

**ASSEMBLY, No. 2842**

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**STATE OF NEW JERSEY**

**219th LEGISLATURE**

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INTRODUCED FEBRUARY 20, 2020

**Sponsored by:**  
**Assemblyman GARY S. SCHAER**  
**District 36 (Bergen and Passaic)**

**SYNOPSIS**

Imposes requirements on certain pediatric emergency departments; requires DOH to include information on pediatric emergency departments in its annual hospital performance report.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning pediatric emergency departments and  
2 supplementing Title 26 of the Revised Statutes.

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

6  
7 1. a. A general hospital licensed pursuant to P.L.1971, c.136  
8 (C.26:2H-1 et seq.) shall not advertise or otherwise hold itself out to  
9 the public as providing the services of a level-one pediatric  
10 emergency department unless the requirements set forth in this  
11 subsection are met.

12 (1) The hospital shall maintain a separate, designated pediatric  
13 emergency department exclusively for the care of pediatric patients;

14 (2) The director of the pediatric emergency department shall be  
15 a board certified pediatric emergency medicine physician, and shall  
16 not serve in the capacity of director of any other pediatric  
17 emergency department.

18 (3) The nurse with day-to-day managerial responsibility for  
19 nursing in the pediatric emergency department shall be a certified  
20 pediatric emergency nurse, and shall not serve in a managerial  
21 capacity at any other pediatric emergency department.

22 (4) The pediatric emergency department shall operate and be  
23 staffed on a 24-hour basis with one of the following:

24 (a) a board certified pediatric emergency physician;

25 (b) a board eligible pediatric emergency physician;

26 (c) a board certified pediatrician with at least three years of  
27 experience working in a pediatric emergency department; or

28 (d) a board certified general emergency medicine physician with  
29 at least three years of experience working in a pediatric emergency  
30 department.

31 (5) The hospital shall maintain staff in the following  
32 subspecialties:

33 (a) pediatric anesthesiology;

34 (b) pediatric cardiology;

35 (c) pediatric hematology/oncology;

36 (d) pediatric infectious diseases;

37 (e) pediatric nephrology;

38 (f) pediatric neurology;

39 (g) pediatric orthopedics;

40 (h) pediatric pulmonology;

41 (i) pediatric radiology; and

42 (j) pediatric surgery.

43 (6) The hospital shall maintain a formal consultative  
44 relationship with the following physician subspecialists, who shall  
45 be available for consultations within one hour of a request for  
46 consultation:

47 (a) pediatric endocrinologist;

48 (b) pediatric gastroenterologist;

- 1 (c) pediatric neurosurgeon;  
2 (d) pediatric otolaryngologist;  
3 (e) pediatric urologist; and  
4 (f) pediatric ophthalmologist.
- 5 (7) The hospital shall maintain separate pediatric inpatient and  
6 pediatric intensive care units in the hospital.
- 7 b. A general hospital licensed pursuant to P.L.1971, c.136  
8 (C.26:2H-1 et seq.) shall not advertise or otherwise hold itself out to  
9 the public as providing the services of a level-two pediatric  
10 emergency department unless the requirements set forth in this  
11 subsection are met.
- 12 (1) The hospital shall maintain a designated space for the care of  
13 pediatric patients.
- 14 (2) The director of the pediatric emergency department shall be  
15 a board certified pediatric emergency medicine physician, and shall  
16 not serve in the capacity of director of any other pediatric  
17 emergency department.
- 18 (3) The nurse with day-to-day managerial responsibility for  
19 nursing in the pediatric emergency department shall be a certified  
20 pediatric emergency nurse, and shall not serve in a managerial  
21 capacity at any other pediatric emergency department.
- 22 (4) The hospital shall have a separate pediatric inpatient unit or  
23 pediatric intensive care unit, or shall have a formal transfer  
24 agreement in place with a hospital that provides the services of a  
25 level-one pediatric emergency pursuant to subsection a. of this  
26 section.
- 27 (5) The hospital shall maintain a formal consultative  
28 relationship with the following physician subspecialists, who shall  
29 be available for consultations within one hour of a request for  
30 consultation:
- 31 (a) pediatric anesthesiologist;  
32 (b) pediatric cardiologist;  
33 (c) pediatric hematologist/oncologist;  
34 (d) pediatric infectious disease specialist;  
35 (e) pediatric nephrologist;  
36 (f) pediatric neurologist;  
37 (g) pediatric orthopedist;  
38 (h) pediatric pulmonologist;  
39 (i) pediatric radiologist;  
40 (j) pediatric surgeon;  
41 (k) pediatric endocrinologist;  
42 (l) pediatric gastroenterologist;  
43 (m) pediatric neurosurgeon;  
44 (n) pediatric otolaryngologist;  
45 (o) pediatric urologist; and  
46 (p) pediatric ophthalmologist.

1 c. For purposes of this section, “pediatric” means the period of  
2 time beginning with the 29th day following birth up to, but not  
3 including, a person's 18th birthday.

4  
5 2. The Department of Health shall compile the data submitted  
6 annually by each general hospital from the hospital’s pediatric  
7 emergency medicine registry, as required pursuant to  
8 N.J.A.C.8:43G-12.4, and include in the New Jersey Hospital  
9 Performance Report, issued annually by the department, hospital-  
10 specific data from the individual hospital registries. The department  
11 shall select those data elements from the hospital registries that it  
12 deems most relevant for inclusion in the report.

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

18  
19 4. This act shall take effect on the first day of the sixth month  
20 next following the date of enactment, but the Commissioner of  
21 Health may take such anticipatory administrative action in advance  
22 thereof as shall be necessary for the implementation of this act.

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25 STATEMENT

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27 This bill prohibits hospitals in the State from advertising to the  
28 public that they provide the services of level-one or level-two  
29 pediatric emergency departments unless certain requirements  
30 specified in the bill are met. The bill also requires that the  
31 Department of Health (DOH) include in its annual New Jersey  
32 Hospital Performance Report hospital-specific data pertaining to  
33 pediatric emergency care deemed by the department to be most  
34 relevant for inclusion in the report.

35 Specifically, the bill requires that a level-one or level-two  
36 pediatric emergency departments have a board certified pediatric  
37 emergency medicine physician as its director and a certified  
38 pediatric emergency nurse responsible for day-to-day managerial  
39 responsibility. Neither the director nor the nurse manager would be  
40 permitted to hold that position in another facility.

41 A level-one pediatric emergency department would further be  
42 required to be staffed on a 24-hour basis by a board certified  
43 pediatric emergency physician, a board eligible pediatric emergency  
44 physician, a board certified pediatrician with at least three years of  
45 experience working in a pediatric emergency department, or a board  
46 certified general emergency medicine physician with at least three  
47 years of experience working in a pediatric emergency department.  
48 The hospital would also be required to maintain a separate pediatric

1 inpatient or pediatric intensive care unit. In addition, the hospital  
2 would be required to maintain staff with pediatric subspecialties  
3 specified in the bill and to maintain formal consultative  
4 relationships with additional specified physician subspecialists, who  
5 would be available for consultation within one hour of a request for  
6 consultation.

7 Level-two pediatric emergency departments would be required to  
8 be in a space designated exclusively for the care of pediatric  
9 patients, and the hospital would be required to have a separate  
10 pediatric inpatient unit or pediatric intensive care unit, or a formal  
11 transfer agreement in place with a hospital that provides the  
12 services of a level-one pediatric emergency department. The  
13 hospital would also be required to maintain formal consultative  
14 relationships with specified physician pediatric subspecialists, who  
15 would be available for consultation within one hour of a request for  
16 consultation.

17 The bill also requires that DOH compile data submitted annually  
18 by each general hospital from its pediatric emergency medicine  
19 registry pursuant to current department regulations, and to include in  
20 the annual New Jersey Hospital Performance Report hospital-specific  
21 data deemed by DOH to be most relevant for inclusion in the report.

22 The bill would take effect on the first day of the sixth month  
23 after the date of enactment.