

ASSEMBLY, No. 1160

STATE OF NEW JERSEY

222nd LEGISLATURE

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SYNOPSIS

Requires DOH to evaluate technology uses in long-term care settings, implements certain technological requirements within long-term care settings, and clarifies existing telehealth reimbursement parity includes long-term care settings.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Infrastructure Committee with technical review.



1 AN ACT concerning technology in long-term care settings, and
2 amending and supplementing various parts of statutory law.

3

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

6

7 1. Section 6 of P.L.2020, c.87 (C.26:2H-12.95) is amended to
8 read as follows:

9 6. a. No later than 270 days after the effective date of **[this**
10 **act]** P.L.2020, c.87 (C.26:2H-12.90 et seq.), each long-term care
11 facility, and no later than 270 days after the effective date of
12 P.L. , c. (C.) (pending before the Legislature as this act),
13 each home and community based services provider shall implement
14 or upgrade to an electronic health record system certified by the
15 Office of the National Coordinator for Health Information
16 Technology in the U.S. Department of Health and Human Services
17 that is capable of information sharing through industry standard
18 data interoperability, including application programming interface
19 Health Level 7 or fast healthcare interoperability technology. Use
20 cases built on this technology shall include the bi-directional
21 capability for admission discharge and transfer and continuity of
22 care through the clinical data architecture. Long-term care facilities
23 and home and community based services providers interoperability
24 for these use cases shall be achieved by connecting to the New
25 Jersey Health Information Network.

26 b. Subject to the availability of funding for this purpose, the
27 Department of Health shall make grants available to long-term care
28 facilities and home and community based services providers:

29 (1) to provide assistance in implementing or upgrading to an
30 electronic health record system that meets the requirements of
31 subsection a. of this section, which grants shall be distributed to
32 long-term care facilities and home and community based services
33 providers based on demonstrated need; and

34 (2) to support the exchange of user-friendly clinical information
35 via an electronic health record system that meets the requirements
36 of subsection a. of this section with State hospitals, which grants
37 shall be distributed based on an evaluation of the long-term care
38 facility or home and community based services provider's plan to
39 utilize the grant award to allow for timely and well-informed
40 clinical decisions across settings.

41 (cf: P.L.2020, c.87, s.6)

42

43 2. Section 11 of P.L.2021, c.310 is amended to read as follows:

44 11. a. For the period beginning on the effective date of
45 P.L.2021, c.310 and ending on **[December 31, 2024]** December 31,

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 2027, a health benefits plan in this State shall provide coverage and
2 payment for health care services, including those services provided
3 in a long-term care setting, delivered to a covered person through
4 telemedicine or telehealth at a provider reimbursement rate that
5 equals the provider reimbursement rate that is applicable, when the
6 services are delivered through in-person contact and consultation in
7 New Jersey, provided the services are otherwise covered by the
8 health benefits plan when delivered through in-person contact and
9 consultation in New Jersey. The requirements of this subsection
10 shall not apply to:

11 (1) a health care service provided by a telemedicine or telehealth
12 organization that does not provide the health care service on an in-
13 person basis in New Jersey; or

14 (2) a physical health care service that was provided through
15 real-time, two-way audio without a video component, whether or
16 not utilized in combination with asynchronous store-and-forward
17 technology, including through audio-only telephone conversation.
18 The reimbursement rate for a physical health care service that is
19 subject to this paragraph shall be determined under the contract
20 with the provider; provided that the reimbursement rate for a
21 physical health care service when provided through audio-only
22 telephone conversation shall be at least 50 percent of the
23 reimbursement rate for the service when provided in person.

24 (3) The provisions of paragraph (2) of this subsection shall not
25 apply to a behavioral health service that was provided through real-
26 time, two-way audio without a video component, whether or not
27 utilized in combination with asynchronous store-and-forward
28 technology, including audio-only telephone conversation. A
29 behavioral health care service described in this paragraph shall be
30 reimbursed at a rate that equals the provider reimbursement rate for
31 the service when provided in person.

32 b. For the purposes of this section:

33 “Carrier” means an insurance company, health service
34 corporation, hospital service corporation, medical service
35 corporation, or health maintenance organization authorized to issue
36 health benefits plans in this State.

37 “Covered person” means the same as that term is defined in
38 section 2 of P.L.1997, c.192 (C.26:2S-2); a “benefits recipient” as
39 that term is defined under section 7 of P.L.2017, c.117 (C.30:4D-
40 6k); and a person covered under a contract purchased by the State
41 Health Benefits Commission or the School Employees’ Health
42 Benefits Commission.

43 “Health benefits plan” means a benefits plan which pays hospital
44 or medical expense benefits for covered services, and is delivered or
45 issued for delivery in this State by or through a carrier or a contract
46 purchased by the State Health Benefits Commission or the School
47 Employees’ Health Benefits Commission. The term shall include
48 the State Medicaid program established pursuant to P.L.1968, c.410

1 (C.30:4D-1 et seq.) and the NJ FamilyCare program established
2 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

3 “Long-term care setting” means the variety of locations in which
4 health care services are provided to covered persons with prolonged
5 illnesses, disabilities, or cognitive disorders that support
6 independent and safe living according to the clinical needs of the
7 person, and includes home-based care, community-based care, and
8 residential-based care.

9 (cf: P.L.2026, c.29, s.1)

10
11 3. (New section) a. Commencing six months following the
12 effective date of P.L. , c. (C.) (pending before the
13 Legislature as this act), the Department of Health shall require each
14 long-term care facility in the State, as a condition of facility
15 licensure, to provide internet, television, and telephone services
16 within each residential room of the facility. To the extent possible,
17 and in compliance with the social isolation prevention policies
18 adopted by a long-term care facility pursuant section 2 of P.L.2020,
19 c.113 (C.26:2H-12.98), the long-term care facility shall additionally
20 provide residents with the necessary equipment to utilize these
21 services.

22 b. The department shall distribute civil monetary penalty funds,
23 as approved by the federal Centers for Medicare and Medicaid
24 Services, and any other available federal and State funds, upon
25 request, to facilities in order to comply with this section.

26 c. Whenever the department conducts an inspection of a long-
27 term care facility, the department's inspector shall determine
28 whether the long-term facility is in compliance with the provisions
29 of this section.

30 d. In addition to any other applicable penalties provided by
31 law, a long-term care facility that fails to comply with the
32 provisions of this section:

33 (1) shall be liable to pay an administrative penalty, the amount
34 of which shall be determined in accordance with a schedule
35 established by department regulation, which schedule shall provide
36 for an enhanced administrative penalty in the case of a repeat or
37 ongoing violation; and

38 (2) may be subject to adverse licensure action, as deemed by the
39 department to be appropriate.

40
41 4. (New section) a. The Department of Health, in collaboration
42 with the Department of Human Services, the Office of Long-Term
43 Care Resiliency, the Office of the State Long Term Care
44 Ombudsman, and provider and community stakeholders, shall
45 evaluate and review the use of technology in long-term care settings
46 within the State. The goal of this review shall be to identify
47 existing uses of technology within long-term care settings in the
48 State, as well as potential uses of technology that have

1 demonstrated high success rates in improving service and quality of
2 care in long-term care settings, either in this State or other states,
3 that have yet to be broadly adopted in the State. The review shall
4 include recommendations for the expansion and integration of
5 technology within long-term care settings. As used in this section,
6 “long-term care setting” means the variety of locations in which
7 services are provided to persons with prolonged illnesses,
8 disabilities, or cognitive disorders that support independent and safe
9 living according to the clinical needs of the person, and includes
10 home-based care, community-based care, and residential-based
11 care.

12 b. The review at a minimum shall include an assessment of,
13 and recommendations for implementation regarding:

14 (1) best practices in long-term care settings for the use of
15 artificial intelligence and smart systems that improve administration
16 and service delivery by reducing paperwork documentation time,
17 lowering the risk of falls, improving patient monitoring, facilitating
18 early intervention to address changes in the condition of
19 chronically ill patients, maximizing patient independence, and
20 providing for any other applicable positive clinical or administrative
21 outcome;

22 (2) the availability of Wi-Fi services in long-term care facilities,
23 and the extent to which residents can access those services in
24 private bedrooms, common areas, and corridors;

25 (3) the provision of after-hours and weekend support through
26 telemedicine and technology-based solutions; and

27 (4) remote pharmacy dispensing systems utilized at long-term
28 care facilities.

29 c. Following the completion of the review pursuant to
30 subsection a. of this section, the department shall encourage and
31 support long-term care providers in implementing the department’s
32 recommendations regarding the uses of technology in long-term
33 care settings via the following:

34 (1) distributing civil monetary penalty funds, as approved by the
35 federal Centers for Medicare and Medicaid Services, and any other
36 available federal and State funds, upon request;

37 (2) establishing grant or low interest loan programs to distribute
38 available federal or State funds via a competitive process;

39 (3) implementing performance incentives for long-term care
40 providers that comply with the department’s recommendations; or

41 (4) providing for any other aid deemed appropriate and
42 necessary by the Commissioner of Health.

43 d. No later than 18 months after the effective date of this act,
44 the department shall submit a report to the Legislature, pursuant to
45 section 2 of P.L.1991, c.164 (C.52:14-19.1), that summarizes the
46 department’s findings and recommendations pursuant subsection a.
47 of this section and describes the department’s actions pursuant to
48 subsection c. of this section.

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1 5. This act shall take effect immediately, and section 4 shall
2 expire upon the submission of the report pursuant to subsection d.
3 of that section.