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**S2878 (Stack) /A4636 (Jimenez):** Establishes minimum certified nursing assistant-to-resident ratios in nursing homes.

**Approved Position:** Opposed

**Bill Details:** This bill establishes minimum certified nursing assistant-to-resident ratios for nursing homes. Under regulations, the Department of Health requires nursing homes to meet a minimum number of hours of direct care staff-to-resident time per day. The belief that mandating specific certified nursing assistant-to-resident ratios will provide a more precise, enforceable requirement, and will improve the level of services provided to nursing home residents in the State.

Under the bill, certified nursing assistant-to-resident ratios will be as follows:

- (1) One certified nursing assistant for every six residents on the day shift;
- (2) One certified nursing assistant for every nine residents on the evening shift; and
- (3) One certified nursing assistant for every 14 residents on the night shift.

The bill sets forth a methodology for computing the appropriate ratio, and provides that a nursing home that experiences an increase in resident census is exempt from increasing the number of certified nursing assistants for nine consecutive shifts.

Nothing in the bill would affect any other minimum staffing requirements as may be mandated by the Commissioner of Health for nursing home staff other than certified nursing assistants, and nothing in the bill would prohibit a nursing home from establishing staffing levels above the established minimum.

**Bill History:**

**S2878**

- 5/14/2015: Introduced, Referred to Senate Health, Human Services and Senior Citizens Committee. This bill is posted for consideration on Thursday, December 10<sup>th</sup>.

**A4636**

- 6/29/2015: Introduced, Referred to Assembly Human Services Committee.
- Legislation was posted for consideration in the Assembly Committee in November, but the bill was held.

**S3225 (Bateman):** Limits time continuing care retirement communities may retain refundable entrance fee after resident vacates facility to no more than one year.

**Approved Position:** Opposed

**Bill Details:** This bill would limit the time that a CCRC may retain a refundable entrance fee after a resident vacates the facility to no more than one year later. Under current law, a continuing care retirement community may retain an entrance fee after a resident vacates the facility for as long as it takes for the unit to be reoccupied by another resident. Absent a maximum refunding period, there is little incentive for the facility managers to aggressively market any particular vacant unit. In some instances, a facility has retained the fee for several years after the unit has been vacated, unreasonably delaying the return of the fee. Further, if the resident has died, an estate may be forced to pay distribution taxes on money representing the fee refund, years before the estate and beneficiaries receive that fee refund. This bill would limit the amount of time an entrance fee may be retained to ensure that the money is returned within a reasonable timeframe.

**Bill History:**

- 1/5/2015 Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee. There is no Assembly version of the bill.

**S785 (Weinberg)/A2354 (Lampitt):** Concerns earned sick leave.

**Approved Position:** Opposed

**Bill Details:** The Senate and Assembly versions do not match.

- Assembly version states that local ordinances on earned sick leave would remain.
  - Senate version states that the state law would preempt local law after the effective date of the law.
- Senate version notes that the employer may provide the employee with the full earned sick leave for the year on the first day of the benefit year. Assembly version does not have this language.
  - In the Senate version, if the employer chooses to give the full earned sick leave on the first day of the benefit year, then the employer has to either provide to the employee a payment for the full amount of unused earned sick leave in the final month of the employer's benefit year or carry forward any unused sick leave to the next benefit year.
- Both the bill in the Senate and the Assembly include the following language:
  - An employer is in compliance if the employer offers any other fully paid leave that may be used for the purposes of this act in the manner provided by this act, and is accrued at a rate equal to or greater than the rate described.

**Bill History:**

**S785**

- 1/14/2014: Introduced, Referred to Senate Labor Committee.
- 6/22/2015: Reported from committee with amendments, 2nd Reading. Vote was 3-2. Senator Madden, Senator Vitale, and Senate Cunningham voted yes. Senator Bucco and Senator Addiego voted no.

## A2354

- 2/6/2014: Introduced, Referred to Assembly Labor Committee
- 10/27/2014: Reported out of Committee with amendments by vote of 6-3. Assemblyman Egan, Assemblywoman Sumter, Assemblyman Coughlin, Assemblyman Mukherji, Assemblyman O'Donnell and Assemblywoman Quijano voted yes. Assemblyman Dancer, Assemblyman Space, and Assemblyman Webber voted no.
  - Referred to Assembly Budget Committee.
- 12/15/2014: Reported out of committee with amendments, 2nd Reading. Vote was 6-4-1. Assemblyman Schaer, Assemblyman Burzichelli, Assemblyman Johnson, Assemblyman Mukherji, Assemblywoman Pintor Marin, and Assemblyman Wimberly vote yes. Assemblyman Brown, Assemblyman Bucco, Assemblyman O'Scanlon, and Assemblyman Webber voted no. Assemblyman Cryan abstained and Assemblyman Singleton did not vote.

**S3128 (Madden) / A4874 (Oliver):** Establishes "New Jersey Task Force on Abuse of Persons who are Elderly or Disabled."

**Approved Position:** Support

**Bill Details:** Bill creates the "New Jersey Task Force on Abuse of Persons who are Elderly or Disabled." This taskforce would be required to evaluate the current policies that are made to protect older adults and people with disabilities from instances of abuse, neglect, and financial exploitation as well as identify circumstances in which there is inadequate protection. Lastly, the taskforce would be required to develop recommendations that would guard against such instances of abuse, neglect, and financial exploitation. This report would be due a year after the taskforce's organizational meeting.

The task force would consist of 11 members as follows: the Commissioners of Health and Human Services, the Ombudsman for the Institutionalized Elderly, and the President of the New Jersey State Municipal Prosecutors' Association, or their designees, who would serve ex officio; the State Director of the AARP; a representative from Adult Protective Services in the Division of Aging Services in the Department of Human Services; and five public members having relevant knowledge of, or experience in, matters related to the abuse, neglect, or financial exploitation of older adults or persons with disabilities. The Governor would appoint three public members, the Senate President would appoint one public member, and the Speaker of the General Assembly would appoint one public member.

**Bill History:** The bill was introduced on 8/10/15. The bill has been referred to the Senate Health, Human Services and Senior Citizens Committee. Assemblywoman Oliver introduced the Assembly version recently.

**S2931 (Weinberg)/A3911 (Pinkin):** Requires certain health care facilities to provide information concerning palliative care and hospice services.

**Approved Position:** Support

**Bill Details:** Under the bill, there will be a Palliative Care and Hospice Care Advisory Council. LANJ has been added to the Assembly version as being one of the groups that will be consulted in putting together the Council.

## Bill History:

### S2931

- 5/18/2015: Introduced, Referred to Senate Health, Human Services and Senior Citizens Committee.

### A3911

- 12/4/2014: Introduced, Referred to Assembly Health and Senior Services Committee.
- 5/7/2015: Reported from committee unanimously as a substitute, 2nd Reading.
- 6/11/2015: Assembly Floor Amendment Passed (Jasey).
- 6/25/2015: Passed by the Assembly (74-1-3).
- 6/29/2015: Received in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee.

**S854 (Vitale):** Requires that certain health care facilities be generator ready; allows health care facilities to qualify for NJEDA loans for cost of generators.

**Approved Position:** Support

**Update:** Sent back to Governor's desk for signature.

## Alzheimer's Legislation

**S2959 (Codey)/A4100 Garcia:** Requires hospital patient's medical record to include notation if patient has Alzheimer's disease and related disorders.

**Bill Details:** The bill provides that a hospital is to require a health care professional, at the time of taking a medical history or performing a physical examination of a patient admitted to an emergency room or the hospital, to include a notation in the patient's medical record indicating, if applicable, that the patient has Alzheimer's disease and related disorders. The notation is to be prominently displayed in the record.

It is intended that this bill will enable hospitals to better care for patients with Alzheimer's disease and related disorders, and help prevent these patients from wandering away from hospitals.

## Bill History:

### S2959

- 6/8/2015: Introduced, Referred to Senate Health, Human Services and Senior Citizens Committee.
- 6/15/2015: Reported from Senate Committee, 2nd Reading. Vote was 9-0.
- 6/29/2015: Passed by the Senate (40-0).
- 11/9/2015 Received in the Assembly, Referred to Assembly Health and Senior Services Committee.

## A4100

- 1/15/2015: Introduced, Referred to Assembly Health and Senior Services Committee.

**There are a number of Alzheimer's related bills moving through the process, including the following two, which are posted for Assembly Health consideration on Thursday, December 10<sup>th</sup>:**

- A4188 / S2961 (Garcia/Vitale): Clarifies that Alzheimer's disease and related disorders may be listed as secondary cause of death on death certificate when appropriate.
- A4331 / S2960 (Garcia/Codey): Requires training of homemaker-home health aides in the care of patients with Alzheimer's disease or related disorders.

## Recently Introduced Legislation

**A4710 (Schaer)**: Establishes pilot program for incentive-based value payment system for nursing homes.

**Approved Position:** Monitor

**Bill Details:** The Division of Medical Assistance and Health Services in the Department of Human Services would establish a pilot program to adopt a new, incentive-based value payment system for nursing homes providing services to Medicaid and NJ FamilyCare recipients. The incentive-based value payment system, which is required to commence no later than January 1, 2017, will reward participating nursing homes for achieving improved performance outcomes in at least four core measurements of quality improvement and cost savings, including, but not limited to: preventable hospital admissions and readmissions; medication reconciliation; adverse events; discharge planning during hospitalization; and collaboration with primary care and other health care providers. The goal of the system will be to reduce the costs associated with long-term care by improving the coordination of long-term health care services.

Nursing homes participating in the pilot program will be required to designate a single health care professional for each resident to establish a plan of care and coordinate person-centered services for the resident, develop protocols for immediate follow up after discharge from a hospital, develop protocols for medication reconciliation, establish protocols to facilitate collaboration with hospitals and other health care providers, and establish standards, requirements, and programs to educate residents and their families regarding individualized plans of care and goals to address the unique needs of each resident.

**Bill History:**

- 11/16/2015 Introduced, Referred to Assembly Health and Senior Services Committee. There is no Senate version of this legislation.

**A4783 (Singleton):** Provides Medicaid coverage for advance care planning.

**Approved Position:** Support

**Bill Details:** Advance care planning for the purposes of this bill includes a consultation between an eligible Medicaid beneficiary and a health care provider. The planning is voluntary and will be covered once every five years, unless there is a significant change in the health, health-related condition, or care setting of the patient.

The advance care consultation will be at the request of the Medicaid beneficiary and will include the provider explaining the following to the patient: advance care planning and the uses of advance directives; the role and responsibilities of a health care representative; explaining the services and supports available to be authorized through Medicaid during chronic and serious illness, including palliative care, home care, long-term care, and hospice care; and physician orders for life-sustaining treatment.

Additionally, the provider will facilitate shared decision making with the patient, making use of: decision aids; patient support tools, provided in an easy-to-understand format which incorporates patient preference and values into the medical plan; an advance directive; and a physician's order for life-sustaining treatment, as appropriate.

Furthermore, at the request of the patient, the provider will enter any physician order for life-sustaining treatment or advance directive into the electronic health record of the patient. For the purposes of this bill, life-sustaining treatment means, with respect to a patient, an actionable medical order relating to the treatment of that patient that effectively communicates the patient's preferences regarding life-sustaining treatment, which is completed and recorded in a manner recognized pursuant to New Jersey law.

**Bill History:**

- 11/16/2015 Introduced, Referred to Assembly Human Services Committee. There is no Senate version of this legislation.

**Morristown Hospital Tax Legislation**

**A4736 (Dancer):** Maintains property tax exemption for certain non-profit hospitals with on-site for-profit medical providers.

**S3299 (Sweeney/Singer/Vitale):** Maintains property tax exemption for certain nonprofit hospitals with on-site for-profit medical providers; requires these hospitals to pay community service contributions to host municipalities; establishes Nonprofit Hospital Community Service Contribution Study Commission.