

CHAPTER 122

AN ACT concerning patient safety and supplementing Title 26 of the Revised Statutes.

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

C.26:2H-12.25b Certain data included in New Jersey Hospital Performance Report; rules, regulations.

1. a. The Department of Health and Senior Services shall include in the New Jersey Hospital Performance Report issued annually by the department hospital-specific data from hospital procedure and diagnosis codes concerning the following patient safety indicators:

- (1) Foreign body left during procedure (PSI 05);
- (2) Iatrogenic pneumothorax (PSI 06);
- (3) Postoperative hip fracture (PSI 08);
- (4) Postoperative hemorrhage or hematoma (PSI 09);
- (5) Postoperative deep vein thrombosis (DVT) or pulmonary embolism (PE) (PSI 12);
- (6) Postoperative sepsis (PSI 13);
- (7) Postoperative wound dehiscence (PSI 14);
- (8) Accidental puncture or laceration (PSI 15);
- (9) Transfusion reaction (PSI 16);
- (10) Birth trauma (PSI 17);
- (11) Obstetric trauma-vaginal delivery with instrument (PSI 18);
- (12) Obstetric trauma-vaginal delivery without instrument (PSI 19);
- (13) Air embolism; and
- (14) Surgery on the wrong side, wrong body part, or wrong person, or wrong surgery performed on a patient.

b. The Commissioner of Health and Senior Services, in consultation with the Quality Improvement Advisory Committee in the Department of Health and Senior Services, may include additional patient safety indicators in the annual report, by regulation. The commissioner shall consider indicators that: (1) are recommended by the federal Agency for Healthcare Research and Quality or the Centers for Medicare and Medicaid Services; (2) are suitable for comparative reporting and public accountability, and are risk adjusted; (3) have a strong evidence base with no substantial evidence against their use for comparative reporting; and (4) can be measured through data that are available through hospital procedure and diagnosis codes.

c. The commissioner shall request the Quality Improvement Advisory Committee to study and make recommendations to the commissioner on how to expand public reporting by the department of patient pressure ulcers, patient infections due to hospital care, and falls by patients in general hospitals.

d. The commissioner shall, in accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), adopt such rules and regulations as the commissioner deems necessary to carry out the provisions of this act.

C.26:2H-12.25c General hospital prohibited from seeking payment for certain conditions; notification to patients.

2. a. A general hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall not seek to obtain payment from a patient or any third party payer for costs associated with any of the following conditions or events subject to the hospital acquired condition payment policy for the Medicare program established by the Centers for Medicare and Medicaid Services: transfusion reaction; air embolism; foreign body left during the procedure; surgery

on the wrong side, wrong body part, or wrong person; or wrong surgery performed on a patient. Notwithstanding the payment prohibition in this subsection, the hospital shall file claim information that accurately reflects all services provided. The provisions of this subsection shall not be construed to prohibit a hospital from seeking to obtain payment from a patient or any third party payer for any services that the hospital provides for which it is otherwise permitted to seek to obtain payment.

b. A general hospital shall be required to notify its patients of the provisions of this section.

c. Nothing in this section shall be construed to deny any party access to any existing payment appeals process.

d. In any civil action alleging professional negligence against a general hospital, the provisions of this section shall not modify the requirement, where applicable, for expert testimony in accordance with the established case law of this State.

e. The Commissioners of Health and Senior Services and Banking and Insurance shall collaborate in developing standards for general hospitals and third party payers to implement the provisions of this section.

3. This act shall take effect on the 180th day after enactment, but the Commissioner of Health and Senior Services may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of this act.

Approved August 31, 2009.