirements of the commissioner which requirements shall, where
23 feasible, equal or exceed those standards and regulations
24 established by the federal government for all federally-funded
25 health care facilities but shall not require any person who is not in
26 receipt of State or federal assistance to be discharged against his
27 will.

28 b. (1) Application for a license for a health care service or
29 health care facility shall be made upon forms prescribed by the
30 department. The department shall charge a single, nonrefundable
31 fee for the filing of an application for and issuance of a license and
32 a single, nonrefundable fee for any renewal thereof, and a single,
33 nonrefundable fee for a biennial inspection of the facility, as it shall
34 from time to time fix in rules or regulations; provided, however,
35 that no such licensing fee shall exceed \$10,000 in the case of a
36 hospital and \$4,000 in the case of any other health care facility for
37 all services provided by the hospital or other health care facility,
38 and no such inspection fee shall exceed \$5,000 in the case of a
39 hospital and \$2,000 in the case of any other health care facility for
40 all services provided by the hospital or other health care facility.
41 No inspection fee shall be charged for inspections other than
42 biennial inspections. The application shall contain the name of the
43 health care facility, the kind or kinds of health care service to be
44 provided, the location and physical description of the institution,
45 and such other information as the department may require.

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 (2) A license shall be issued by the department upon its findings
2 that the premises, equipment, personnel, including principals and
3 management, finances, rules and bylaws, and standards of health
4 care service are fit and adequate and there is reasonable assurance
5 the health care facility will be operated in the manner required by
6 this act and rules and regulations thereunder.

7 (3) The department shall post on its Internet website each
8 inspection report prepared following an inspection of a residential
9 health care facility, as defined in section 1 of P.L.1953, c.212
10 (C.30:11A-1) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et
11 seq.), that is performed pursuant to this subsection, along with any
12 other inspection report prepared by or on behalf of the department
13 for such facility. If the inspection responsibilities under this
14 subsection with respect to such facility are transferred or otherwise
15 assigned to another department, that other department shall post on
16 its Internet website each inspection report prepared following an
17 inspection of such facility performed pursuant to this subsection,
18 along with any other inspection report prepared by or on behalf of
19 that department for such facility.

20 c. (Deleted by amendment, P.L.1998, c.43).

21 d. The commissioner may amend a facility's license to reduce
22 that facility's licensed bed capacity to reflect actual utilization at the
23 facility if the commissioner determines that 10 or more licensed
24 beds in the health care facility have not been used for at least the
25 last two succeeding years. For the purposes of this subsection, the
26 commissioner may retroactively review utilization at a facility for a
27 two-year period beginning on January 1, 1990.

28 e. If a prospective applicant for licensure for a health care
29 service or facility that is not subject to certificate of need review
30 pursuant to P.L.1971, c.136 (C.26:2H-1 et al.) so requests, the
31 department shall provide the prospective applicant with a pre-
32 licensure consultation. The purpose of the consultation is to
33 provide the prospective applicant with information and guidance on
34 rules, regulations, standards and procedures appropriate and
35 applicable to the licensure process. The department shall conduct
36 the consultation within 60 days of the request of the prospective
37 applicant.

38 f. Notwithstanding the provisions of any other law to the
39 contrary, an entity that provides magnetic resonance imaging or
40 computerized axial tomography services shall be required to obtain
41 a license from the department to operate those services prior to
42 commencement of services, except that a physician who is
43 operating such services on the effective date of P.L.2004, c.54 shall
44 have one year from the effective date of P.L.2004, c.54 to obtain the
45 license.

46 g. (1) Notwithstanding the provisions of any other law to the
47 contrary, an entity that operates a surgical practice on the effective
48 date of this section of P.L.2009, c.24, as defined in this subsection,

1 shall be required to register with the department within one year of
2 the effective date of P.L.2009, c.24.

3 (2) An entity that has not commenced operation as a surgical
4 practice on the effective date of this section of P.L.2009, c.24, but
5 has filed or files before the 180th day after the effective date of this
6 section of P.L.2009, c.24 its plans, specifications, and required
7 documents with the municipality in which the surgical practice will
8 be located, shall register with the department prior to the
9 commencement of services.

10 (3) As a condition of registration with the department, a surgical
11 practice shall be required to obtain certification by the Centers for
12 Medicare and Medicaid Services as an ambulatory surgery center
13 provider or obtain ambulatory care accreditation from an
14 accrediting body recognized by the Centers for Medicare and
15 Medicaid Services.

16 (4) As a condition of registration with the department, a surgical
17 practice shall be required to report the following information
18 annually: the number of patients served by payment source,
19 including the number of Medicaid-eligible and medically indigent
20 persons served; the number of new patients accepted; and the
21 number of physicians, physician assistants, and advanced practice
22 nurses providing professional services at the surgical practice.

23 (5) As used in this subsection and subsection i. of this section,
24 "surgical practice" means a structure or suite of rooms that has the
25 following characteristics:

26 (a) has no more than one room dedicated for use as an operating
27 room which is specifically equipped to perform surgery, and is
28 designed and constructed to accommodate invasive diagnostic and
29 surgical procedures;

30 (b) has one or more post-anesthesia care units or a dedicated
31 recovery area where the patient may be closely monitored and
32 observed until discharged; and

33 (c) is established by a physician, physician professional
34 association surgical practice, or other professional practice form
35 specified by the State Board of Medical Examiners pursuant to
36 regulation solely for the physician's, association's or other
37 professional entity's private medical practice.

38 "Surgical practice" includes an unlicensed entity that is certified
39 by the Centers for Medicare and Medicaid Services as an
40 ambulatory surgery center provider.

41 (6) Nothing in this subsection shall be construed to limit the
42 State Board of Medical Examiners from establishing standards of
43 care with respect to the practice of medicine.

44 h. An ambulatory care facility licensed to provide surgical and
45 related services shall be required to obtain ambulatory care
46 accreditation from an accrediting body recognized by the Centers
47 for Medicare and Medicaid Services as a condition of licensure by
48 the department.

1 An ambulatory care facility that is licensed to provide surgical
2 and related services on the effective date of this section of
3 P.L.2009, c.24 shall have one year from the effective date of this
4 section of P.L.2009, c.24 to obtain ambulatory care accreditation.

5 i. Beginning on the effective date of this section of
6 P.L.2009, c.24, the department shall not issue a new registration to
7 a surgical practice or a new license to an ambulatory care facility to
8 provide surgical and related services unless:

9 (1) in the case of a registered surgical practice or licensed
10 facility in which a transfer of ownership of the practice or facility is
11 proposed, the commissioner reviews the qualifications of the new
12 owner or owners and approves the transfer;

13 (2) (a) except as provided in subparagraph (b) of this paragraph,
14 in the case of a registered surgical practice or licensed facility for
15 which a relocation of the practice or facility is proposed, the
16 relocation is within 20 miles of the practice's or facility's current
17 location or the relocation is to a "Health Enterprise Zone"
18 designated pursuant to section 1 of P.L.2004, c.139 (C.54A:3-7),
19 there is no expansion in the scope of services provided at the new
20 location from that of the current location, and the commissioner
21 reviews and approves the relocation; or

22 (b) in the case of a licensed facility described in paragraph (5)
23 or (6) of this subsection for which a relocation of the facility is
24 proposed, the commissioner reviews and approves the relocation;

25 (3) the entity is a surgical practice required to be registered
26 pursuant to paragraph (1) of subsection g. of this section and meets
27 the requirements of that subsection;

28 (4) the entity has filed its plans, specifications, and required
29 documents with the Health Care Plan Review Unit of the
30 Department of Community Affairs or the municipality in which the
31 surgical practice or facility will be located, as applicable, on or
32 before the 180th day following the effective date of this section of
33 P.L.2009, c.24;

34 (5) the facility is owned jointly by a general hospital in this
35 State and one or more other parties; or

36 (6) the facility is owned by a hospital or medical school.

37 j. (1) The department shall require an applicant for registration
38 as a surgical practice, as provided in subsection g. of this section, to
39 submit an application for registration in a form and manner
40 prescribed by the department. The applicant shall submit the name
41 and address of the surgical practice that is to be registered, the name
42 of the chief administrator or designated agent of the practice, the
43 names and addresses of all owners of the practice, the scope of
44 services provided at the practice, proof of certification by the
45 Centers for Medicare and Medicaid Services or accreditation from
46 an accrediting body recognized by the Centers for Medicare and
47 Medicaid Services, and such other information as the commissioner
48 deems necessary and as provided by regulation.

1 (2) The registration shall be valid for a one-year period and may
2 be renewed upon submission to the department of an application for
3 renewal.

4 (3) The commissioner may suspend, revoke, or deny a
5 registration if the registrant or applicant, as applicable, is not in
6 compliance with the requirements of this section.

7 (4) No registered surgical practice shall be owned, managed, or
8 operated by any person convicted of a crime relating adversely to
9 the person's capability of owning, managing, or operating the
10 practice.

11 (5) The department may charge a reasonable fee for filing an
12 application for registration and for each renewal thereof.

13 (cf: P.L.2009, c.24, s.1)

14

15 2. Section 9 of P.L.1979, c.496 (C.55:13B-9) is amended to
16 read as follows:

17 9. The commissioner shall ensure that each rooming or
18 boarding house whose owner possesses a valid license is inspected
19 and its records reviewed at least once each year for the purpose of
20 determining whether the owner or operator is complying with
21 standards promulgated pursuant to the provisions of this act. If the
22 commissioner determines, as a result of any such inspection and
23 review of records, that an owner or operator is in violation of such
24 standards, he shall serve the owner or operator of the facility with a
25 written notice thereof, which shall fix a date by which the owner or
26 operator shall enter into compliance. The commissioner shall not
27 be required to perform annual inspections of facilities licensed and
28 inspected by a municipality pursuant to P.L.1993, c.290 (C.40:52-9
29 et seq.), but shall have the authority to oversee and ensure the
30 enforcement of the "Rooming and Boarding House Act of 1979,"
31 P.L.1979, c.496 (C.55:13B-1 et seq.), and the rules and regulations
32 adopted pursuant thereto in those facilities. A municipality shall
33 file with the commissioner a copy of an inspection report prepared
34 following an inspection of a rooming or boarding house performed
35 by the municipality pursuant to P.L.1993, c.290 (C.40:52-9 et seq.).
36 The commissioner may prescribe a standard inspection report
37 format to be used by the municipality.

38 The Department of Community Affairs shall post on its Internet
39 website each inspection report prepared following an inspection
40 performed on behalf of or filed with the commissioner pursuant to
41 this section, along with any other inspection report prepared by or
42 on behalf of the department for a rooming or boarding house.

43 (cf: P.L.1999, c.241, s.3)

44

45 3. Section 3 of P.L.1985, c.48 (C.55:13C-3) is amended to read
46 as follows:

47 3. Notwithstanding any provision of any other statute or any
48 municipal ordinance other than a zoning ordinance, or regulation to

1 the contrary, the licensing, regulation and inspection of emergency
2 shelters for the homeless in all municipalities of this State and the
3 issuance of all necessary permits, approvals and certificates of
4 occupancy shall be conducted by a public officer designated by the
5 municipality in accordance with the regulations promulgated by the
6 Commissioner of the Department of Community Affairs pursuant to
7 section 5 of **[this act]** P.L.1985, c.48 (C.55:13C-5). A municipality
8 shall file with the commissioner a copy of an inspection report
9 prepared following an inspection conducted by the public officer
10 pursuant to this section. The commissioner may prescribe a
11 standard inspection report format to be used by the public officer.

12 The Department of Community Affairs shall post on its Internet
13 website each inspection report filed with the commissioner pursuant
14 to this section, along with any other inspection report prepared by
15 or on behalf of the department for an emergency shelter for the
16 homeless.

17 (cf: P.L.1985, c.48, s.3)

18

19 4. This act shall take effect immediately.

20

21

22

STATEMENT

23

24 This bill would require the Department of Community Affairs
25 (DCA) to post on its Internet website all inspection reports prepared
26 on its behalf or filed therewith for residential health care facilities,
27 boarding homes, and emergency shelters for the homeless. The
28 Bureau of Rooming and Boarding House Standards in the Division
29 of Codes and Standards in DCA performs or oversees the inspection
30 of these facilities. This bill would promote greater transparency
31 with respect to these facilities by providing residents and their
32 families with greater access to information about the conditions of
33 these facilities.

34 The responsibility to inspect residential health care facilities was
35 transferred from the Department of Health to DCA pursuant to a
36 reorganization plan. If such responsibilities are returned to the
37 Department of Health or transferred to another department, the bill
38 provides that the inspection reports prepared by or on behalf of such
39 department be posted on the Internet website of that department.

40 Some rooming and boarding houses and all emergency shelters
41 for the homeless are inspected by local officials. Municipalities
42 with such local inspections would be required to file with the
43 commissioner of DCA copies of inspection reports prepared
44 following these inspections to enable DCA to post the reports on its
45 website. The bill would authorize the commissioner of DCA to
46 prescribe a standard inspection format be used by municipalities
47 conducting these inspections.

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3175

with committee amendments

STATE OF NEW JERSEY

DATED: SEPTEMBER 22, 2014

The Assembly Human Services Committee reports favorably and with committee amendments Assembly Bill No. 3175.

As amended by the committee, this bill would require the Department of Community Affairs (DCA) to post on its Internet website all inspection reports prepared on its behalf or filed therewith for residential health care facilities, boarding homes, and emergency shelters for the homeless. The Bureau of Rooming and Boarding House Standards in the Division of Codes and Standards in DCA performs or oversees the inspection of these facilities. This bill would promote greater transparency with respect to these facilities by providing residents and their families with greater access to information about the conditions of these facilities.

The responsibility to inspect residential health care facilities was transferred from the Department of Health (DOH) to DCA pursuant to a reorganization plan. If these responsibilities are returned to DOH or transferred to another department, the inspection reports would be posted on that department's website.

Some rooming and boarding houses and all emergency shelters for the homeless are inspected by local officials. Municipalities would be required to file with the commissioner of DCA copies of inspection reports prepared following these inspections to enable DCA to post the reports on its website. The bill would authorize the commissioner to prescribe a standard inspection format to be used by municipalities conducting these inspections.

As amended, this bill would also provide that if an inspection reveals a serious health and safety violation, DCA is to post the inspection report, including the name of the residential health care facility, rooming or boarding house, or emergency shelter for the homeless, and the owner, on its website no later than 72 hours following the inspection. If a license is suspended, DCA is to post the suspension no later than 72 hours following the suspension. The bill further requires DCA to update its website to reflect the correction of the violation and the lifting of a suspension.

Additionally, DCA is to notify the Commissioner of Human Services, or the commissioner's designee, and the director of the

county board of social services or welfare agency, as appropriate, of a serious health and safety violation and of any suspension of a license to operate the facilities, rooming or boarding houses, or shelters.

With regard to residential health care facilities and rooming or boarding houses, upon notification of a serious health and safety violation or suspension of a license, the Commissioner of Human Services, or designee, is required to communicate these violations and license suspensions to the chief executive officers, or designees, of State and county psychiatric hospitals, psychiatric units of county hospitals, public or private hospitals providing voluntary and involuntary mental health services, general hospitals which have a psychiatric unit, and State developmental centers. Under the bill, individuals who are discharged or transferred, as applicable, from these facilities are not to be placed in residential health care facilities or rooming or boarding houses for which an inspection report reveals a serious health and safety violation, until such time as the violation has been corrected and any suspension of a license has been lifted.

The bill further provides that individuals are not to be placed or referred by DHS or county boards of social services and welfare agencies to residential health care facilities, rooming or boarding houses, or emergency shelters for the homeless, until such time as health and safety violations have been corrected and any suspension of a license has been lifted.

As reported by the committee, this bill is identical to Senate Bill No. 1856 Aca (Codey/Vitale), which the committee also reported favorably on this date.

COMMITTEE AMENDMENTS

The committee amendments provide that if an inspection of a residential health care facility, rooming or boarding house, or emergency shelter for the homeless reveals a serious health and safety violation, DCA is required to post the inspection report, including the name and owner of the facility, rooming or boarding house, or shelter on its website within 72 hours of the inspection. If a license is suspended, that information also is to be posted within 72 hours. The amendments also provide for notification of these violations to the Commissioner of Human Services, or the designee, and to the county boards of social services and welfare agencies.

The Commissioner of Human Services, or designee, is required to notify the chief executive officers, or their designees, of psychiatric facilities as well as developmental centers, of violations and license suspensions. Individuals who are discharged or transferred from these facilities are not to be placed in residential health care facilities or rooming or boarding houses for which inspection reports revealed serious health and safety violations, until violations have been corrected and suspensions have been lifted.

The amendments further provide that placements or referrals by DHS and county boards of social services and welfare agencies are not to be made to residential health care facilities, rooming or boarding houses, or emergency shelters for the homeless, until such time as health and safety violations have been corrected and any suspension of a license has been lifted.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 3175

STATE OF NEW JERSEY 216th LEGISLATURE

DATED: DECEMBER 23, 2014

SUMMARY

- Synopsis:** Requires DCA to post on its website information about inspection reports for residential health care facilities, boarding homes, and emergency shelters for the homeless, and requires notifications to DHS and counties.
- Type of Impact:** Indeterminate increase in State costs.
- Agencies Affected:** Department of Community Affairs, Department of Human Services, counties, and municipalities.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Cost	Indeterminate – See comments below		
Local Cost	Indeterminate – See comments below		

- The Office of Legislative Services concludes that the enactment of Assembly Bill No. 3175 (1R) would have an indeterminate impact on State and county finances.
- To the extent that the Department of Community Affairs (DCA) has to purchase new information technology systems that permit the posting of inspection reports for residential health care facilities, boarding homes, and emergency shelters for the homeless, and hire additional personnel to maintain that system, the State will incur additional costs.
- It is also possible that the State and counties will incur additional costs if an individual may not be discharged from a psychiatric facility or developmental center to certain residential health care facilities or rooming or boarding houses.

BILL DESCRIPTION

Assembly Bill No. 3175 (1R) requires the Department of Community Affairs to post on its Internet website all inspection reports prepared on its behalf or filed therewith for residential health care facilities, boarding homes, and emergency shelters for the homeless. The Bureau of Rooming and Boarding House Standards in the Division of Codes and Standards in DCA performs or oversees the inspection of these facilities. The responsibility to inspect residential health care facilities was transferred from the Department of Health (DOH) to DCA pursuant to a reorganization plan. If these responsibilities are returned to DOH or transferred to another department, the inspection reports would be posted on that department's website. Some rooming and boarding houses and all emergency shelters for the homeless are inspected by local officials. Municipalities would be required to file with the Commissioner of Community Affairs copies of inspection reports prepared following these inspections to enable DCA to post the reports on its website. The bill authorizes the commissioner to prescribe a standard inspection report format to be used by municipalities conducting these inspections.

The bill provides that if an inspection reveals a serious health and safety violation, DCA is to post the inspection report, including the name of the residential health care facility, rooming or boarding house, or emergency shelter for the homeless, and the owner, on its website no later than 72 hours following the inspection. The bill also provides that if the license of such facility is suspended DCA is to post the suspension on its website within 72 hours following the suspension. The bill further requires DCA to update its website to reflect the correction of a violation and the lifting of a suspension. Additionally, the DCA is to notify the Commissioner of Human Services, or the commissioner's designee, and the director of the county board of social services or welfare agency, as appropriate, of a serious health and safety violation and of any suspension of a license to operate.

With regard to residential health care facilities and rooming and boarding houses, upon notification of a serious health and safety violation or suspension of a license, the Commissioner of Human Services is required to communicate these violations and license suspensions to the chief executive officers, or designees, of State and county psychiatric hospitals, psychiatric units of county hospitals, public or private hospitals providing voluntary and involuntary mental health services, general hospitals with a psychiatric unit, and State developmental centers. Under the bill, individuals who are discharged or transferred from these facilities are not to be placed in residential health care facilities or rooming or boarding houses for which an inspection report reveals a serious health and safety violation or the license of which has been suspended until such time as the violation has been corrected and any suspension of a license has been lifted. The bill further provides that individuals are not to be placed or referred by Department of Human Services or county boards of social services and welfare agencies to residential health care facilities, rooming or boarding houses, or emergency shelters for the homeless, until such time as health and safety violations have been corrected and any suspension of a license has been lifted.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services concludes that the enactment of Assembly Bill No. 3175 (1R) would result an indeterminate impact on State and county finances. To the extent that DCA has to purchase new information technology systems that permit the posting of inspection reports for residential health care facilities, boarding homes, and emergency shelters for the homeless, and hire additional personnel to maintain that system, the State will incur additional costs.

New services provided to individuals in a psychiatric hospital or development center generally cost more than those services provided in a residential health care facility or rooming or boarding house. Therefore, it is also possible that the State and counties will incur additional costs if an individual may not be discharged from a psychiatric facility or developmental center because residential health care facilities or rooming or boarding houses are unavailable due to violation or license suspension. Information on the number of persons transferred from psychiatric hospitals and development centers to residential health care facilities and rooming and boarding houses is not available at this time.

Section: Local Government

*Analyst: Scott A. Brodsky
Senior Fiscal Analyst*

*Approved: David J. Rosen
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.).