

CHAPTER 279

AN ACT establishing the "Task Force on Health Care Professional Responsibility and Reporting."

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

1. There is established the "Task Force on Health Care Professional Responsibility and Reporting." The purpose of the task force shall be to assist in the implementation and monitor the impact of health care professional reform measures adopted pursuant to P.L.2005, c.83 (C.45:1-33 et al.).

2. a. The task force shall be comprised of 15 members as follows:

(1) the Commissioners of Health and Senior Services and Human Services and the Attorney General, or their designees, who shall serve ex officio;

(2) four members appointed by the President of the Senate who shall include: one representative recommended by the New Jersey Hospital Association; one representative recommended by the New Jersey State Nurses Association; one representative recommended by the Health Professionals and Allied Employees; and one member of the public who has professional experience or knowledge in issues relating to the work of the task force;

(3) four members appointed by the Speaker of the General Assembly who shall include: one representative recommended by the New Jersey Council of Teaching Hospitals; one representative recommended by an organization representing physicians in the State; one representative recommended by the New Jersey State AFL-CIO who represents health care workers; and one member of the public who has professional experience or knowledge in issues relating to the work of the task force; and

(4) four members appointed by the Governor who shall include: one representative recommended by the Health Care Association of New Jersey; one representative recommended by the New Jersey Society of Health-System Pharmacists; one representative recommended by the New Jersey Association of Health Plans; and one member of the public who has professional experience or knowledge in issues relating to the work of the task force.

Vacancies in the membership of the task force shall be filled in the same manner provided for the original appointments.

b. The task force shall organize as soon as practicable following the appointment of its members and shall elect a chairperson and vice-chairperson from among the members of the task force. The task force shall appoint a secretary who need not be a member of the task force.

c. The public members shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties and within the limits of funds available to the task force.

d. The task force shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county or municipal department, board, bureau, commission or agency as it may require and as may be available to it for its purposes.

e. The task force may meet and hold hearings at the places it designates during the sessions or recesses of the Legislature.

f. The Departments of Law and Public Safety and Health and Senior Services shall provide staff support to the task force.

3. It shall be the duty of the task force to:

a. Assist in the development of notices that health care entities may post for, or distribute to, health care professionals who are employed at their entities regarding the required employer and employee reporting provisions of P.L.2005, c.83, including information about job performance that current or former employers must provide to prospective employers about their employees; and

b. Beginning 18 months after the enactment of P.L.2005, c. 83:

(1) review the implementation of the provisions of section 15 of P.L.2005, c.83 (C.26:2H-12.2c) to assess:

(a) if the reporting requirements have resulted in prospective employers' receiving useful information regarding the suitability of an employee for re-employment at a health care entity and the employees' skills and abilities as they relate to suitability for future employment at a

health care entity;

(b) if there has been an adverse effect on health care professional employees and job applicants as a result of the reporting requirements; and

(c) if there is a need for a mechanism to enable employees of health care entities to report to the Division of Consumer Affairs in the Department of Law and Public Safety misuse by their employers of information required to be reported pursuant to section 15 of P.L.2005, c.83 (C.26:2H-12.2c);

(2) monitor the number of notices reported by health care entities to the Division of Consumer Affairs, by type of health care professional, pursuant to the requirements of section 2 of P.L.2005, c.83 (C.26:2H-12.2b);

(3) review the implementation of the requirement that all health care professionals submit to a criminal history record background check; and

(4) monitor the number of reports by health care professionals to the Division of Consumer Affairs concerning an impairment, gross incompetence or unprofessional conduct of another health care professional pursuant to the requirements of section 12 of P.L.2005, c.83 (C.45:1-37).

4. The task force shall periodically report its findings and recommendations to the Governor, Senate Health, Human Services and Senior Citizens Committee and General Assembly Health and Human Services Committee, along with any legislation that it desires to recommend for adoption by the Legislature.

5. This act shall take effect upon the date of enactment of P.L.2005, c.83 and shall expire three years after the date of enactment of P.L.2005, c.83.

Approved January 6, 2006.