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NJ State Board of Medical Examiners Law
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CHAPTER 9 MEDICINE AND SURGERY

ARTICLE 1 PRACTICE OF MEDICINE AND SURGERY IN GENERAL

45:9-1. State Board of Medical Examiners; advisory committee.

The State Board of Medical Examiners, hereinafter in this chapter designated as the "board" shall consist of 21 members, one of whom shall be the Commissioner of Health, or the commissioner's designee, three of whom shall be public members and one an executive department designee as required pursuant to section 2 of P.L.1971, c.60 (C.45:1-2.2), and 16 of whom shall be persons of recognized professional ability and honor, and shall possess a license to practice their respective professions in New Jersey, and all of whom shall be appointed by the Governor in accordance with the provisions of section 2 of P.L.1971, c.60 (C.45:1-2.2); provided, however, that said board shall consist of 12 graduates of schools of medicine or osteopathic medicine who shall possess the degree of M.D. or D.O. The number of osteopathic physicians on the board shall be a minimum of, but not limited to, two members. In addition the membership of said board shall comprise: one podiatric physician who does not possess a license to practice in any other health care profession regulated under Title 45 of the Revised Statutes; one physician assistant; one certified nurse midwife; and one licensed bio-analytical laboratory director, who may or may not be the holder of a degree of M.D. The term of office of members of the board hereafter appointed shall be three years or until their successors are appointed. A member is eligible for reappointment for one additional term of office, but no member shall serve more than two consecutive terms of office. Said appointees shall, within 30 days after receipt of their respective commissions, take and subscribe the oath or affirmation prescribed by law and file the same in the office of the Secretary of State.

amended 1938, c.277, s.5; 1939, c.115, s.1; 1946, c.84, s.1; 1953, c.233, s.1; 1953, c.420, s.26; 1955, c.89; 1973, c.187, s.1; 1989, c.153, s.17; 1989, c.300, s.19; 1991, c.499; 1992, c.102, s.15; 1993, c.279; 2009, c.234; 2011, c.22, s.1; 2013, c.253, s.35.5:9-2.

45:9-2. Officers; powers; fees

The board shall elect a president, a secretary and a treasurer from its membership and shall have a common seal, of which all courts of this State shall take judicial notice. Its president, or secretary, may issue subpoenas to compel attendance of witnesses to testify before the board and administer oaths in taking testimony in any matter pertaining to its duties, which subpoenas shall issue under the seal of the board and shall be served in the same manner as subpoenas issued out of the Superior Court of this State. Every person who refuses or neglects to obey the command of such subpoena, or who, after appearing, refuses to be sworn and testify shall, in either event, be liable to a penalty of $50.00 to be sued for in the name of the board in any court of competent jurisdiction, which penalty when collected shall be paid to the treasurer of said board. It shall make and adopt all necessary rules, regulations and bylaws not inconsistent with the laws of the State or of the United States, whereby to perform the duties and to transact the business required under the provisions of this article (section 45:9-1 et seq.).

The board shall charge for licenses and other services performed by it the fees provided in chapter 9 of Title 45 of the Revised Statutes, or where not so provided, such fees as it shall prescribe by rule or regulation. The board shall make such disposition of all fees and moneys collected by it and such reports in connection therewith as directed by the Director of the Division of Budget and Accounting.

Amended 1939,c.115,s.2; 1953,c.43,s.39; 1973,c.166,s.1; 1991,c.91,s.452.

45:9-2.1. Permitted duties of radiologist assistants; definitions; regulations.

a. Radiologist assistants may, under the supervision of a licensed radiologist, perform delegated fluoroscopic procedures in accordance with rules promulgated by the State Board of Medical Examiners, provided that such practice is authorized pursuant to regulations promulgated by the Radiologic Technology Board of Examiners, in the Department of Environmental Protection.

b. For purposes of this section:

(1) "Delegated fluoroscopic procedures" means the use of fluoroscopic equipment to perform any of the following procedures to the extent approved by the State Board of Medical Examiners: esophageal study; swallowing function study; upper gastrointestinal study; small bowel study; barium enema lower gastrointestinal study; nasogastric/enteric and oroenteric/enteric tube placement; t-tube cholangiogram; chest fluoroscopy; hysterosalpingogram procedure and imaging; Antegrade Pyelogram; arthrogram, joint injection and aspiration; cystography or voiding cystourethrography (catheter placement); loopography; lumbar puncture with contrast; myelogram; abcess, fistula, sinus tract study; paracentesis; thoracentesis; venous access ports; tunneled and non-tunneled central venous catheters; tunneled and non-tunneled peripherally inserted central venous catheters; and tunneled and non-tunneled chest and abdominal drainage catheters; and

(2) "Radiologist assistant" means a person, other than a licensed practitioner, who is a licensed radiologic technologist, is certified and registered with a national radiologic certifying body approved by the Radiologic Technology Board of Examiners created pursuant to section 5 of P.L.1981, c.295 (C.26:2D-28), and is credentialed to provide primary advanced-level radiology health care under the supervision of a licensed radiologist.

c. The State Board of Medical Examiners shall promulgate regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) necessary to implement this section, including but not limited to approving specific delegated fluoroscopic procedures that a radiologist assistant may perform and establishing the level of supervision necessary for a radiologist assistant to perform any of the approved delegated fluoroscopic procedures.

L.2017, c.281, s.6.

45:9-4. Term "homeopathic" as applied to physicians defined

Whenever the term "homeopathic" is applied to a physician or a member of a medical school in any law of the state, it shall be construed to mean that said physician or member of a medical school shall be a graduate of a homeopathic medical college, or a member of the Homeopathic State Medical Society, or a member of a homeopathic county medical society in the state.

45:9-5. Monthly meetings and meetings for examinations; salaries; records; official register

The board shall hold meetings once a month, and shall hold meetings for examinations on the third Tuesday of June and October of each year, which shall be held at the capital of this State and at such other times and places as it may deem expedient. The secretary of the board shall receive an annual salary as provided by section 45:1-4 of this Title, and each member thereof, including said secretary shall receive the sum of $250.00 for each regular examination so held, which sum shall be paid from the receipts of the board before any unused balances are paid over to the State Treasurer; but if an appropriation is made for the expenses of the board such sums shall be paid from such appropriation.

The board shall keep an official record of all its meetings and an official register of all applicants for a license to practice medicine and surgery in this State. The register shall show the name, age, nativity, last and intended place of residence of each applicant, the time he has spent in obtaining a competent academic and professional education as hereinafter provided, and the names and location of all professional schools or colleges, or examining and licensing boards which have granted the applicant any degree or certificate of attendance upon lectures upon medicine and surgery or State examinations. The register shall also show whether the applicant was licensed or rejected under this article; if licensed, whether the applicant was examined or licensed without examination, and the register shall be prima facie evidence of all matters therein contained.

Amended by L.1938, c. 277, p. 602, s. 6; L.1939, c. 115, p. 401, s. 4; L.1946, c. 84, p. 292, s. 2; L.1953, c. 420, p. 2113, s. 27; L.1973, c. 187, s. 2, eff. June 26, 1973.

45:9-5.1. Definitions

Within the meaning of this chapter (45:9-1 et seq.), except as herein otherwise provided, and except for the purposes of the exemptions hereinafter contained in sections 45:9-14.1 to 45:9-14.10, inclusive, the phrase "the practice of medicine or surgery" and the phrase "the practice of medicine and surgery" shall include the practice of any branch of medicine and/or surgery, and any method of treatment of human ailment, disease, pain, injury, deformity, mental or physical condition, and the term "physician and surgeon" or "physician or surgeon" shall be deemed to include practitioners in any branch of medicine and/or surgery or method of treatment of human ailment, disease, pain, injury, deformity, mental or physical condition. Within the meaning of this act, except as herein otherwise specifically provided, and except for the purposes of the exemptions hereinafter contained in sections 45:9-14.1 to 45:9-14.10, inclusive, the practice of medicine and/or surgery shall be deemed to include, inter alia, the practice of osteopathy, and nothing herein contained shall be construed to exempt the holder of a license issued under or validated by the provisions contained in sections 45:9-14.1 to 45:9-14.10, inclusive, from the operation of the provisions contained in section 45:9-16 of this Title.

A professional school or college shall be taken to mean a medical school or college or other school or college having purposes similar to a medical school or college; provided, however, that as to any applicant for a license under the provisions of this chapter who, prior to October first, one thousand nine hundred and thirty-five, matriculated in such a school or college, a professional school or college shall, for the purposes of the provisions contained in sections 45:9-6 to 45:9-11, inclusive, be taken to mean a medical school or college which required the study of medicine and surgery in all of its branches. In all instances, unless otherwise provided, such school or college shall be approved by the board.

Added by L.1939, c. 115, p. 402, s. 5. Amended by L.1953, c. 233, p. 1699, s. 2.

45:9-5.2. Needle electromyography, interpretation restricted to physicians, surgeons.

a. A person shall not perform needle electromyography unless that person is licensed to practice medicine and surgery in this State pursuant to chapter 9 of Title 45 of the Revised Statutes.

A person shall not interpret evoked potentials or nerve conduction studies unless that person is licensed to practice: medicine and surgery in this State pursuant to chapter 9 of Title 45 of the Revised Statutes; audiology in this State pursuant to chapter 3B of Title 45 of the Revised Statutes; or chiropractic in this State pursuant to chapter 9 of Title 45 of the Revised Statutes.

b. As used in this act:

"Evoked potential" means the analysis of an electrical potential produced by introducing stimuli into the central nervous system for the diagnosis of diseases of the brain, spinal cord and nerves contiguous with them and includes brainstem auditory evoked responses, visual evoked responses and somatosensory evoked potentials;

"Needle electromyography" means the study of spontaneous and voluntary electrical activity of muscle, which is performed by insertion of a needle electrode into a muscle and recording the electrical activity at rest and during voluntary contraction; and

"Nerve conduction study" means the application of electrical stimulation at various points along or near a nerve and usually requires the use of surface electrodes for stimulation and recording.

L.2005, c.303, s.1; amended 2009, c.212.

45:9-6. License required to practice medicine or surgery; applications; educational requirements; citizenship

All persons commencing the practice of medicine or surgery in this State shall apply to the board for a license so to do. The board shall, except as herein otherwise provided, examine all qualified applicants for such a license. Every applicant shall present to the secretary of the board, at least 20 days before the commencement of the examination at which he desires to be examined, a written application for admission to the examination on a form provided by the board, together with satisfactory proof that he is more than 21 years of age, of good moral character, and a citizen of the United States or has declared his intention to become such a citizen. He shall also present to the board a certificate of the Commissioner of Education of this State showing that, before entering a professional school or college, he had obtained an academic education consisting of a 4 years' course of study in an approved public or private high school or the equivalent thereof. Any license issued to an applicant prior to becoming a citizen of the United States shall be a temporary license and subject to the provisions of Revised Statutes 45:9-14.

Amended by L.1939, c. 115, p. 403, s. 6; L.1968, c. 16, s. 1, eff. April 11, 1968.

45:9-6.1. Biennial registration for practitioners of medicine and surgery; reinstatement procedure.

All persons who are licensed to practice medicine and surgery shall be required on or before July 1 biennially to register on the form prescribed by the board and furnished by the executive director of the board, and to pay a biennial registration fee to be determined by the board.

The license of any licensee who fails to procure any biennial certificate of registration, shall be automatically suspended on July 1. It shall be the duty of the executive director of the board on June 1 of each year to send a written notice to each licensee whose license is expiring that year, whether a resident or not, at his last address on file with the board, that his biennial registration fee is due on or before July 1 and that his license to practice in this State will be suspended if he does not procure said certificate by July 1 of that year.

Any licensee whose license has been suspended under this section may be reinstated by the payment of all past due annual registration fees and in addition thereto a fee to be determined by the board to cover cost of reinstatement.

Any person who desires to retire from the practice of medicine and surgery, and during retirement to refrain from practicing under the terms of his license, upon application to the executive director of

the board, may be registered biennially, without the payment of any registration fee, as a retired physician. The certificate of registration which shall be issued to a retired physician shall state, among other things, that the holder has been licensed to practice in New Jersey, but that during his retirement he shall not so practice. The holder of a certificate of registration as a retired licensee shall be entitled to resume practice at any time; provided, he first shall have obtained from the executive director a biennial certificate of registration as hereinbefore provided.

If an applicant for reinstatement of licensure has not engaged in practice in any jurisdiction for a period of more than five years, or the board's review of the reinstatement application establishes a basis for concluding that there may be clinical deficiencies in need of remediation, before reinstatement the board may require the applicant to submit to, and successfully pass, an examination or an assessment of skills. If that examination or assessment identifies clinical deficiencies or educational needs, the board may require the licensee, as a condition of reinstatement of licensure, to take and successfully complete any educational training, or to submit to any supervision, monitoring or limitations, as the board determines are necessary to assure that the licensee practices with reasonable skill and safety.

The license to practice medicine and surgery of any person who fails to procure any biennial certificate of registration, or in lieu thereof a biennial certificate of registration as a retired licensee, at the time and in the manner required by this act shall be automatically suspended. Any person whose license shall have been automatically suspended shall, during the period of such suspension, be regarded as an unlicensed person and, in case he shall continue or engage in practice under the terms of his license during such period, shall be liable to the penalties prescribed by R.S.45:9-22. Any person to whom a certificate of registration as a retired licensee shall have been issued who shall continue or engage in practice under the terms of his license without first having obtained a certificate of registration authorizing him to resume such practice, shall be liable to the penalties prescribed by R.S.45:9-22 for practicing without a license.

It shall be the duty of each such licensee holding a certificate to practice medicine and surgery in this State, whether a resident or not, to notify the executive director of the board in writing of any change in his office address or his employment within ten days after such change shall have taken place.

This section shall not be construed so as to render inoperative the provisions of R.S.45:9-17.

L.1971,c.236,s.1; amended 2001, c.307, s.5.

45:9-7. Premedical educational requirements

Except as otherwise provided in chapter 9 of Title 45 of the Revised Statutes, every applicant for admission to examination for a license to practice medicine and surgery shall also present proof acceptable to the board demonstrating that in addition to, and subsequent to, obtaining the preliminary education specified in R.S.45:9-6, and prior to commencing his study in a professional school or college, he had completed a satisfactory course in a college or school of arts and science accredited by an agency recognized by the board, the duration of such course to have been two years during which period he had earned no less than 60 credits, which credits include one three-credit course each in chemistry, physics and biology.

An applicant whose premedical education does not meet the requirements set forth in this section may, at the discretion of the board, be permitted to remediate the substantive deficiencies in a manner determined by rules adopted by the board, and be deemed eligible for licensure. The board may waive the educational requirements of this section for any applicant who demonstrates that he has attained the substantial equivalent of these requirements through his post-secondary education, competency, accomplishments and achievements in the practice of medicine and surgery.

Amended 1939,c.115,s.7; 1957,c.9; 1993,c.145.

45:9-7.1. Continuing medical education required as condition for biennial registration.

a. Except as provided in paragraph (2) of subsection d. of this section, the State Board of Medical Examiners shall require each person licensed as a physician, as a condition for biennial registration pursuant to section 1 of P.L.1971, c.236 (C.45:9-6.1), or as a podiatrist, as a condition for biennial registration pursuant to R.S.45:5-9, to complete a requisite number of credits of continuing medical education, all of which shall be in Category I or Category II as defined in subsection i. of this section.

b. The board shall:

(1) Establish standards for continuing medical education, including the subject matter and content of courses of study;

(2) Accredit education programs offering credit toward continuing medical education requirements or recognize national or State organizations that may accredit education programs;

(3) Allow satisfaction of continuing medical education requirements through equivalent educational programs, such as participation in accredited graduate medical education programs, examinations, papers, publications, scientific presentations, teaching and research appointments and scientific exhibits, and establish procedures for the issuance of credit upon satisfactory proof of attainment of these equivalent educational programs;

(4) Create an advisory committee to be comprised of at least five members, including representatives of the Medical Society of New Jersey, the Academy of Medicine of New Jersey, the New Jersey Association of Osteopathic Physicians and Surgeons, the New Jersey Podiatric Medical Society and such other professional societies and associations as the board may identify, to provide guidance to the board in discharging its responsibilities pursuant to this section; and

(5) Establish, through the promulgation of regulations, any specific courses or topics which, on the recommendation of the advisory committee created pursuant to paragraph (4) of this subsection and in the discretion of the board, are to be required, and designate which are the core requirements for continuing medical education, including the number of required hours, subject matter and content of courses of study.

c. Each hour of an educational course or program shall be equivalent to one credit of continuing medical education.

d. (1) The board may, in its discretion, waive requirements for continuing medical education on an individual basis for reasons of hardship such as illness or disability, retirement of license, or other good cause. A waiver shall apply only to the current biennial renewal period at the time of board issuance.

(2) The board may offset up to 10 percent of the requisite number of credits for continuing medical education biennially by the number of hours of volunteer medical services rendered by licensees, at the rate of one half of one credit of continuing medical education for each hour of volunteer medical service rendered, provided that such licensees shall be required to complete at least the core requirements established pursuant to paragraph (5) of subsection b. of this section. The board may reduce, in part, an application by a licensee to offset credits of

continuing medical education pursuant to this paragraph if the board finds, in its discretion, that the applicant requires such continuing medical education in order to maintain or restore professional competence, or may deny all such applications if the board finds that continuing medical education above the core requirements is necessary because of developments in science or technology. The board may also, in its discretion, and for good cause, notify a licensee that the licensee is ineligible to offset credits of continuing medical education pursuant to this paragraph for any other reason established by regulation by the board.

e. The board shall not require completion of continuing medical education credits for any registration period commencing within 12 months of the effective date of this section.

f. The board shall require completion of medical education credits on a pro-rated basis for any registration period commencing more than 12 months but less than 24 months from the effective date of this section.

g. The board shall require new licensees to successfully complete, within 24 months of becoming licensed, an orientation course, in those topics identified by the board through regulation, conducted by an organization recognized by the board.

h. The board shall not require a new licensee to complete required continuing medical education credits, other than the orientation course described in subsection g. of this section, for any registration period commencing within 12 months of the licensee's participation in and completion of an accredited graduate medical education program.

i. As used in this section:

"Category I and Category II" means those categories of medical education courses recognized by the American Medical Association, the American Osteopathic Association, the American Podiatric Medical Association, the Accreditation Council for Continuing Medical Education or other comparable organizations recognized by the board;

"Core requirements" means the continuing medical education determined by the board to be necessary to maintain currency in professional knowledge and skills in order to deliver competent care to patients; and

"Volunteer medical services" means medical care provided without charge to low-income patients for health care services for which the patient is not covered by any public or private third party payer, in accordance with such standards, procedures, requirements and limitations as are established by the board.

L.2001, c.307, s.10; amended 2010, c.89, s.1.

45:9-7.1a. Rules, regulations.

The State Board of Medical Examiners, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), may adopt rules and regulations necessary to effectuate the purposes of this act.

L.2010, c.89, s.4.

45:9-7.2. Findings, declarations relative to medical education in providing culturally competent health care.

The Legislature finds and declares that:

a. The findings of a recently reported, federally-funded study by Georgetown University, in conjunction with the Rand Corporation and the University of Pennsylvania, which were published in the New England Journal of Medicine, indicate that physicians are far less likely to refer blacks and women than white men with identical complaints of chest pain to heart specialists for cardiac catheterization; and the authors of this study suggest that the difference in referral rates stems from racial and sexual biases;

b. These findings are the latest in a growing body of medical literature which documents race and gender-based disparities in the provision of health care, especially in the treatment of cardiovascular disease; however, according to the Surgeon General of the United States, the Georgetown University study represents the best attempt to date to document the racial attitudes of physicians as a factor in the poorer health of African Americans;

c. It is estimated that the minority population in the United States will increase by 60% between now and the year 2010;

d. Cultural awareness and cultural competence are essential skills for providing quality health care to a diverse patient population;

e. Only a small percentage of medical schools nationwide currently provide some formal training in cultural competence;

f. The Association of American Medical Colleges is working to help medical schools improve the teaching of cultural competency; and

g. The public interest in providing quality health care to all segments of society dictates the need for a formal requirement that medical professionals be trained in the provision of culturally competent health care as a condition of licensure to practice medicine in New Jersey.

L.2005,c.53,s.1.

45:9-7.3. Requirements for physician training in cultural competency.

The State Board of Medical Examiners shall prescribe the following requirements for physician training, by regulation, in consultation with the Commission on Higher Education:

a. The curriculum in each college of medicine in this State shall include instruction in cultural competency designed to address the problem of race and gender-based disparities in medical treatment decisions and developed in consultation with the Association of American Medical Colleges or another nationally recognized organization which reviews medical school curricula.

b. Completion of cultural competency instruction as provided in subsection a. of this section shall be required as a condition of receiving a diploma from a college of medicine in this State.

c. A college of medicine which includes instruction in cultural competency as provided in subsection a. of this section in its curricula shall offer for continuing education credit, cultural competency training which is provided through classroom instruction, workshops or other

educational programs sponsored by the college and which meets criteria established by the board consistent with the instruction developed pursuant to subsection a. of this section.

d. A person who received a diploma from a college of medicine in this State prior to the effective date of this act, who was not required to receive and did not receive instruction in cultural competency as part of a medical school curriculum, shall be required as a condition of relicensure by the board, to document completion of cultural competency training which is offered pursuant to subsection c. of this section to the satisfaction of the board. The training required by this subsection shall be in addition to any continuing medical education required pursuant to section 10 of P.L.2001, c.307 (C.45:9-7.1).

e. A physician licensed to practice medicine in this State prior to the effective date of this act, who was not required to receive and did not receive instruction in cultural competency as part of a medical school curriculum, shall be required, as a condition of relicensure, to document completion of cultural competency training which is offered pursuant to subsection c. of this section to the satisfaction of the board no later than three years after the effective date of this act. The training required pursuant to this subsection shall be in addition to any continuing medical education required pursuant to section 10 of P.L.2001, c.307 (C.45:9-7.1).

f. The board may waive the requirement in subsection d. or e. of this section if an applicant for relicensure demonstrates to the satisfaction of the board that the applicant has attained the substantial equivalent of this requirement through completion of a similar course in his post-secondary education which meets criteria established by regulation of the board.

L.2005,c.53,s.2.

45:9-7.4. Rules, regulations.

The State Board of Medical Examiners, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations to effectuate the purposes of this act.

L.2005,c.53,s.3.

45:9-7.5. Requirements for physician training relative to organ, tissue donation and recovery.

The State Board of Medical Examiners, in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C.s.1320b-8 to serve in the State of New Jersey, shall prescribe by regulation the following requirements for physician training:

a. The curriculum in each college of medicine in this State shall include instruction in organ and tissue donation and recovery designed to address clinical aspects of the donation and recovery process.

b. Completion of organ and tissue donation and recovery instruction as provided in subsection a. of this section shall be required as a condition of receiving a diploma from a college of medicine in this State.

c. A college of medicine which includes instruction in organ and tissue donation and recovery as provided in subsection a. of this section in its curricula shall offer such training for continuing education credit.

d. A physician licensed to practice medicine in this State prior to the effective date of this act, who was not required to receive and did not receive instruction in organ and tissue donation and recovery as part of a medical school curriculum, is encouraged to complete such training no later than three years after the effective date of this act. The training may be completed through an on-line, credit-based course developed by or for the organ procurement organizations, in collaboration with professional medical organizations in the State.

L.2008, c.48, s.5.

45:9-7.6. Ongoing Statewide organ and tissue donation awareness campaign.

The organ procurement organizations designated pursuant to 42 U.S.C.s.1320b-8 to serve in the State of New Jersey shall collaborate with the Medical Society of New Jersey and the Institute of Medicine and Public Health of New Jersey to establish and conduct an ongoing Statewide organ and tissue donation awareness campaign targeted at physicians in this State.

L.2008, c.48, s.14.

45:9-7.7. Continuing medical education for physicians; rules, regulations.

a. The State Board of Medical Examiners shall require that the number of credits of continuing medical education required of each person licensed as a physician, as a condition of biennial registration pursuant to section 1 of P.L.1971, c.236 (C.45:9-6.1), include two credits of educational programs or topics related to end-of-life care, subject to the provisions of section 10 of P.L.2001, c.307 (C.45:9-7.1), including, but not limited to, its authority to waive the provisions of this section for a specific individual if the board deems it appropriate to do so.

b. The State Board of Medical Examiners, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt such rules and regulations as are necessary to effectuate the purposes of this section.

L.2011, c.145, s.14.

45:9-7.8. Credits of continuing medical education relative to opiods.

a. The State Board of Medical Examiners shall require that the number of credits of continuing medical education required of each person licensed as a physician, as a condition of biennial registration pursuant to section 1 of P.L.1971, c.236 (C.45:9-6.1), include one credit of educational programs or topics concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion. The continuing medical education requirement in this subsection shall be subject to the provisions of section 10 of P.L.2001, c.307 (C.45:9-7.1), including, but not limited to, the authority of the board to waive the provisions of this section for a specific individual if the board deems it is appropriate to do so.

b. The State Board of Medical Examiners, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt such rules and regulations as are necessary to effectuate the purposes of this section.

L.2017, c.28, s.19.

45:9-8. Additional requirements for licensure to practice medicine and surgery.

Except as otherwise provided in R.S.45:9-1 et seq., every applicant for admission to licensure by examination to practice medicine and surgery shall, in addition to the requirements set forth in R.S.45:9-1 et seq.:

a. (1) Prove to the board that the applicant has received (a) a diploma from some legally incorporated professional school or college of the United States, Canada or other foreign country, which school or college, in the opinion of the board, was in good standing at the time of the issuance of the diploma, or (b) a license conferring the full right to practice all of the branches of medicine and surgery in some foreign country; and

(2) Shall further prove that, prior to the receipt of such diploma or license, as aforesaid, the applicant had studied not less than 4 full school years, including four satisfactory courses of lectures of at least eight months each, consecutively or in four different calendar years, in some legally incorporated and registered American or foreign professional school or schools, college or colleges in good standing in the opinion of the board, which courses shall have included a thorough and satisfactory course of instruction in medicine and surgery; and

b. (1) The applicant, if he has graduated from a professional school or college after July 1, 1916 and before July 1, 2003, shall further prove to the board that, after receiving such diploma or license, he has completed an internship acceptable to the board for at least one year in a hospital approved by the board, or in lieu thereof he has completed one year of post-graduate work acceptable to the board in a school or hospital approved by the board, unless required by regulation to complete additional post-graduate work; or

(2) The applicant, if he has graduated from a medical school after July 1, 2003, shall further prove to the board that, after receiving his diploma, he has completed and received academic credit for at least two years of post-graduate training in an accredited program and has signed a contract for a third year of post-graduate training in an accredited program, and that at least two years of that training are in the same field or would, when considered together, be credited toward the criteria for certification by a single specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association or another certification entity with comparable standards that is acceptable to the board.

c. If an applicant for licensure has not engaged in practice for a period of more than five years, or the board's review of the application establishes a basis for concluding that there may be clinical deficiencies in need of remediation, the board may require the applicant to submit to, and successfully pass, an examination or an assessment of skills. If that examination or assessment identifies clinical deficiencies or educational needs, the board may require an applicant, as a condition of licensure, to take and successfully complete any educational training, or to submit to any supervision, monitoring or limitations, as the board determines are necessary to assure that the applicant will practice with reasonable skill and safety.

Amended 1939, c.115, s.8; 1941, c.108; 1942, c.342; 1944, c.166, s.1; 1947, c.243; 1957, c.152; 1971, c.34; 1971, c.111; 2001, c.307, s.6.

45:9-8.1. Persons who attended recognized medical college, completed internship of eighteen months and served fifteen years on hospital staff; admission to examination

Any person who, having matriculated at a legally chartered medical college in the United States which medical college is now in good standing, and having attended four full courses of lectures in said

medical college over a period of four years, and having successfully completed an internship of eighteen months in an approved hospital of this State, and having received a diploma in certification thereof, and having thereafter continued to serve at least fifteen years as a resident member of the staff of an approved hospital of this State, shall, upon presenting to the State Board of Medical Examiners (1) a certificate signed by the dean or registrar or other appropriate official of such medical college showing such matriculation and attendance at that school, (2) a diploma certifying to the completion of said eighteen months of internship and (3) a certificate from the president or acting president of an approved hospital of this State certifying to the service of such person as a resident member of the medical staff of that institution for at least fifteen years, be admitted to examination by the said State Board of Medical Examiners for license to practice medicine and surgery, anything to the contrary in the act to which this is a supplement, or in any of its various other supplements and amendments to the contrary notwithstanding, and to such subsequent examinations as therein provided for other applicants admitted to examination thereunder, and upon passing such examination, shall be entitled to receive from said State Board of Medical Examiners a license to practice medicine and surgery in all its branches in this State.

L.1938, c. 121, p. 249, s. 1.

45:9-12. Examination fee; re-examinations; marking of papers for identification; license fee; certification and license

The fee for all examinations provided for by this chapter (45:9-1 et seq.) and any supplement thereto shall accompany every application and shall be as follows: for the first or initial examination $100.00 and for every reexamination $50.00 for each section for which a reexamination is given. Upon the approval of the application for examination, such applicant shall thereupon be entitled to admission to such examination. If said applicant fails to pass the examination, he may be reexamined at the next regular examination. Each applicant shall sign his name opposite a number in a book kept for that purpose by the secretary of the board and shall mark his examination paper with said number, and shall be known to the members of the board only by such number until his papers have been examined and marked. Upon successful completion of the examination the board, upon payment by the applicant to the treasurer of the board of a license fee of $150.00, shall certify and license said applicant to practice medicine and surgery in this State. Such license fee prescribed hereinabove shall be deemed to be full payment of any certification, license and initial registration fee.

Amended by L.1939, c. 115, p. 407, s. 12; L.1953, c. 233, p. 1709, s. 15; L.1973, c. 166, s. 2, eff. June 7, 1973.

45:9-13. License to persons examined and licensed in other states or by certain national boards

Any applicant for a license to practice medicine and surgery, upon proving that he has been examined and licensed by the examining and licensing board of another State of the United States or by the National Board of Medical Examiners or by certificates of the National Board of Examiners for Osteopathic Physicians and Surgeons, may, in the discretion of the board of medical examiners of this State, be granted a license to practice medicine and surgery without further examination upon payment to the treasurer of the board of a license fee of $150.00; provided, such applicant shall furnish proof that he can fulfill the requirements demanded in the other sections of this article relating to applicants for admission by examination. In any such application for a license without examination, all questions of academic requirements of other States shall be determined by the Commissioner of Education of this State.

Amended by L.1939, c. 115, p. 408, s. 13; L.1969, c. 163, s. 1, eff. Sept. 17, 1969; L.1973, c. 166, s. 3, eff. June 7, 1973.

45:9-14. Temporary licenses for noncitizens; further two-year period to furnish evidence of citizenship

Any applicant who shall have been examined and licensed in accordance with the provisions of this chapter, who, when admitted to the licensing examination or when granted a license without examination, was a citizen of a foreign country and had declared his intention of becoming a citizen of the United States and who shall have been issued a license or shall have become entitled to a license valid for six years from the date of such declaration of intention and who shall fail to furnish to the State Board of Medical Examiners prior to the expiration of said six years evidence of his having actually become a citizen, shall have a further period of two years from the date of expiration of said six-year period within which to furnish to the State Board of Medical Examiners evidence of his having actually become a citizen. If the applicant fails to furnish to the State Board of Medical Examiners evidence of his having actually become a citizen within said extended two-year period, he shall be required to surrender his said license, which said license shall for such reason become invalid and automatically revoked and his registration shall be annulled; provided, however, that should the license of any applicant expire before the passage of this act, such license shall be reinstated immediately after the effective date of this act and such applicant shall also have a further period of two years from the date of such expiration within which to comply with the provisions of this section.

Amended by L.1939, c. 115, p. 408, s. 14; L.1943, c. 17, p. 49, s. 1.

45:9-14.1. Application by osteopathic physicians; licensing to practice medicine and surgery

Until November first, one thousand nine hundred and forty-one, any person licensed to practice osteopathy in this State, and desiring to enter upon the practice of medicine and surgery, shall make application to the board for a license to do so. Such applicant for examination shall present to the secretary of the board, at least twenty days before the commencement of the examination at which he is to be examined, a written application on a form or forms provided by said board, and a fee of twenty-five dollars, together with satisfactory proofs that the applicant has completed an interneship acceptable to the board for a period of two years in an osteopathic or medical hospital approved by the board or has served in a manner acceptable to the board for a period of two years as a resident surgeon in an osteopathic or medical hospital approved by the board, or has completed a post-graduate course of two years acceptable to the board in a school or college of osteopathy or medicine approved by the board; provided, that any person duly registered or licensed to practice osteopathy in the State of New Jersey who presents satisfactory proof that he has had at least three years of practice in surgery acceptable to the board in a hospital approved by the board, shall be admitted by the board to examination as to his qualifications for the practice of medicine and surgery without being required to prove that he has had two years' experience as an interne or a resident surgeon or has completed a two years' post-graduate course in surgery. Such examinations shall consist of the subjects, pharmacology and therapeutics, and surgery, and shall consist of the same questions as are given to the medical candidates for license to practice medicine and surgery. The osteopathic applicant shall be admitted to the regular examination at the same time and place the regular examinations are held. To each applicant for a license to practice medicine and surgery receiving a grade of not less than seventy-five per centum, the board shall forthwith issue a license to practice medicine and surgery in this State. The records of the board and the license shall state that the applicant was licensed under the exemption contained in this section.

Amended by L.1939, c. 115, p. 409, s. 15.

45:9-14.3. "Practice of osteopathy" defined; osteopathy license does not permit what

Within the meaning of the provisions of section 45:9-14.4, the practice of osteopathy shall include the diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity, mental or physical condition; provided, however, that a license to practice osteopathy shall not permit the holder thereof to prescribe, administer or dispense drugs for internal use in the treatment of any human ailment, disease, pain, injury, deformity, mental or physical condition or to perform such surgical operations as require cutting.

Added by L.1939, c. 115, p. 410, s. 17.

45:9-14.4. Person holding valid license to practice osteopathy authorized to continue to practice

Any person holding a valid license to practice osteopathy within this State shall be authorized to continue to practice osteopathy, as herein defined, pursuant to said license, as though the act under which said license had been issued had not been repealed.

Added by L.1939, c. 115, p. 410, s. 18. Amended by L.1939, c. 361, p. 870, s. 1.

45:9-14.5 Definitions relative to practice of chiropractic.

a. "Chiropractic subluxation" means a complex of functional, structural or pathological articular lesions or a local or systemic aberration of the nervous system caused by injury, pressure, traction, stress, torsion, or by chemical or electrical irritation, stimulation, or inhibition of a nerve that compromise neural integrity as determined by chiropractic analytical procedures.

"Practice of chiropractic" means a philosophy, science and healing art concerned with the restoration and preservation of health and wellness through the promotion of well-being, prevention of disease and promotion and support of the inherent or innate recuperative abilities of the body. The practice of chiropractic includes the reduction of chiropractic subluxation, and the examination, diagnosis, analysis, assessment, systems of adjustments, manipulation and treatment of the articulations and soft tissue of the body. It is within the lawful scope of the practice of chiropractic to diagnose, adjust, and treat the articulations of the spinal column and other joints, articulations, and soft tissue and to order and administer physical modalities and therapeutic, rehabilitative and strengthening exercises.

"Prescription" means a written direction of remedy for a disease, illness or injury and the instructions for using that remedy.

b. A licensed chiropractor shall have the right in the examination of patients to use the neurocalometer, X-ray, and other necessary instruments solely for the purpose of diagnosis or analysis. No licensed chiropractor shall perform endoscopy, or prescribe, administer, or dispense drugs or medicines for any purpose whatsoever, or perform surgery as requires cutting by instruments or laser excepting adjustment of the articulations of the spinal column or extremities.

No person licensed to practice chiropractic shall sign any certificate required by law or the State Sanitary Code concerning reportable diseases, or birth, marriage or death certificates.

c. A chiropractor licensed by the State Board of Chiropractic Examiners may, subject to the requirements of subsection e. of this section:

(1) Use methods of treatment including chiropractic practice methods, physical medicine modalities, rehabilitation, splinting or bracing consistent with the practice of chiropractic, nutrition and first aid and may order such diagnostic or analytical tests, including diagnostic imaging, bioanalytical laboratory tests, and may perform such other diagnostic and analytical diagnostic tests including reagent strip tests, X-ray, computer-aided neuromuscular testing, and nerve conduction studies, and may interpret evoked potentials;

(2) Sign or certify temporary or permanent impairments and other certifications consistent with a chiropractic practice such as pre-employment screenings. A chiropractic physician may use recognized references in making his determination; and

(3) Provide dietary or nutritional counseling, such as the direction, administration, dispensing and sale of nutritional supplements, including, but not limited to, all food concentrates, food extracts, vitamins, minerals, herbs, enzymes, amino acids, homeopathic remedies and other dietary supplements, including, but not limited to, tissue or cell salts, glandular extracts, nutraceuticals, botanicals and other nutritional supplements; provided the chiropractor has successfully completed a course of study concerning human nutrition, consisting of not less than 45 hours from a college or university accredited by a regional or national accrediting agency recognized by the United States Department of Education and approved by the board.

d. It shall be unlawful for any person, not duly licensed in this State to practice chiropractic, to use terms, titles, words or letters which would designate or imply that he or she is qualified to practice chiropractic, or to hold himself or herself out as being able to practice chiropractic, or offer or attempt to practice chiropractic, or to render a utilization management decision that limits, restricts or curtails a course of chiropractic care.

e. A chiropractic diagnosis or analysis shall be based upon a chiropractic examination appropriate to the presenting patient, except that a licensed chiropractor who, at any time during the examination has reasonable cause to believe symptoms or conditions are present that require diagnosis, analysis, treatment, or methods beyond the scope of chiropractic as defined in subsection a. of this section, shall refer an individual to a practitioner licensed to practice dentistry, medicine or surgery in this State or other appropriate licensed healthcare professionals. Nothing contained in this subsection shall preclude a licensed chiropractor from rendering concurrent or supportive chiropractic care to any patient so referred.

(added) 1939, c.115, s.19; amended 1953, c.233, s.3; 2009, c.322, s.1.

45:9-14.5a. Administration of physical modalities to patients by employees of chiropractors

a. A chiropractor licensed pursuant to P.L.1989, c.153 (C.45:9-41.17 et seq.) or chapter 9 of Title 45 of the Revised Statutes shall not use an employee to administer physical modalities to patients unless that employee is a health care provider licensed in this State.

As used in this subsection, physical modalities mean ultraviolet (B and C bands) and electromagnetic rays including, but not limited to, deep heating agents, microwave diathermy, shortwave diathermy, and ultrasound.

b. Nothing in this section shall be construed to prohibit any person licensed to practice in this State under any other law from engaging in the practice for which he is licensed.

L.1990,c.68,s.3.

45:9-14.6. Persons holding chiropractic licenses under act of 1920

A person holding a valid license issued in due course by virtue of the provisions of an act entitled "An act to regulate the practice of chiropractic," approved March third, one thousand nine hundred and twenty (L.1920, c. 4, p. 15), or any acts supplementary thereto or amendatory thereof, shall be authorized to continue to practice pursuant to said license as though the act under which said license had been issued had not been repealed.

Added by L.1939, c. 115, p. 411, s. 20.

45:9-14.10. Persons holding licenses under repealed or superseded acts

Any person holding a valid license heretofore issued in due course by virtue of the provisions of article two of chapter nine of Title 45 of the Revised Statutes, or any acts superseded thereby, shall be authorized to continue to practice pursuant to said license as though article two of chapter nine of Title 45 of the Revised Statutes, or any acts superseded thereby, under which said license had been issued had not been repealed.

Added by L.1939, c. 115, p. 414, s. 24.

45:9-15. Examinations; filing papers; licenses

All examinations shall be written in the English language, and, except as otherwise provided in the exemptions contained in this chapter (45:9-1, et seq.), the questions shall be such as can be answered in common by all schools of practice. The examinations shall be in the following subjects: Pharmacology and therapeutics; obstetrics and gynecology; diagnosis, including diseases of the skin, nose and throat; surgery, including surgical anatomy and diseases of the eye, ear and genito-urinary organs; anatomy; physiology; chemistry; histology; pathology; bacteriology; hygiene; medical jurisprudence; and such other subjects as the board may decide. If any applicant has completed a course of four full school years of study in and has been regularly graduated from a school of homeopathy or eclecticism, the member or members of the board of those schools, respectively, shall examine such applicant in the pharmacology and therapeutics of the school from which such applicant has been so graduated. All examinations shall be both scientific and practical, and of sufficient severity to test the candidate's fitness to practice medicine and surgery. If the examination is satisfactory, the board shall issue a license entitling the applicant to practice medicine and/or surgery in this State. Said application and examination papers shall be retained in the files of the board for a period of five years, and shall be prima facie evidence of all matters therein contained. All licenses shall be signed by the president and secretary of the board and attested by the seal thereof. All licenses granted under the exemptions contained in this chapter (45:9-1, et seq.) shall bear indication of the school of practice in which the licensee is limited by virtue of said license to practice.

Amended by L.1939, c. 115, p. 414, s. 25.

45:9-16.1. Pharmacists informed of physician's license and medical status

The State Board of Medical Examiners shall notify each pharmacy owner in the State in writing of any physician permitted to prescribe or administer a controlled dangerous substance in the course of professional practice whose license to practice has been suspended, revoked, or voluntarily surrendered, or who has been ordered to cease and desist from prescribing or administering certain

substances. The board shall also notify the pharmacy owners when the physician's license to practice or authority to prescribe or administer certain substances has been reinstated.

Pursuant to section 4 of P.L.1991, c.304 (C.45:14-3.2), the board shall request the Board of Pharmacy of the State of New Jersey to provide the board with a list of names and addresses of the pharmacy owners in the State.

L.1991,c.304,s.1.

45:9-17. Filing of license; moving to another county; affidavit

Any person receiving a license under the provisions of this article shall file it, or a certified copy thereof, with the clerk of the county in which he resides, and the clerk shall file the same and enter a memorandum thereof in a book to be approved by the board and to be kept for that purpose, giving the date of said license, the name and address of the licensee and the date of filing, for which registry said clerk shall be entitled to a fee of one dollar. If the licensee moves into another county, he shall procure from said clerk a certified copy of such registration and file the same with the clerk of the county to which he removes, who shall file and enter the same with like effect as if the same were an original license, and for which registry the clerk shall be entitled to a fee of one dollar. Upon each registry or re-registry, the registrant shall make an affidavit that he is the person described in the license or registration copy. Each county clerk shall, upon the last day of November of each year, furnish the secretary of the board a list of all licenses, and certified copies of licenses and registration of licenses of the board filed in his office during the previous year, together with any certified copies of registrations issued by him as above provided, and upon notice to him of the change of location or death of a licensee or of the revocation of a license, the clerk shall enter, at the appropriate place in the records so kept by him, a memorandum of the fact, which memorandum shall be furnished by said clerk to the secretary of the board in the annual report above required.

Amended by L.1939, c. 115, p. 416, s. 27.

45:9-18. Who regarded as practitioners

Any person shall be regarded as practicing medicine and surgery, within the meaning of this chapter, who shall use the words or letters "Dr." , "doctor" , "professor" , "M. D." , or "M. B." in connection with his name, or any other title intending to imply or designate him as a practitioner of medicine or surgery in any of its branches, and who, in connection with such title or titles, or without the use of such titles, or any of them, holds himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, or who shall either offer or undertake by any means or methods to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition. The provisions of this chapter shall apply to all persons professing and attempting to cure disease by means of the so-called system of "faithcurism", "mind-healing", "laying-on-of-hands", and other similar systems.

45:9-18.1. Provisions not applicable to practice of healing

This chapter shall not apply nor shall it in any manner be construed to apply to persons practicing healing by spiritual, religious or mental means if no material medicine is prescribed or used and no manipulation or material means are used.

45:9-19. Clerks of courts to report to board convictions of physicians

The clerk of every court wherein any person licensed to practice medicine and surgery in this state is convicted of a crime shall make a report thereof in writing to the board upon blanks provided by the board. The report shall state the name and address of the person so convicted, the date thereof, the nature of the crime of which he was convicted and the sentence imposed by the court.

45:9-19.2. Privileges not assertable

No privilege may be asserted pursuant to P.L.1968, c. 185 (C. 2A:84A-22.1 et seq.), against any person providing information to the State Board of Medical Examiners in accordance with section 1 of this act.

L.1983, c. 248, s. 2, eff. July 7, 1983.

Professional Medical Conduct Reform Act of 1989

45:9-19.4. Short title

This act shall be known and may be cited as the "Professional Medical Conduct Reform Act of 1989."

L.1989, c.300, s.1.

45:9-19.6. Medical director, educational director; requirements, duties.

The State Board of Medical Examiners shall employ a full-time medical director and a full-time educational director to assist the board in carrying out its duties pursuant to Title 45 of the Revised Statutes.

a. The medical director shall be a physician who is licensed to practice medicine and surgery in the State and who is knowledgeable about, or has clinical experience in, the field of chemical dependency or addiction-oriented psychiatry. The medical director shall receive such compensation as the board shall determine and shall serve at the pleasure of the board.

The duties of the medical director shall include, but are not limited to: reviewing complaints and reports of medical malpractice, impairment, incompetence or unprofessional conduct that are made to the board or the Medical Practitioner Review Panel established pursuant to section 8 of P.L.1989, c.300 (C.45:9-19.8), by other health care providers and by the public; coordinating and assisting in the investigation of these complaints and reports; and assisting the panel in making its recommendations and the board in making disciplinary determinations regarding a licensee. The medical director shall perform such other duties as the board may require in carrying out its responsibilities under Title 45 of the Revised Statutes.

The medical director also shall serve as the board's liaison to any licensed health care practitioner treatment program recognized by the board. The board, in conjunction with the medical director, shall establish standards for treatment and procedures for monitoring the progress of a participating practitioner's treatment and for notifying the board when a practitioner fails to comply with the requirements of the treatment program or when a practitioner's impairment may jeopardize or improperly risk the health, safety or life of a patient.

b. The educational director shall be an educator, experienced in the field of medical education. The educational director shall receive such compensation as the board shall determine and shall serve at the pleasure of the board.

The duties of the educational director shall include, but are not limited to, facilitating the educational directives, goals and programs of the board. The educational director shall perform other duties as required by the board to carry out its responsibilities under chapter 9 of Title 45 of the Revised Statutes.

The educational director shall serve as the board's liaison to any focused education program recognized by the board. The board, in conjunction with the educational director, shall establish standards for continuing medical education programs and focused education programs as defined in subsection i. of section 9 of P.L.1989, c.300 (C.45:9-19.9), and procedures for notification of the board when a practitioner fails to comply with a monitoring program devised by a focused education program.

The board and the Division of Consumer Affairs in the Department of Law and Public Safety shall provide such investigative, medical consulting, administrative and clerical support as is necessary to assist the medical director and educational director in carrying out their duties.

L.1989,c.300,s.6; amended 2001, c.307, s.7.

45:9-19.7. Information required on license renewal form

a. In addition to other information required by the State Board of Medical Examiners on the biennial license renewal form, a physician or podiatrist, hereinafter referred to as "practitioner," shall list: the address of all practice locations and the name of any other licensee directly associated with the practice; the name and address of each licensed health care facility and health maintenance organization with which the licensee has an affiliation and the nature of the affiliation; and the name and address of the practitioner's medical malpractice insurer.

b. A practitioner shall notify the board in writing, within 21 days, of any changes, additions or deletions to the information provided pursuant to subsection a. of this section.

c. In the case of a practitioner who receives his license on or after the effective date of P.L.1989, c.300 (C.45:9-19.4 et al.), the practitioner shall provide the board with the information required pursuant to subsection a. of this section as soon as practicable, but in no case later than 90 days after the practitioner receives his license from the board.

d. The board shall promptly provide the information obtained pursuant to this section to the Medical Practitioner Review Panel established pursuant to section 8 of P.L.1989, c.300 (C.45:9-19.8).

L.1989, c.300, s.7.

45:9-19.8. Medical Practitioner Review Panel; establishment, membership, terms, compensation

The State Board of Medical Examiners shall establish a Medical Practitioner Review Panel.

a. The review panel shall consist of nine members. Eight members shall be appointed by the Governor with the advice and consent of the Senate, as follows: four physicians licensed to practice medicine and surgery in this State, at least one of whom is a board certified psychiatrist or a physician experienced in the field of chemical dependency and at least one of whom is employed by a health maintenance organization; three consumers of health care services who are not licensed

health care providers or the spouses of licensed health care providers; and one administrator of a hospital who is appointed upon the recommendation of the New Jersey Hospital Association. One member shall be appointed by the President of the State Board of Medical Examiners and shall be a member of the board and shall serve ex officio.

A review panel member shall serve for a term of three years, except that of the members first appointed, three shall serve for terms of one year, three for terms of two years and two for a term of three years. A review panel member is eligible for reappointment but shall not serve more than two successive terms in addition to any unexpired term to which he has been appointed. Any vacancy in the membership of the review panel shall be filled for the unexpired term in the manner provided by the original appointment.

b. The Governor shall appoint the first chairman and vice chairman of the review panel from among the members to serve for a one-year term, but thereafter, the members of the panel shall annually elect a chairman and vice chairman from among the members. The board shall appoint an executive director and the board and the Division of Consumer Affairs in the Department of Law and Public Safety shall provide such investigative, medical consulting and clerical support as is necessary to carry out the duties of the review panel. The State Board of Medical Examiners' member shall not serve as chairman or vice chairman of the panel.

c. Five members of the review panel shall constitute a quorum and the review panel shall not make any recommendation without the affirmative vote of at least five members of the review panel.

d. The members of the review panel shall be compensated on a per diem basis in the amount of $150 and shall be reimbursed for actual expenses reasonably incurred in the performance of their official duties. The executive director of the review panel shall receive such salary as determined by the director of the Division of Consumer Affairs.

e. The Attorney General shall provide legal staff services to the review panel.

L.1989, c.300, s.8.

45:9-19.9. Notice received by review panel; actions, recommendations.

a. The review panel shall receive:

(1) Notice from a health care entity, provided through the Division of Consumer Affairs in the Department of Law and Public Safety, pursuant to section 2 of P.L.2005, c.83 (C.26:2H-12.2b);

(2) Notice from an insurer or insurance association or a practitioner, pursuant to section 2 of P.L.1983, c.247 (C.17:30D-17), regarding a medical malpractice claim settlement, judgment or arbitration award or a termination or denial of, or surcharge on, the medical malpractice liability insurance coverage of a practitioner; and

b. The review panel may receive referrals from the board which may include complaints alleging professional misconduct, incompetence, negligence or impairment of a practitioner from other health care providers and consumers of health care.

c. Upon receipt of a notice or complaint pursuant to this section, the review panel shall investigate the information received, obtain any additional information that may be necessary in order to make a recommendation to the board, and make that recommendation within 90 days after receipt of the referral, except that the 90-day period shall be tolled, whenever additional time is required: to obtain information, records, or evidence sought pursuant to this section that is necessary for the

review panel to make its recommendation; for the review panel to consider additional information furnished more than 30 days after receipt of the referral; for expert consultation related to the subject matter under investigation; or for other good cause shown due to extraordinary or unforeseen circumstances. In the event that the 90-day period is tolled, the review panel shall so notify the board, indicating the reason and the amount of additional time required to make its recommendation. A copy of the notice shall be transmitted to the Attorney General and the referring entity. Nothing in this subsection shall be construed to limit or otherwise impair the authority of the board to take any action against a licensee or applicant for a license, or of the review panel to make a recommendation. The review panel may seek the assistance of a consultant or other knowledgeable person, as necessary, in making its recommendation. The review panel may request the board or the Attorney General to exercise investigative powers pursuant to section 5 of P.L.1978, c.73 (C.45:1-18) in the conduct of its investigation.

(1) If the review panel has reasonable cause to believe that a practitioner represents an imminent danger to his patients, the review panel shall immediately notify the State Board of Medical Examiners and the Attorney General and recommend the initiation of an application before the board to temporarily suspend or otherwise limit the practitioner's license pending further proceedings by the review panel or the board.

If the board temporarily suspends or otherwise limits the license, the board shall notify each health care entity with which the practitioner is affiliated and every practitioner in the State with which the practitioner is directly associated in his private practice.

(2) A practitioner who is the subject of an investigation shall be promptly notified of the investigation, pursuant to procedures adopted by regulation of the board that give consideration to the health, safety and welfare of the practitioner's patients and to the necessity for a confidential or covert investigation by the review panel. At the panel's request or upon a good cause showing by the practitioner an informal hearing shall be scheduled before the review panel or a subcommittee of at least three review panel members, in accordance with regulations adopted by the board. The hearing shall be transcribed and the practitioner shall be entitled to a copy of the transcript, at his own expense. A practitioner who presents information to the review panel is entitled to be represented by counsel.

(3) Notwithstanding any provision of this section to the contrary, in any case in which the board determines to conduct an investigation of a practitioner who it has reasonable cause to believe represents an imminent danger to his patients, the board may direct the review panel to provide the board with its files pertaining to that practitioner and may direct the review panel to promptly terminate its investigation of that practitioner without making a recommendation pursuant to subsection d. of this section.

Upon request of the review panel, the State Board of Medical Examiners shall provide the review panel with any information contained in the board's files concerning a practitioner.

d. Upon completion of its review, the review panel shall prepare a report recommending one of the following dispositions:

(1) Recommend to the State Board of Medical Examiners that the matter be referred to the Attorney General for the initiation of disciplinary action against the practitioner who is the subject of the notice or complaint, pursuant to section 8 or 9 of P.L.1978, c.73 (C.45:1-21 or 45:1-22);

(2) Defer making a recommendation to the board pending the outcome of litigation or a health care entity disciplinary proceeding, if there is no evidence that the practitioner's professional conduct may jeopardize or improperly risk the health, safety or life of a patient;

(3) Refer the practitioner to the appropriate licensed health care practitioner treatment program recognized by the State Board of Medical Examiners and promptly notify the medical director of the board of the referral;

(4) Refer the practitioner to the appropriate focused education program recognized by the State Board of Medical Examiners and promptly notify the educational director of the board of the referral; or

(5) Find that no further action is warranted at this time.

e. A member of the State Board of Medical Examiners shall not participate by voting or any other action in any matter before the board on which the board member has participated previously as a review panel member.

f. The State Board of Medical Examiners may affirm, reject or modify any disposition of the review panel. After its consideration of the panel recommendation the board shall notify the practitioner who has been the subject of a notice or complaint of the review panel's recommendation and the board's determination.

g. Nothing in this section shall be construed to prevent or limit the State Board of Medical Examiners, the Director of the Division of Consumer Affairs in the Department of Law and Public Safety or the Attorney General from taking any other action permitted by law against a practitioner who is the subject of an investigation by the review panel.

h. For the purposes of this section, "practitioner" means a person licensed to practice: medicine and surgery under chapter 9 of Title 45 of the Revised Statutes or a medical resident or intern; or podiatric medicine under chapter 5 of Title 45 of the Revised Statutes.

i. As used in this section, "focused education program" means an individualized and systematic process to assess the educational needs of a licensee based on scientific analysis, technical skill and interpersonal evaluation as they relate to the licensee's professional practice, and the institution of remedial education and any supervision, monitoring or limitations of the licensee.

L.1989, c.300, s.9; amended 2001, c.307, s.8; 2005, c.83, s.8; 2005, c.259, s.14; 2011, c.22, s.3.

45:9-19.10. Records maintained by review panel.

a. The review panel shall maintain records of all notices and complaints it receives and all actions taken with respect to the notices and complaints.

b. At least once a month, the review panel shall provide the State Board of Medical Examiners with a summary report of all information received by the review panel and all recommendations made by the review panel. Upon request of the board, the review panel shall provide the board with any information contained in the review panel's files concerning a practitioner.

c. Any information concerning the professional conduct of a practitioner provided to, or obtained by, the review panel is confidential pending final disposition of an inquiry or investigation of the practitioner by the State Board of Medical Examiners, and may be disclosed only to the board, the Director of the Division of Consumer Affairs in the Department of Law and Public Safety and the

Attorney General for the purposes of carrying out their respective responsibilities pursuant to Title 45 of the Revised Statutes.

The provisions of this section shall not apply to information that the division, or its designated agent, is required to include in a physician's or podiatrist's profile pursuant to P.L.2003, c.96 (C.45:9-22.21 et al.).

L.1989,c.300,s.10; amended 2003, c.96, s.7.

45:9-19.11. Immunity from liability

A member of the State Board of Medical Examiners or the Medical Practitioner Review Panel, the medical director to the State Board of Medical Examiners, the Attorney General, any medical consultant to the board or review panel and any employee of the board or review panel shall not be liable in any action for damages to any person for any action taken or recommendation made by him within the scope of his function as a member, consultant or employee, if the action or recommendation was taken or made without malice. The Attorney General shall defend the person in any civil suit and the State shall provide indemnification for any damages awarded.

L.1989, c.300, s.11.

45:9-19.12. Issuance of permits, registration to practitioners in training.

The State Board of Medical Examiners shall, by regulation, provide for the issuance of permits to, or registration of, persons engaging in the practice of medicine or surgery or podiatric medicine while in training, and establish the scope of permissible practice by these persons within the context of an accredited graduate medical education program conducted at a hospital licensed by the Department of Health. A permit holder shall be permitted to engage in practice outside the context of a graduate medical education program for additional remuneration only if that practice is:

a. Approved by the director of the graduate medical education program in which the permit holder is participating; and

b. With respect to any practice at or through a health care facility licensed by the Department of Health, supervised by a plenary licensee who shall either remain on the premises of the health care facility or be available through electronic communications; or

c. With respect to any practice outside of a health care facility licensed by the Department of Health, supervised by a plenary licensee who shall remain on the premises.

L.1989, c.300, s.12; amended 2001, c.307, s.9; 2005, c.259, s.15; 2012, c.17, s.409.

45:9-19.13. Notification to health care facility of status of license, permit, registration of licensee.

a. In any case in which the State Board of Medical Examiners refuses to issue, suspends, revokes or otherwise conditions the license, registration, or permit of a physician, podiatrist or medical resident or intern, the board shall, within 30 days of its action, notify each licensed health care facility, psychiatric hospital operated by the Department of Human Services and listed in R.S.30:1-7, and health maintenance organization with which the person is affiliated and every board licensee in the State with which the person is directly associated in his private medical practice.

b. If, during the course of an investigation of a physician, the board requests information from a health care facility, psychiatric hospital operated by the Department of Human Services or health maintenance organization regarding that physician, and the board subsequently makes a finding of no basis for disciplinary action, the board shall, within 30 days of making that finding, notify the health care facility, State psychiatric hospital or health maintenance organization of its determination.

L.1989,c.300,s.13; amended 2004, c.17, s.12.

45:9-19.14. Unlicensed practitioner not permitted to purchase, dispense, prescribe controlled substances

A physician or podiatrist whose federal or State privilege to purchase, dispense or prescribe controlled substances has been revoked, suspended or otherwise limited shall not be permitted to administer controlled substances in a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) or a health maintenance organization operating pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), unless the administration has been approved by the State Board of Medical Examiners. The board may condition its approval on the physician's or podiatrist's participation in a licensed health care practitioner treatment program recognized by the board.

L.1989, c.300, s.16.

45:9-19.15. Licensing fees for physician, podiatrist.

a. The State Board of Medical Examiners shall increase the licensing fee of physicians and podiatrists in an amount sufficient to fund the costs of establishing and operating the Medical Practitioner Review Panel and the position of medical director, established pursuant to P.L.1989, c.300 (C.45:9-19.4 et al.).

b. The board shall establish a reduced licensing fee for physicians and podiatrists who are 65 years of age or older and who have no affiliation status with a licensed health care facility or a health maintenance organization.

c. The board shall charge the following licensing fees to a physician whose professional practice is limited to providing patient care exclusively without compensation or the expectation or promise of compensation and in a facility or through a program conducted under the supervision of a physician licensed by and in good standing with the State: $150 for the license application fee; $125 each for the initial and biennial registration fees, respectively; and $100 for the endorsement fee.

Nothing in this subsection, except for the licensing fee, shall be construed to exempt any person from or abrogate any provision in Title 45 of the Revised Statutes or any other Title applicable to the practice of medicine or surgery and any regulations adopted pursuant thereto including, but not limited to, requirements for licensure or coverage by medical malpractice liability insurance.

L.1989,c.300,s.25; amended 2001, c.410, s.1.

45:9-19.16. Physicians, report out-of-State disciplinary, criminal actions; investigation, determination.

a. A physician licensed by the State Board of Medical Examiners, or a physician who is an applicant for a license from the State Board of Medical Examiners, shall notify the board within 10 days of:

(1) any action taken against the physician's medical license by any other state licensing board or any action affecting the physician's privileges to practice medicine by any out-of-State hospital, health care facility, health maintenance organization or other employer;

(2) any pending or final action by any criminal authority for violations of law or regulation, or any arrest or conviction for any criminal or quasi-criminal offense pursuant to the laws of the United States, this State or another state, including, but not limited to:

(a) criminal homicide pursuant to N.J.S.2C:11-2;

(b) aggravated assault pursuant to N.J.S.2C:12-1;

(c) sexual assault, criminal sexual contact or lewdness pursuant to N.J.S.2C:14-2 through 2C:14-4; or

(d) an offense involving any controlled dangerous substance or controlled substance analog as set forth in chapter 35 of Title 2C of the New Jersey Statutes.

b. A physician who is in violation of this section is subject to disciplinary action and civil penalties pursuant to sections 8, 9 and 12 of P.L.1978, c.73 (C.45:1-21 to 22 and 45:1-25).

c. The State Board of Medical Examiners shall notify all physicians licensed by the board of the requirements of this section within 30 days of the date of enactment of this act.

d. Upon receipt of notification from a physician pursuant to this section, the State Board of Medical Examiners shall, within 60 days, investigate the information received and obtain any additional information that may be necessary in order to make a determination whether to initiate disciplinary action against the physician. Nothing in this subsection shall be construed to limit or otherwise impair the authority of the board to take any action against a licensee or applicant for a license.

L.1995, c.69, s.1; amended 2004, c.17, s.11; 2011, c.22, s.4.

45:9-19.16a. Suspension of physician's license, certain circumstances, written notification, hearing.

Notwithstanding the provisions of section 8 of P.L.1978, c.73 (C.45:1-21) or any other law to the contrary, in any case in which it receives documentation demonstrating that a physician's authority to engage in the practice of medicine and surgery is revoked or is currently subject to a final or interim order of active suspension or other bar to clinical practice by any other state, agency or authority, the State Board of Medical Examiners shall immediately suspend the physician's license when the action of the other state, agency or authority is grounded on facts that demonstrate that continued practice would endanger or pose a risk to the public health or safety pending a determination of findings by the board. Otherwise, when such an action of another state, agency or authority is grounded on facts which would provide basis for disciplinary sanction in this State for reasons consistent with section 8 of P.L.1978, c.73 (C.45:1-21) involving gross or repeated negligence, fraud or other professional misconduct adversely affecting the public health, safety or welfare, the board may immediately suspend the physician's license, pending a determination of findings by the board. The documentation from the other state, agency or authority shall be a part of the record and establish conclusively the facts upon which the board rests in any disciplinary proceeding or action pursuant to this section. The State Board of Medical Examiners shall provide written notification to the physician whose license is suspended pursuant to the requirements of this section. The board shall provide the physician with an opportunity to submit relevant evidence in mitigation or, for good cause shown, an opportunity for oral argument

only as to the discipline imposed by this State. That relevant evidence in mitigation or oral argument may be submitted to or conducted before the board or a committee to which it is has delegated the authority to hear argument and make a recommendation to the board. A final determination as to discipline shall be made within 60 days of the date of mailing or personal service of the notice

L.2005,c.257,s.1.

45:9-19.17. Medical malpractice liability insurance, letter of credit required for physician, regulations.

a. A physician who maintains a professional medical practice in this State and has responsibility for patient care is required to be covered by medical malpractice liability insurance issued by a carrier authorized to write medical malpractice liability insurance policies in this State, in the sum of $1,000,000 per occurrence and $3,000,000 per policy year and unless renewal coverage includes the premium retroactive date, the policy shall provide for extended reporting endorsement coverage for claims made policies, also known as "tail coverage," or, if such liability coverage is not available, by a letter of credit for at least $500,000.

The physician shall notify the State Board of Medical Examiners of the name and address of the insurance carrier or the institution issuing the letter of credit, pursuant to section 7 of P.L.1989, c.300 (C.45:9-19.7).

b. A physician who is in violation of this section is subject to disciplinary action and civil penalties pursuant to sections 8, 9 and 12 of P.L.1978, c.73 (C.45:1-21 to 22 and 45:1-25).

c. The State Board of Medical Examiners may, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), establish by regulation, minimum amounts for medical malpractice liability insurance coverage and lines of credit in excess of those amounts required pursuant to subsection a. of this section.

d. The State Board of Medical Examiners shall notify all physicians licensed by the board of the requirements of this section within 30 days of the date of enactment of P.L.2004, c.17.

L.1997,c.365,s.1; amended 2004, c.17, s.25.

45:9-21. Certain persons and practices excepted from operation of chapter.

The prohibitory provisions of this chapter shall not apply to the following:

a. A commissioned surgeon or physician of the regular United States Army, Navy, or Marine hospital service while so commissioned and actively engaged in the performance of his official duties. This exemption shall not apply to reserve officers of the United States Army, Navy or Marine Corps, or to any officer of the National Guard of any state or of the United States;

b. A lawfully qualified physician or surgeon of another state taking charge temporarily, on written permission of the board, of the practice of a lawfully qualified physician or surgeon of this State during his absence from the State, upon written request to the board for permission so to do. Before such permission is granted by the board and before any person may enter upon such practice he must submit proof that he can fulfill the requirements demanded in the other sections of this article relating to applicants for admission by examination or indorsement from another state. Such permission may be granted for a period of not less than two weeks nor more than four months upon payment of a fee of $50. The board in its discretion may extend such permission for further periods of two weeks to four months but not to exceed in the aggregate one year;

c. A physician or surgeon of another state of the United States and duly authorized under the laws thereof to practice medicine or surgery therein, if such practitioner does not open an office or place for the practice of his profession in this State;

d. A person while actually serving as a member of the resident medical staff of any legally incorporated charitable or municipal hospital or asylum approved by the board. Hereafter such exemption of any such resident physician shall not apply with respect to any individual after he shall have served as a resident physician for a total period of five years;

e. The practice of dentistry by any legally qualified and registered dentist;

f. The ministration to, or treatment of, the sick or suffering by prayer or spiritual means, whether gratuitously or for compensation, and without the use of any drug material remedy;

g. The practice of optometry by any legally qualified and registered optometrist;

h. The practice of podiatric medicine by any legally licensed podiatrist;

i. The practice of pharmacy by a legally licensed and registered pharmacist of this State, but this exception shall not be extended to give to said licensed pharmacist the right and authority to carry on the business of a dispensary, unless the dispensary shall be in charge of a legally licensed and registered physician and surgeon of this State;

j. A person claiming the right to practice medicine and surgery in this State who has been practicing therein since before July 4, 1890, if said right or title was obtained upon a duly registered diploma, of which the holder and applicant was the lawful possessor, issued by a legally chartered medical institution which, in the opinion of the board, was in good standing at the time the diploma was issued;

k. A professional nurse, or a registered physical therapist, masseur, while operating in each particular case under the specific direction of a regularly licensed physician or surgeon. This exemption shall not apply to such assistants of persons who are licensed as osteopaths, chiropractors, optometrists or other practitioners holding limited licenses;

l. A person while giving aid, assistance or relief in emergency or accident cases pending the arrival of a regularly licensed physician, or surgeon or under the direction thereof;

m. The operation of a bio-analytical laboratory by a licensed bio-analytical laboratory director, or any person working under the direct and constant supervision of a licensed bio-analytical laboratory director;

n. Any employee of a State or county institution holding the degree of M.D. or D.O., regularly employed on a salary basis on its medical staff or as a member of the teaching or scientific staff of a State agency, may apply to the State Board of Medical Examiners of New Jersey and may, in the discretion of said board, be granted exemption from the provisions of this chapter; provided said employee continues as a member of the medical staff of a State agency or county institution or of the teaching or scientific staff of a State agency and does not conduct any type of private medical practice;

o. The practice of chiropractic by any legally licensed chiropractor; or

p. The practice of a physician assistant in compliance with the provisions of P.L.1991, c.378 (C.45:9-27.10 et al.).

Amended 1939, c.115, s.28; 1943, c.74; 1944, c.167; 1953, c.420, s.28; 1963, c.30; 1963, c.169, s.1; 1967, c.286, s.15; 1969, c.223; 1973, c.166, s.4; 1989, c.153, s.20; 1991, c.378, s.20; 2005, c.259, s.16.

45:9-22. Illegal practice; names of members of firm and of employees of others to be displayed; penalties, recovery of

Any person commencing or continuing the practice of medicine and surgery in this State without first having obtained a license, as provided in this chapter or any supplement thereto, or contrary to any of the provisions of this chapter or any supplement thereto, or who practices medicine and surgery under false or assumed name, or falsely impersonates another practitioner of a like or different name, or buys, sells or fraudulently obtains a diploma as a doctor of medicine and surgery or any branch thereof, or method of treatment of human ailment, disease, pain, injury, deformity, mental or physical condition or a license to practice medicine and surgery, record or registration pertaining to the same, or any person, company or association who shall employ for a stated salary or otherwise, or aid or assist any person not regularly licensed to practice medicine and surgery in this State, to practice medicine and surgery therein, or who violates any of the provisions of this chapter or any supplement thereto, shall be liable to a penalty of two hundred dollars ($200.00), for the first offense. Every person practicing medicine and surgery under a firm name and every person practicing medicine and surgery or as an employee of another shall cause his name to be conspicuously displayed and kept in a conspicuous place at the entrance of the place where such practice shall be conducted, and any person who shall neglect to cause his name to be displayed as herein required, shall be liable to a penalty of one hundred dollars ($100.00). The penalties provided for by this section shall be sued for and recovered by and in the name of the State Board of Medical Examiners of New Jersey, in a summary manner, pursuant to "the penalty enforcement law" (N.J.S.2A:58-1 et seq.) and the Rules Governing the Courts of the State of New Jersey. Process shall be either in the nature of a summons or warrant.

Amended 1939,c.115,s.29; 1952,c.300,s.1; 1953,c.43,s.40; 1953, c.233,s.17; 1989,c.153,s.21.

45:9-22.1. Extra fee for completion of medical claim form; penalty

No physician and no professional service corporation engaged in the practice of medicine and surgery in this State shall charge a patient an extra fee for services rendered in completing a medical claim form in connection with a health insurance policy. Any person violating this act shall be subject to a fine of $100.00 for each offense.

Such penalty shall be collected and enforced by summary proceedings pursuant to "the penalty enforcement law" (N.J.S.2A:58-1 et seq.). The Superior Court and municipal court shall have jurisdiction within its territory of such proceedings. Process shall be either in the nature of a summons or warrant and shall issue in the name of the State, upon the complaint of the State Board of Medical Examiners.

L.1975,c.297,s.1; amended 1991,c.91,s.453.

45:9-22.2. Breast surgery; written consent of patient or representative

Before a physician operates on a patient for a tumor of the breast, the physician shall obtain written consent from the patient or the patient's authorized representative on a form which allows the patient: a. to give consent only for a biopsy; b. to give consent to perform any necessary operation or procedure including breast removal if it is determined that the patient has a malignant tumor in his or

her breast or other breast abnormality; or c. to give consent for both a biopsy and an additional operation or procedure if necessary.

L.1984, c. 185, s. 1, eff. Nov. 14, 1984.

45:9-22.3. Failure of physician to comply; sanctions

A physician who fails to comply with this act is liable for action by the State Board of Medical Examiners pursuant to R.S. 45:9-1 et seq.

L.1984, c. 185, s. 2, eff. Nov. 14, 1984.

45:9-22.3a. Distribution of booklet by attending physician

An attending physician shall give all patients who are referred for a routine mammogram or who are under the physician's care for treatment of breast cancer a copy of the informational booklet on breast cancer prepared by the Department of Health pursuant to section 1 of P.L.1993, c.225 (C.26:2-168).

L.1993,c.225,s.2.

45:9-22.3b. Immunity from civil liability for physician

A physician who fails to provide a copy of the information booklet on breast cancer to a patient shall not be liable for a civil penalty because of his failure to do so.

L.1993,c.225,s.3.

45:9-22.4. Definitions.

For the purposes of P.L.1989, c.19 (C.45:9-22.4 et seq.), P.L.2009, c.24 (C.45:9-22.5a et seq.), and P.L.2017, c.111 (C.45:9-22.5c et al.):

"Alternative payment entity" means an entity authorized to receive compensation for the provision of health care on a basis that entails the assumption of financial risk, including but not limited to an organized delivery system licensed pursuant to P.L.1999, c.409 (C.17:48H-1 et seq.).

"Alternative payment model" means a model of payment operated by Medicare, Medicaid, or a health insurance carrier that:

(1) has been filed with the Department of Health pursuant to section 3 of P.L.2017, c.111 (C.45:9-22.5c);

(2) provides for payment for covered professional services earned by participating health care practitioners and health care services based on approved quality measures; and

(3) (a) requires an alternative payment entity to bear financial risk for monetary losses under the alternative payment model;

(b) is a medical home; or

(c) is an accountable care organization authorized by the Medicare Shared Savings Program pursuant to 42 U.S.C. s.1395jjj or the Center for Medicare and Medicaid Innovation described at 42 U.S.C. s.1315a.

"Alternative payment model standards" means institutional and specialty-specific goals under an alternative payment model related to patient safety, use of approved quality measures, and any other applicable quality of care goals, and operational performance, which may incorporate specific patient management tasks, care redesign initiatives, and patient safety and quality of care objectives.

"Approved quality measure" means an objective measure of quality that:

(1) is identified and submitted by a nationally recognized specialty board of certification or equivalent certification board, or other similar stakeholder;

(2) has been submitted for publication in applicable specialty-appropriate, peer-reviewed journals, with sufficient information to allow an individual with reasonable knowledge of the health care industry to understand the methods for developing and selecting the measure, including clinical and other data supporting the measure;

(3) has been adopted or endorsed by a consensus organization, including but not limited to the National Quality Forum or Ambulatory Care Quality Alliance, including measures that have been submitted by a physician specialty, and that the United States Department of Health and Human Services identifies as having used a consensus-based process for developing such measures;

(4) is included in an annual list of approved quality measures by the Centers for Medicare & Medicaid Services, or on a similar list developed by the Department of Health; or

(5) is collected and reported using a qualified clinical data registry approved for the purpose of reporting the measure by the Centers for Medicare & Medicaid Services.

"Health care service" means a business entity which provides on an inpatient or outpatient basis: testing for or diagnosis or treatment of human disease or dysfunction; or dispensing of drugs or medical devices for the treatment of human disease or dysfunction. Health care service includes, but is not limited to, a bioanalytical laboratory, pharmacy, home health care agency, rehabilitation facility, nursing home, hospital, or a facility which provides radiological or other diagnostic imagery services, physical therapy, ambulatory surgery, or ophthalmic services.

"Hospital and physician incentive plan" means a compensation arrangement established pursuant to sections 2 through 4 of P.L.2017, c.46 (C.26:2H-12.80 through C.26:2H-12.82) between a general acute care hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) and a physician or physician group.

"Immediate family" means the practitioner's spouse and children, the practitioner's siblings and parents, the practitioner's spouse's siblings and parents, and the spouses of the practitioner's children.

"Participant" means an entity identified by a Tax Identification Number through which one or more practitioners may bill a health insurance carrier or other payor that is operating an Alternative Payment Model, which alone or together with one or more participants compose an alternative payment model.

"Practitioner" means a physician, chiropractor or podiatrist licensed pursuant to Title 45 of the Revised Statutes.

"Significant beneficial interest" means any financial interest; but does not include ownership of a building wherein the space is leased to a person at the prevailing rate under a straight lease agreement,

payments made by a hospital to a physician pursuant to a hospital and physician incentive plan, or any interest held in publicly traded securities.

L.1989, c.19, s.1; amended 1991, c.187, s.83; 2017, c.46, s.1; 2017, c.111, s.1.

45:9-22.5. Referral of patient by practitioner regulated.

a. A practitioner shall not refer a patient or direct an employee of the practitioner to refer a patient to a health care service in which the practitioner, or the practitioner's immediate family, or the practitioner in combination with the practitioner's immediate family has a significant beneficial interest; except that, in the case of a practitioner, a practitioner's immediate family, or a practitioner in combination with the practitioner's immediate family who had the significant beneficial interest prior to the effective date of P.L.1991, c.187 (C.26:2H-18.24 et al.), and in the case of a significant beneficial interest in a health care service that provides lithotripsy or radiation therapy pursuant to an oncological protocol that was held prior to the effective date of this section of P.L.2009, c.24, the practitioner may continue to refer a patient or direct an employee to do so if that practitioner discloses the significant beneficial interest to the patient.

b. If a practitioner is permitted to refer a patient to a health care service pursuant to this section, the practitioner shall provide the patient with a written disclosure form, prepared pursuant to section 3 of P.L.1989, c.19 (C.45:9-22.6), and post a copy of this disclosure form in a conspicuous public place in the practitioner's office.

c. The restrictions on referral of patients established in this section shall not apply to:

(1) medical treatment or a procedure that is provided at the practitioner's medical office and for which a bill is issued directly in the name of the practitioner or the practitioner's medical office;

(2) renal dialysis;

(3) ambulatory surgery or procedures involving the use of any anesthesia performed at a surgical practice licensed by the Department of Health pursuant to subsection g. of section 12 of P.L.1971, c.136 (C.26:2H-12) or at an ambulatory care facility licensed by the Department of Health to perform surgical and related services or lithotripsy services, if the following conditions are met:

(a) the practitioner who provided the referral personally performs the procedure;

(b) the practitioner's remuneration as an owner of or investor in the practice or facility is directly proportional to the practitioner's ownership interest and not to the volume of patients the practitioner refers to the practice or facility;

(c) all clinically-related decisions at a facility owned in part by non-practitioners are made by practitioners and are in the best interests of the patient; and

(d) disclosure of the referring practitioner's significant beneficial interest in the practice or facility is made to the patient in writing, at or prior to the time that the referral is made, consistent with the provisions of section 3 of P.L.1989, c.19 (C.45:9-22.6); and

(4) medically-necessary intraoperative monitoring services rendered during a neurosurgical, neurological, or neuro-radiological surgical procedure that is performed in a hospital; and

(5) Referrals that a practitioner makes, or directs an employee of the practitioner to make, to a health care service in which the referring practitioner has a significant beneficial interest, when participants in an alternative payment model registered with the Department of Health pursuant to section 3 of P.L.2017, c.111 (C.45:9-22.5c) make a bona fide determination that the significant beneficial interest is reasonably related to the alternative payment model standards filed with the Department of Health, provided that the determination is documented and retained for a period of 10 years.

L.1989, c.19, s.2; amended 1991, c.187, s.47; 2009, c.24, s.2; 2012, c.17, s.410; 2013, c.178, s.1; 2016, c.20; 2017, c.111, s.2; 2017, c.283, s.2.

45:9-22.5a. Certain referrals for procedures involving anesthesia.

a. A referral for ambulatory surgery or a procedure requiring anesthesia made prior to the effective date of this section of P.L.2009, c.24 by a practitioner to a surgical practice or ambulatory care facility licensed by the Department of Health to perform surgical and related services shall be deemed to comply with the provisions of section 2 of P.L.1989, c.19 (C.45:9-22.5) if the practitioner personally performed the procedure that is the subject of the referral.

b. As used in this section, "surgical practice" means a structure or suite of rooms that has the following characteristics:

(1) has no more than one room dedicated for use as an operating room which is specifically equipped to perform surgery, and is designed and constructed to accommodate invasive diagnostic and surgical procedures;

(2) has one or more post-anesthesia care units or a dedicated recovery area where the patient may be closely monitored and observed until discharged; and

(3) is established by a physician, physician professional association surgical practice, or other professional practice form specified by the State Board of Medical Examiners pursuant to N.J.A.C.13:35-6.16(f) solely for the physician's, association's or other professional entity's private medical practice.

L.2009, c.24, s.4; amended 2012, c.17, s.411; 2017, c.283, s.3.

45:9-22.5b. Certain referrals to surgical practice, ambulatory care facility.

a. A referral made during the first 12 months after the effective date of this section of P.L.2009, c.24 to a surgical practice or an ambulatory care facility licensed by the Department of Health and Senior Services to perform surgical and related services, shall be deemed to comply with the provisions of section 2 of P.L.1989, c.19 (C.45:9-22.5) if:

(1) the practitioner who makes the referral also personally performs the procedure; and

(2) disclosure of the referring practitioner's significant beneficial interest in the surgical practice or licensed ambulatory care facility is made to the patient in writing, at or prior to the time that the referral is made, consistent with the provisions of section 3 of P.L.1989, c.19 (C.45:9-22.6).

b. As used in this section, "surgical practice" means a structure or suite of rooms that has the following characteristics:

(1) has no more than one room dedicated for use as an operating room which is specifically equipped to perform surgery, and is designed and constructed to accommodate invasive diagnostic and surgical procedures;

(2) has one or more post-anesthesia care units or a dedicated recovery area where the patient may be closely monitored and observed until discharged; and

(3) is established by a physician, physician professional association surgical practice, or other professional practice form specified by the State Board of Medical Examiners pursuant to N.J.A.C.13:35-6.16(f) solely for the physician's, association's or other professional entity's private medical practice.

"Surgical practice" includes an unlicensed entity that is certified by the Centers for Medicare and Medicaid Services as an ambulatory surgery center provider.

L.2009, c.24, s.5 (expires March 1, 2010).

45:9-22.5c. Application package to operate an alternate payment model.

a. Participants desiring to establish an alternative payment model shall submit to the Department of Health, in a form and manner established by the Department of Health, an application package to operate an alternative payment model. The application shall include:

(1) a description of the alternative payment model, including the participants in the model and how the model satisfies the definition of an alternative payment model in section 1 of P.L.1989, c.19 (C.45:9-22.4);

(2) a description of the organizational structure of the entity responsible for carrying out the alternative payment model, including information on the organizational role of the participants in the alternative payment model, and information regarding the compliance of any alternative payment entity with applicable provisions of P.L.1999, c.409 (C.17:48H-1 et seq.) and regulations adopted pursuant thereto;

(3) the date on which the alternative payment model is proposed to begin operation;

(4) an explanation of how the alternative payment model satisfies the alternative payment model standards; and

(5) other information reasonably requested by the Department of Health.

b. The Department of Health shall review the application submitted pursuant to subsection a. of this section, and shall notify participants in no more than 60 days if the proposed alternative payment model does not meet the requirement of this act. The Department of Health shall provide the participants with a reasonable opportunity to remedy any deficiencies in the alternative payment model proposal, and may terminate an alternative payment model that continues to fail to meet the requirements of this act.

c. Notwithstanding subsections a. and b. of this section, an alternative payment model shall be deemed approved by the Department of Health without further review, and no participant shall be required under this section to file additional information with the department concerning such an alternative payment model, if the alternative payment model has been authorized and approved under the Medicare Shared Savings Program pursuant to 42 U.S.C. s.1395jjj or under a

demonstration operated by the Center for Medicare and Medicaid Innovation described at 42 U.S.C. s.1315a.

L.2017, c.111, s.3.

45:9-22.5d. Review by DOH.

a. The Department of Health shall review each registered alternative payment model at least once every six years to determine whether the participants in the alternative payment model have complied with this act and other relevant State and federal laws and regulations, and whether the alternative payment model has resulted in a degradation of quality of health care provided to patients attributable to the alternative payment model.

b. The department shall have authority to revoke the registration of an alternative payment model if the department's review finds that the alternative payment model fails to comply with State or federal law, or if it results in a degradation of quality of patient care.

c. An alternative payment model's registration shall not expire or otherwise be terminated solely as a result of the department's failure to conduct a review required pursuant to subsection a. of this section.

L.2017, c.111, s.4.

45:9-22.5e. Rules, regulations.

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

L.2017, c.111, s.5.

45:9-22.6. Written disclosure form.

The written disclosure form required pursuant to section 2 of P.L.1989, c.19 (C.45:9-22.5) shall be prescribed by regulation of the State Board of Medical Examiners. In addition to such other information as the board determines necessary, the disclosure shall inform the patient whether any services or facility fees associated with the referral will be considered to be, and reimbursed at, an "out-of-network" level by the patient's insurance carrier or other third party payer.

L.1989, c.19, s.3; amended 2009, c.24, s.3.

45:9-22.7. Exemption

The disclosure requirements of this act do not apply in the case of a practitioner who is providing health care services pursuant to a prepaid capitated contract entered into with the Division of Medical Assistance and Health Services in the Department of Human Services.

L. 1989, c. 19, s. 4.

45:9-22.8. Penalty

A practitioner who violates the provisions of this act is liable for a penalty pursuant to section 12 of P.L. 1978, c. 73 (C. 45:1-25).

L. 1989, c. 19, s. 5.

45:9-22.9. Rules, regulations

The State Board of Medical Examiners established pursuant to R.S. 45:9-1 shall adopt rules and regulations necessary to carry out the purposes of this act pursuant to the "Administrative Procedure Act," P.L. 1968, c. 410 (C. 52:14B-1 et seq.).

L. 1989, c. 19, s. 6.

45:9-22.10. Administration of physical modalities to patients by employees of physicians

a. A physician licensed pursuant to chapter 9 of Title 45 of the Revised Statutes shall not use an employee to administer physical modalities to patients unless that employee is a health care provider licensed in this State.

As used in this subsection, physical modalities mean ultraviolet (B and C bands) and electromagnetic rays including, but not limited to, deep heating agents, microwave diathermy, shortwave diathermy, and ultrasound.

b. Nothing in this section shall be construed to prohibit any person licensed to practice in this State under any other law from engaging in the practice for which he is licensed.

L.1990,c.68,s.2.

45:9-22.11. Dispensing of drugs to patient limited; exceptions.

A physician or other person authorized by law to prescribe drugs or medicines shall not dispense more than a seven-day supply of drugs or medicines to any patient. The drugs or medicines shall be dispensed at or below the cost the prescriber has paid for the particular drug or medicine, plus an administrative cost not to exceed 10 percent of the cost of the drug or medicine.

The provisions of this section shall not apply to a prescriber:

a. who dispenses drugs or medicines in a hospital emergency room, a student health center at an institution of higher education, or a publicly subsidized community health center, family planning clinic or prenatal clinic, if the drugs or medicines that are dispensed are directly related to the services provided at the facility;

b. whose practice is situated 10 miles or more from a licensed pharmacy;

c. when the prescriber dispenses allergenic extracts and injectables;

d. when the prescriber dispenses drugs pursuant to an oncological or AIDS protocol;

e. when the prescriber dispenses salves, ointments or drops; or

f. when the prescriber dispenses a drug or medicine delivered to the eye through a contact lens.

A prescriber shall furnish to a patient, with each prescription drug or medicine which is a controlled dangerous substance dispensed for that patient pursuant to this section, a copy of the notice prepared by the Division of Consumer Affairs in the Department of Law and Public Safety pursuant to section 2 of P.L.2015, c.66 (C.45:9-22.11a).

The provisions of this section shall not apply to a licensed physician, podiatric physician or chiropractic physician who dispenses food concentrates, food extracts, vitamins, minerals, herbs, enzymes, amino acids, tissue or cell salts, glandular extracts, nutraceuticals, botanicals, homeopathic remedies, and other nutritional supplements.

L.1991, c.187, s.46; amended 2009, c. 322, s.2; 2010, c.12, s.1; 2015, c.66, s.1; 2015, c.296.

45:9-22.11a. Pharmacy practice site to notify patients how to properly dispose of unused prescription drugs.

a. A pharmacy practice site that dispenses prescription drugs, other than a long-term care pharmacy, shall distribute, with each prescription drug which is a controlled dangerous substance that it dispenses to an individual located in this State, a copy of the notice prepared pursuant to subsection b. of this section. For the purposes of this subsection, "pharmacy practice site" includes only those pharmacy practice sites that are located inside the State.

b. The Division of Consumer Affairs in the Department of Law and Public Safety shall prepare and post on its website a notice, for use by a prescriber pursuant to section 46 of P.L.1991, c.187 (C.45:9-22.11), and which a pharmacy practice site shall utilize for the purposes of subsection a. of this section, to advise customers and patients about:

(1) the availability of drug take-back programs sponsored by a local, State, or federal government agency; and

(2) how to obtain information from the website for those programs concerning where unused prescription drugs may be dropped off for the purpose of ensuring their safe, secure, efficient, and environmentally sound disposal.

L.2015, c.66, s.2.

45:9-22.12. Display of policy by physician of Medicare excess charge policy

a. A physician licensed pursuant to the provisions of Title 45 of the Revised Statutes who provides medical services to a beneficiary of the Medicare program established pursuant to section 1801 of the federal Social Security Act (42 U.S.C. s.1395 et seq.) shall prominently display in his office, and include on all billing statements to Medicare beneficiaries, his policy regarding the imposition of any charge in excess of the limiting fee for a service as determined by the United States Secretary of Health and Human Services.

b. The physician shall prominently display in his office, and inform, in writing, the State Board of Medical Examiners, of any changes in his excess charge policy before the imposition of these changes in accordance with federal regulations.

L.1993,c.250,s.1.

45:9-22.13. Letter of reprimand; civil penalty; repayment

a. The State Board of Medical Examiners shall issue a letter of reprimand for the first and each subsequent offense against a physician who knowingly and willingly charges a Medicare beneficiary in a manner not in compliance with the provisions of P.L.1993, c.250 (C.45:9-22.12 et seq.). The board shall also assess a civil penalty pursuant to section 12 of P.L.1978, c.73 (C.45:1-25) of up to $1,000 for the second and each subsequent offense against a physician who knowingly and willingly charges a Medicare beneficiary in a manner not in compliance with the provisions of P.L.1993, c.250 (C.45:9-22.12 et seq.).

b. In addition to any civil penalties the board shall assess, the board shall order a physician who is not in compliance with this act to repay the beneficiary the amount of excess payments made and received, plus interest on that amount at the maximum legal rate from the date payment was made until the date repayment is made.

L.1993,c.250,s.2.

45:9-22.14. Posting of sign required

A physician who treats beneficiaries of the Medicare program established pursuant to section 1801 of the Social Security Act (42 U.S.C. s.1395 et seq.) shall post a sign in his office which sets forth the following:

a. The physician's policy regarding the imposition of any charge in excess of the limiting fee for a service as determined by the United States Secretary of Health and Human Services.

b. The address and telephone number of the State Board of Medical Examiners.

L.1993,c.250,s.3.

45:9-22.15. Notice of non-provision of Medicare services

If a physician does not provide services to Medicare beneficiaries, he shall prominently display in his office an appropriate notice, and inform, in writing, the State Board of Medical Examiners.

L.1993,c.250,s.4.

45:9-22.16. Establishment of procedures for review, complaint

a. The State Board of Medical Examiners shall establish procedures for reviewing a physician's billing disclosure statement, and shall print and distribute the signs which are required to be posted by a physician who treats beneficiaries of the Medicare program established pursuant to section 1801 of the Social Security Act (42 U.S.C. s.1395 et seq.) under section 1 of P.L.1993, c.250 (C.45:9-22.12).

b. The board shall establish procedures by which a beneficiary of the Medicare program may initiate a complaint regarding any incident of noncompliance with the provisions of P.L.1993, c.250 (C.45:9-22.12 et seq.) with the board.

L.1993,c.250,s.5.

45:9-22.17. "Medicare Assignment Compliance Fund"; report

a. All penalties collected pursuant to P.L.1993, c.250 (C.45:9-22.12 et seq.) shall be deposited in a non-lapsing revolving fund in the State Board of Medical Examiners to be known as the "Medicare Assignment Compliance Fund." The fund shall be dedicated for use by the board to offset any administrative costs incurred by the board in carrying out the purposes of P.L.1993, c.250 (C.45:9-22.12 et seq.). When the amount in the fund exceeds $500,000, the excess money shall be transferred semiannually to the Casino Revenue Fund.

b. Within one year after the effective date of this act and annually thereafter, the board shall report to the Legislature on the amount collected and the use of the fund.

L.1993,c.250,s.6.

45:9-22.18. Rules, regulations

Pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), the State Board of Medical Examiners shall adopt rules and regulations necessary to carry out the purposes of sections 5 and 6 of this act.

L.1993,c.250,s.7.

45:9-22.19. Schedule II controlled dangerous substance prescription quantities, conditions.

a. Except in the case of an initial prescription issued pursuant to section 11 of P.L.2017, c.28 (C.24:21-15.2), a physician licensed pursuant to chapter 9 of Title 45 of the Revised Statutes may prescribe a Schedule II controlled dangerous substance for the use of a patient in any quantity which does not exceed a 30-day supply, as defined by regulations adopted by the State Board of Medical Examiners in consultation with the Department of Health. The physician shall document the diagnosis and the medical need for the prescription in the patient's medical record, in accordance with guidelines established by the State Board of Medical Examiners.

b. Except in the case of an initial prescription issued pursuant to section 11 of P.L.2017, c.28 (C.24:21-15.2), a physician may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II controlled dangerous substance, provided that the following conditions are met:

(1) each separate prescription is issued for a legitimate medical purpose by the physician acting in the usual course of professional practice;

(2) the physician provides written instructions on each prescription, other than the first prescription if it is to be filled immediately, indicating the earliest date on which a pharmacy may fill each prescription;

(3) the physician determines that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse; and

(4) the physician complies with all other applicable State and federal laws and regulations.

L.1997, c.249, s.1; amended 2009, c.165, s.1; 2017, c.28, s.12.

45:9-22.20. Rules, regulations.

The State Board of Medical Examiners, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations to effectuate the purposes of this act.

L.1997,c.249,s.2.

New Jersey Health Care Consumer Information Act

45:9-22.21. Short title.

This act shall be known and may be cited as the "New Jersey Health Care Consumer Information Act."

L.2003,c.96,s.1.

45:9-22.22. Collection, maintenance of information regarding physicians, podiatrists, optometrists.

a. The Division of Consumer Affairs in the Department of Law and Public Safety, in consultation with the State Board of Medical Examiners and the New Jersey State Board of Optometrists, shall collect and maintain information concerning all physicians, podiatrists and optometrists, respectively, licensed in the State for the purpose of creating a profile of each physician, podiatrist and optometrist pursuant to this act. The profiles shall be made available to the public through electronic and other appropriate means, at no charge to the public. The division shall establish a toll-free telephone number for members of the public to contact the division to obtain a paper copy of a physician, podiatrist or optometrist profile and to make other inquiries about the profiles.

b. A physician, podiatrist or optometrist shall be required to provide the appropriate board or division or its designated agent with any information necessary to complete the profile as provided in section 3 of this act.

c. Either board may request any additional information it deems necessary to complete the profiles on the biennial license renewal form submitted by physicians, podiatrists and optometrists, as applicable.

d. The appropriate board shall provide to the division or its designated agent any information required pursuant to this act that is available to the board concerning a physician, podiatrist or optometrist, for the purpose of creating the physician, podiatrist and optometrist profiles.

L.2003,c.96,s.2; amended 2004, c.115, s.5.

45:9-22.23. Information included in profile of physician, podiatrist, optometrist.

a. The following information shall be included for each profile of a physician, podiatrist or optometrist, as applicable:

(1) Name of all medical or optometry schools attended and dates of graduation;

(2) Graduate medical or optometry education, including all internships, residencies and fellowships;

(3) Year first licensed;

(4) Year first licensed in New Jersey;

(5) Location of the physician's, podiatrist's or optometrist's office practice site or sites, as applicable;

(6) A description of any criminal convictions for crimes of the first, second, third or fourth degree within the most recent 10 years. For the purposes of this paragraph, a person shall be deemed to be convicted of a crime if the individual pleaded guilty or was found or adjudged guilty by a court of competent jurisdiction. The description of criminal convictions shall not include any convictions that have been expunged. The following statement shall be included with the information about criminal convictions: "Information provided in this section may not be comprehensive. Courts in New Jersey are required by law to provide information about criminal convictions to the State Board of Medical Examiners (or the New Jersey State Board of Optometrists).";

(7) A description of any final board disciplinary actions within the most recent 10 years, except that any such disciplinary action that is being appealed shall be identified;

(8) A description of any final disciplinary actions by appropriate licensing boards in other states within the most recent 10 years, except that any such disciplinary action that is being appealed shall be identified. The following statement shall be included with the information about disciplinary actions in other states: "Information provided in this section may not be comprehensive. The State Board of Medical Examiners (or the New Jersey State Board of Optometrists) receives information about disciplinary actions in other states from physicians (or optometrists) themselves and outside sources.";

(9) In the case of physicians and podiatrists, a description of: the revocation or involuntary restriction of privileges at a health care facility for reasons related to the practitioner's competence or misconduct or impairment taken by a health care facility's governing body or any other official of the health care facility after procedural due process has been afforded; the resignation from or nonrenewal of medical staff membership at the health care facility for reasons related to the practitioner's competence or misconduct or impairment; or the restriction of privileges at a health care facility taken in lieu of or in settlement of a pending disciplinary case related to the practitioner's competence or misconduct or impairment. Only those cases that have occurred within the most recent 10 years and that were reported by the health care facility pursuant to section 2 of P.L.2005, c.83 (C.26:2H-12.2b) shall be included in the profile; and

(10) All medical malpractice court judgments and all medical malpractice arbitration awards reported to the applicable board, in which a payment has been awarded to the complaining party during the most recent five years, and all settlements of medical malpractice claims reported to the board, in which a payment is made to the complaining party within the most recent five years, as follows:

(a) Pending medical malpractice claims shall not be included in the profile and information on pending medical malpractice claims shall not be disclosed to the public;

(b) A medical malpractice judgment that is being appealed shall be so identified;

(c) The context in which the payment of a medical malpractice claim occurs shall be identified by categorizing the number of judgments, arbitration awards and settlements against the physician, podiatrist or optometrist into three graduated categories: average, above average and below average number of judgments, arbitration awards and

settlements. These groupings shall be arrived at by comparing the number of an individual physician's, podiatrist's or optometrist's medical malpractice judgments, arbitration awards and settlements to the experience of other physicians, podiatrists or optometrists within the same speciality. In addition to any information provided by a physician, podiatrist or optometrist, an insurer or insurance association authorized to issue medical malpractice liability insurance in the State shall, at the request of the division, provide data and information necessary to effectuate this subparagraph; and

(d) The following statement shall be included with the information concerning medical malpractice judgments, arbitration awards and settlements: "Settlement of a claim and, in particular, the dollar amount of the settlement may occur for a variety of reasons, which do not necessarily reflect negatively on the professional competence or conduct of the physician (or podiatrist or optometrist). A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred."

b. If requested by a physician, podiatrist or optometrist, the following information shall be included in a physician's, podiatrist's or optometrist's profile:

(1) Names of the hospitals where the physician, podiatrist or optometrist has privileges;

(2) Appointments of the physician or podiatrist to medical school faculties, or the optometrist to optometry school faculties, within the most recent 10 years;

(3) Information regarding any board certification granted by a specialty board or other certifying entity recognized by the American Board of Medical Specialties, the American Osteopathic Association or the American Board of Podiatric Medicine or by any other national professional organization that has been demonstrated to have comparable standards;

(4) Information regarding any translating services that may be available at the physician's, podiatrist's or optometrist's office practice site or sites, as applicable, or languages other than English that are spoken by the physician, podiatrist or optometrist;

(5) Information regarding whether the physician, podiatrist or optometrist participates in the Medicaid program or accepts assignment under the Medicare program;

(6) Information regarding the medical insurance plans in which the physician, podiatrist or optometrist is a participating provider;

(7) Information concerning the hours during which the physician, podiatrist or optometrist conducts his practice; and

(8) Information concerning accessibility of the practice site or sites, as applicable, to persons with disabilities.

The following disclaimer shall be included with the information supplied by the physician, podiatrist or optometrist pursuant to this subsection: "This information has been provided by the physician (or podiatrist or optometrist) but has not been independently verified by the State Board of Medical Examiners (or the New Jersey State Board of Optometrists) or the Division of Consumer Affairs."

If the physician, podiatrist or optometrist includes information regarding medical insurance plans in which the practitioner is a participating provider, the following disclaimer shall be included with that information: "This information may be subject to change. Contact your health benefits plan to verify if the physician (or podiatrist or optometrist) currently participates in the plan."

c. Before a profile is made available to the public, each physician, podiatrist or optometrist shall be provided with a copy of his profile. The physician, podiatrist or optometrist shall be given 30 calendar days to correct a factual inaccuracy that may appear in the profile and so advise the Division of Consumer Affairs or its designated agent; however, upon receipt of a written request that the division or its designated agent deems reasonable, the physician, podiatrist or optometrist may be granted an extension of up to 15 calendar days to correct a factual inaccuracy and so advise the division or its designated agent.

d. If new information or a change in existing information is received by the division concerning a physician, podiatrist or optometrist, the physician, podiatrist or optometrist shall be provided with a copy of the proposed revision and shall be given 30 calendar days to correct a factual inaccuracy and to return the corrected information to the division or its designated agent.

e. The profile and any revisions thereto shall not be made available to the public until after the review period provided for in this section has lapsed.

L.2003,c.96,s.3; amended 2004, c.115, s.6; 2005, c.83, s.18.

45:9-22.24. Contracts with public, private entity for profiles.

The Division of Consumer Affairs may contract with a public or private entity for the purpose of developing, administering and maintaining the physician, podiatrist and optometrist profiles required pursuant to this act.

a. The contract shall specify the duties and responsibilities of the entity with respect to the development, administration and maintenance of the profile. The contract shall specify the duties and responsibilities of the division with respect to providing the information required pursuant to section 3 of this act to the entity on a regular and timely basis.

b. The contract shall specify that any identifying information concerning a physician, podiatrist or optometrist provided to the entity by the division, the State Board of Medical Examiners, or the New Jersey State Board of Optometrists or the optometrist, respectively, or the physician or podiatrist shall be used only for the purpose of the profile.

c. The division shall monitor the work of the entity to ensure that physician, podiatrist and optometrist profiles are properly developed and maintained pursuant to the requirements of this act.

L.2003,c.96,s.4; amended 2004, c.115, s.7.

45:9-22.25. Regulations.

Within 180 days of the effective date of this act, the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in consultation with the State Board of Medical Examiners and the New Jersey State Board of Optometrists, shall adopt regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) necessary to effectuate the purposes of this act.

L.2003,c.96,s.8; amended 2004, c.115, s.9.

45:9-22.26. Licensed physician to provide information concerning the Independent Health Care Appeals Program.

A licensed physician shall be required, as prescribed by regulation of the State Board of Medical Examiners, to post, in a conspicuous place in the patients' waiting room within the physician's medical office, a notice, as prescribed pursuant to section 3 of P.L.2011, c.190 (C.26:2S-14.2), which provides information about the operation of the Independent Health Care Appeals Program, established pursuant to section 11 of P.L.1997, c.192 (C.26:2S-11), and how to apply for the program.

L.2011, c.190, s.2.

45:9-27.2 Repealer

All acts and parts of acts, general or special, inconsistent with the provisions of this act, are hereby repealed to the extent of such inconsistencies only.

L.1939,c.115,s.36.

45:9-27.3. Severability

If any part or parts of this act shall be held to be invalid or unconstitutional the validity of the other parts hereof shall not thereby be affected or impaired.

L.1939, c.115, s.37.

45:9-27.5. Definitions

As used in this act:

a. "Physician or surgeon" means a person licensed or permitted to practice medicine or surgery in this State.

b. "Contingent fee arrangement" means an agreement for medical services of one or more physicians or surgeons, including any associated or forwarding medical practitioners, under which compensation in whole or in part is contingent upon the successful accomplishment or disposition of the legal claim to which such medical services are related.

L.1975, c. 240, s. 1, eff. Oct. 24, 1975.

45:9-27.6. Bills for treatment subject to claim for workmen's compensation or damages in negligence

Any physician or surgeon who renders treatment which he knows or reasonably should know is or will be related to, or is or will be the basis of, a legal claim for workmen's compensation or damages in negligence shall provide his patient with a true, accurate and itemized copy of the bill for treatment rendered. Such physician or surgeon should certify and attest by his signature on all originals and copies of such bills to the actuality and accuracy of the examinations and treatments rendered and the amounts charged for them.

L.1975, c. 240, s. 2, eff. Oct. 24, 1975.

45:9-27.7. Fees for treatment; limitation

In any matter where medical services rendered to a client form any part of the basis of a legal claim for damages or workmen's compensation, a physician shall not contract for, charge, or collect a fee in excess of the following limits:

a. The physician's standard fee for the same medical services which do not form any part of the basis of a legal claim for damages or workmen's compensation; plus

b. The standard or established incremental costs, clerical or otherwise, incurred in rendering medical services which form any part of the basis of a legal claim for damages or workmen's compensation.

L.1975, c. 240, s. 3, eff. Oct. 24, 1975.

45:9-27.8. Contingent fees; prohibition

In any matter where medical services rendered to a client form any part of the basis of a legal claim for damages or workmen's compensation, a physician or surgeon shall not contract for, charge, or collect a contingent fee.

L.1975, c. 240, s. 4, eff. Oct. 24, 1975.

45:9-27.9. Violations; disorderly person

Any person who violates any provision of this act is a disorderly person.

L.1975, c. 240, s. 5, eff. Oct. 24, 1975.

ARTICLE 1A PHYSICIAN ASSISTANTS

45:9-27.10. Short title

This act shall be known and may be cited as the "Physician Assistant Licensing Act."

L.1991,c.378,s.1.

45:9-27.11. Definitions.

As used in this act:

"Accredited program" means an education program for physician assistants which is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agency.

"Board" means the State Board of Medical Examiners created pursuant to R.S.45:9-1.

"Committee" means the Physician Assistant Advisory Committee established pursuant to section 11 of P.L.1991, c.378 (C.45:9-27.20).

"Director" means the Director of the Division of Consumer Affairs.

"Health care facility" means a health care facility as defined in section 2 of P.L.1971, c.136 (C.26:2H-2).

"Institution" means any of the charitable, hospital, relief and training institutions, noninstitutional agencies, and correctional institutions enumerated in R.S.30:1-7.

"Physician assistant" means a health professional who meets the qualifications under P.L.1991, c.378 (C.45:9-27.10 et seq.) and holds a current, valid license issued pursuant to section 4 of P.L.1991, c.378 (C.45:9-27.13).

"Physician" means a person licensed to practice medicine and surgery pursuant to chapter 9 of Title 45 of the Revised Statutes.

"Veterans' home" means the New Jersey Veterans' Memorial Home - Menlo Park, the New Jersey Veterans' Memorial Home - Vineland, and the New Jersey Veterans' Memorial Home - Paramus.

L.1991, c.378, s.2; amended 1992, c.102, s.1; 2015, c.224, s.1.

45:9-27.12. Required license

a. (1) No person shall practice as a physician assistant or present, call or represent himself as a physician assistant unless that person is licensed pursuant to section 4 of this act.

(2) Nothing in this act shall be construed to limit, preclude, or otherwise interfere with the practice of any person licensed by an appropriate agency of the State of New Jersey, provided that such duties are consistent with the accepted standards of the person's profession and the person does not present himself as a physician assistant.

b. No person shall assume, represent himself as, or use the title or designation "physician assistant" or "physician assistant - certified" or the abbreviation "PA-C" or any other title or designation which indicates or implies that he is a physician assistant unless that person is licensed pursuant to section 4 of this act.

L.1991,c.378,s.3.

45:9-27.13. License requirements.

a. The board shall issue a license as a physician assistant to an applicant who has fulfilled the following requirements:

(1) Is at least 18 years of age;

(2) Is of good moral character;

(3) Has successfully completed an accredited program; and

(4) Has passed the national certifying examination administered by the National Commission on Certification of Physician Assistants, or its successor.

b. In addition to the requirements of subsection a. of this section, an applicant for renewal of a license as a physician assistant shall:

(1) Execute and submit a sworn statement made on a form provided by the board that neither the license for which renewal is sought nor any similar license or other authority issued by another jurisdiction has been revoked or suspended; and

(2) Present satisfactory evidence that any continuing education requirements have been completed as required by P.L.1991, c.378 (C.45:9-27.10 et seq.).

c. The board, in consultation with the committee, may accept, in lieu of the requirements of subsection a. of this section, proof that an applicant for licensure holds a current license in a state which has standards substantially equivalent to those of this State.

d. (Deleted by amendment, P.L.2015, c.224)

e. A physician assistant who notifies the board in writing on forms prescribed by the board may elect to place the physician assistant's license on inactive status. A physician assistant with an inactive license shall not be subject to the payment of renewal fees and shall not practice as a physician assistant. A licensee who engages in practice while the physician assistant's license is lapsed or on inactive status shall be deemed to have engaged in professional misconduct in violation of subsection e. of section 8 of P.L.1978, c.73 (C.45:1-21) and shall be subject to disciplinary action by the committee pursuant to P.L.1978, c.73 (C.45:1-14 et seq.). A physician assistant requesting restoration from an inactive status shall be required to pay the current renewal fee and shall be required to meet the criteria for renewal as specified by the board.

L.1991, c.378, s.4; amended 1992, c.102, s.2; 1993, c.337, s.1; 2015, c.224, s.2.

45:9-27.13a. Medical malpractice liability insurance, letter of credit required.

a. A physician assistant who engages in clinical practice in this State is required to be covered by medical malpractice liability insurance, or if such liability coverage is not available, by a letter of credit. The board shall establish by regulation the minimum amount for medical malpractice liability insurance coverage or lines of credit.

b. The physician assistant shall include, on the physician assistant's license renewal form, the name and address of the insurance carrier or the institution issuing the letter of credit to the physician assistant.

c. A physician assistant who is in violation of this section is subject to disciplinary action and civil penalties pursuant to sections 8, 9, and 12 of P.L.1978, c.73 (C.45:1-21 to 22 and 45:1-25).

d. The board shall notify all licensed physician assistants of the requirements of this section within 30 days of the date of enactment of P.L.2015, c.224 (C.45:9-27.13a et al.).

L.2015, c.224, s.11.

45:9-27.15 Practice of physician assistant.

a. A physician assistant may practice in all medical care settings, including, but not limited to, a physician's office, a health care facility, an institution, a veterans' home, or a private home, provided that:

(1) the physician assistant performs medical services within the physician assistant's education, training, and experience under the supervision of a physician pursuant to section 9 of P.L.1991, c.378 (C.45:9-27.18);

(2) the practice of the physician assistant is limited to those procedures enumerated under section 7 of P.L.1991, c.378 (C.45:9-27.16), and any other procedures that are delegated to the physician assistant by the supervising physician, as authorized under subsection d. of section 7 of P.L.1991, c.378 (C.45:9-27.16);

(3) (Deleted by amendment, P.L.2015, c.224)

(4) the supervising physician or physician assistant advises the patient at the time that services are rendered that they are to be performed by the physician assistant;

(5) the physician assistant conspicuously wears an identification tag using the term "physician assistant" or the designation, "PA-C" or "PA" whenever acting in that capacity; and

(6) any entry by a physician assistant in a clinical record is appropriately signed and followed by the designation, "PA-C" or "PA."

b. Any physician assistant who practices in violation of any of the conditions specified in subsection a. of this section shall be deemed to have engaged in professional misconduct in violation of subsection e. of section 8 of P.L.1978, c.73 (C.45:1-21).

L.1991, c.378, s.6; amended 1992, c.102, s.4; 2015, c.224, s.3.

45:9-27.16. Allowable procedures.

a. A physician assistant may perform the following procedures:

(1) Approaching a patient to elicit a detailed and accurate history, perform an appropriate physical examination, identify problems, record information, and interpret and present information to the supervising physician;

(2) Suturing and caring for wounds including removing sutures and clips and changing dressings, except for facial wounds, traumatic wounds requiring suturing in layers, and infected wounds;

(3) Providing patient counseling services and patient education consistent with directions of the supervising physician;

(4) Assisting a physician in an inpatient setting by conducting patient rounds, recording patient progress notes, determining and implementing therapeutic plans jointly with the supervising physician, and compiling and recording pertinent narrative case summaries;

(5) Assisting a physician in the delivery of services to patients requiring continuing care in a private home, nursing home, extended care facility, or other setting, including the review and monitoring of treatment and therapy plans; and

(6) Referring patients to, and promoting their awareness of, health care facilities and other appropriate agencies and resources in the community.

(7) (Deleted by amendment, P.L.2015, c.224)

b. A physician assistant may perform the following procedures only when directed, ordered, or prescribed by the supervising physician, or when performance of the procedure is delegated to the physician assistant by the supervising physician as authorized under subsection d. of this section:

(1) Performing non-invasive laboratory procedures and related studies or assisting duly licensed personnel in the performance of invasive laboratory procedures and related studies;

(2) Giving injections, administering medications, and requesting diagnostic studies;

(3) Suturing and caring for facial wounds, traumatic wounds requiring suturing in layers, and infected wounds;

(4) Writing prescriptions or ordering medications in an inpatient or outpatient setting in accordance with section 10 of P.L.1991, c.378 (C.45:9-27.19); and

(5) Prescribing the use of patient restraints.

c. A physician assistant may assist a supervising surgeon in the operating room when a qualified assistant physician is not required by the board and a second assistant is deemed necessary by the supervising surgeon.

d. A physician assistant may perform medical services beyond those explicitly authorized in this section, when such services are delegated by a supervising physician with whom the physician assistant has signed a delegation agreement pursuant to section 8 of P.L.1991, c.378 (C.45:9-27.17). The procedures delegated to a physician assistant shall be limited to those customary to the supervising physician's specialty and within the supervising physician's and the physician assistant's competence and training.

e. Notwithstanding subsection d. of this section, a physician assistant shall not be authorized to measure the powers or range of human vision, determine the accommodation and refractive states of the human eye, or fit, prescribe, or adapt lenses, prisms, or frames for the aid thereof. Nothing in this subsection shall be construed to prohibit a physician assistant from performing a routine visual screening.

L.1991, c.378, s.7; amended 1992, c.102, s.5; 1998, c.125, s.1; 2015, c.224, s.7.

45:9-27.17. Physician's responsibility for assistant.

a. (Deleted by amendment, P.L.2015, c.224)

b. Any physician who permits a physician assistant under the physician's supervision to practice contrary to the provisions of P.L.1991, c.378 (C.45:9-27.10 et seq.) shall be deemed to have engaged in professional misconduct in violation of subsection e. of section 8 of P.L.1978, c.73 (C.45:1-21) and shall be subject to disciplinary action by the board pursuant to P.L.1978, c.73 (C.45:1-14 et seq.);

c. In the performance of all practice-related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services, a physician assistant shall be conclusively presumed to be the agent of the physician under whose supervision the physician assistant is practicing.

d. A physician who supervises a physician assistant may maintain a written delegation agreement with the physician assistant. A physician assistant shall sign a separate written agreement with each physician who delegates medical services in accordance with the provisions of subsection d. of

section 7 of P.L.1991, c.378 (C.45:9-27.16). However, a written delegation agreement may be executed by a single-specialty physician practice, provided it is signed by all of the delegating physicians supervising the physician assistant. In the case of a multi-specialty physician practice, a written delegation agreement may be executed for each physician specialty within the practice, provided it is signed by all of the delegating physicians supervising the physician assistant in that specialty area. Nothing in this section shall authorize the execution of a global written delegation agreement between a physician assistant and a multi-specialty physician practice. The agreement shall:

(1) state that the physician will exercise supervision over the physician assistant in accordance with the provisions of P.L.1991, c.378 (C.45:9-27.10 et seq.) and any rules adopted by the board;

(2) be signed and dated annually by the physician and the physician assistant, and updated as necessary to reflect any changes in the practice or the physician assistant's role in the practice; and

(3) be kept on file at the practice site, be provided to the Physician Assistant Advisory Committee, and be kept on file by the committee.

e. The delegation agreement shall include, but need not be limited to, the following provisions:

(1) The physician assistant's role in the practice, including any specific aspects of care that require prior consultation with the supervising physician;

(2) A determination of whether the supervising physician requires personal review of all charts and records of patients and countersignature by the supervising physician of all medical services performed under the delegation agreement, including prescribing and administering medication as authorized under section 10 of P.L.1991, c.378 (C.45:9-27.19). This provision shall state the specified time period in which a review and countersignature shall be completed by the supervising physician. If no review and countersignature is necessary, the agreement must specifically state such provision; and

(3) The locations of practice where the physician assistant may practice under the delegation agreement, including licensed facilities in which the physician authorizes the physician assistant to provide medical services.

L.1991, c.378, s.8; amended 2015, c.224, s.5.

45:9-27.18. Supervision.

a. A physician assistant shall be under the supervision of a physician at all times during which the physician assistant is working in an official capacity.

b. Supervision of a physician assistant shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician, provided that the supervising physician and physician assistant maintain contact through electronic, or other means of, communication.

(1) (Deleted by amendment, P.L.2015, c.224)

(2) (Deleted by amendment, P.L.2015, c.224)

(3) (Deleted by amendment, P.L.2015, c.224)

c. (Deleted by amendment, P.L.2015, c.224)

(1) (Deleted by amendment, P.L.2015, c.224)

(2) (Deleted by amendment, P.L.2015, c.224)

(3) (Deleted by amendment, P.L.2015, c.224)

d. (Deleted by amendment, P.L.2015, c.224)

(1) (Deleted by amendment, P.L.2015, c.224)

(2) (Deleted by amendment, P.L.2015, c.224)

(3) (Deleted by amendment, P.L.2015, c.224)

e. It is the obligation of each supervising physician and physician assistant to ensure that: (1) the physician assistant's scope of practice is identified; (2) delegation of medical tasks is appropriate to the physician assistant's level of competence; (3) the relationship of, and access to, the supervising physician is defined; and (4) a process for evaluation of the physician assistant's performance is established.

L.1991, c.378, s.9; amended 1993, c.337, s.2; 1998, c.125, s.2; 2015, c.224, s.6.

45:9-27.18a. Response to emergencies; immunity from civil damages.

a. A physician assistant licensed in this State, or licensed or authorized to practice in any other jurisdiction of the United States or credentialed as a physician assistant by a federal employer, who is responding to a need for medical care created by an emergency or a State or local disaster, excluding an emergency situation that occurs in the place of the physician assistant's employment, may render such care as the physician assistant is able to provide without supervision, or with such supervision as is available.

b. A physician who supervises a physician assistant providing medical care in response to an emergency or a State or local disaster shall not be required to meet the requirements set forth for a supervising physician in P.L.1991, c.378 (C.45:9-27.10 et seq.).

c. (1) A physician assistant licensed in this State, or licensed or authorized to practice in any other jurisdiction of the United States, who voluntarily and gratuitously, and other than in the ordinary course of employment or practice, renders emergency medical assistance, shall not be liable for civil damages for any personal injury that results from an act or omission by the physician assistant in rendering emergency care that may constitute ordinary negligence.

(2) A physician who supervises a physician assistant voluntarily and gratuitously providing emergency care as described in this subsection shall not be liable for civil damages for any personal injury that results from an act or omission by the physician assistant rendering emergency care.

d. The immunity granted under subsection c. of this section shall not apply to an act or omission constituting gross, willful, or wanton negligence or when the medical assistance is rendered at a hospital, physician's office, or other health care delivery entity where those services are normally rendered.

L.2015, c.224, s.12.

45:9-27.19. Dispensing of medication.

A physician assistant may order, prescribe, dispense, and administer medications and medical devices to the extent delegated by a supervising physician.

a. Controlled dangerous substances may only be ordered or prescribed if:

(1) a supervising physician has authorized a physician assistant to order or prescribe Schedule II, III, IV, or V controlled dangerous substances in order to:

(a) continue or reissue an order or prescription for a controlled dangerous substance issued by the supervising physician;

(b) otherwise adjust the dosage of an order or prescription for a controlled dangerous substance originally ordered or prescribed by the supervising physician, provided there is prior consultation with the supervising physician;

(c) initiate an order or prescription for a controlled dangerous substance for a patient, provided there is prior consultation with the supervising physician if the order or prescription is not pursuant to subparagraph (d) of this paragraph; or

(d) initiate an order or prescription for a controlled dangerous substance as part of a treatment plan for a patient with a terminal illness, which for the purposes of this subparagraph means a medical condition that results in a patient's life expectancy being 12 months or less as determined by the supervising physician;

(2) the physician assistant has registered with, and obtained authorization to order or prescribe controlled dangerous substances from, the federal Drug Enforcement Administration and any other appropriate State and federal agencies; and

(3) the physician assistant complies with all requirements which the board shall establish by regulation for the ordering, prescription, or administration of controlled dangerous substances, all applicable educational program requirements, and continuing professional education programs approved pursuant to section 16 of P.L.1991, c.378 (C.45:9-27.25).

b. (Deleted by amendment, P.L.2015, c.224)

c. (Deleted by amendment, P.L.2015, c.224)

d. In the case of an order or prescription for a controlled dangerous substance, the physician assistant shall print on the order or prescription the physician assistant's Drug Enforcement Administration registration number.

e. The dispensing of medication or a medical device by a physician assistant shall comply with relevant federal and State regulations, and shall occur only if: (1) pharmacy services are not reasonably available; (2) it is in the best interest of the patient; or (3) the physician assistant is rendering emergency medical assistance.

f. A physician assistant may request, receive, and sign for prescription drug samples and may distribute those samples to patients.

L.1991, c.378, s.10; amended 1998, c.125, s.3; 2005, c.48; 2015, c.224, s.7.

45:9-27.19b. Regulations relative to physician assistants dispensing certain controlled dangerous substances.

a. Notwithstanding any other provision of law to the contrary, a physician assistant who is otherwise authorized to order, prescribe, and dispense controlled dangerous substances pursuant to P.L.1991, c.378 (C.45:9-27.10 et seq.) may dispense narcotic drugs for maintenance treatment or detoxification treatment if the physician assistant has met the training and registration requirements set forth in subsection (g) of 21 U.S.C. s.823. A physician assistant who is authorized to dispense such drugs may do so regardless of whether the physician assistant's supervising physician has met the training and registration requirements set forth in subsection (g) of 21 U.S.C. s.823, provided that the written delegation agreement between the supervising physician and the physician assistant executed pursuant to subsection d. of section 8 of P.L.1991, c.378 (C.45:9-27.17) included the supervising physician's written approval for the physician assistant to dispense the drugs.

b. Notwithstanding any other provision of law to the contrary, a physician assistant under the direct supervision of a licensed physician may make the determination as to the medical necessity for services for the treatment of substance use disorder, as provided in P.L.2017, c.28 (C.17:48-6nn et al.), and may prescribe such services.

L.2017, c.341, s.12.

45:9-27.20. Physician Assistant Advisory Committee

There is created within the State Board of Medical Examiners, a Physician Assistant Advisory Committee. The committee shall consist of five members who are residents of this State, one of whom shall be a public member and one of whom shall be a physician licensed pursuant to chapter 9 of Title 45 of the Revised Statutes. The remaining three members shall be, except for those first appointed, physician assistants licensed in accordance with the provisions of this act. The physician assistant members first appointed to the committee need not be licensed in this State but shall be physician assistants certified by the National Commission on Certification of Physician Assistants.

The Governor shall appoint the members of the committee for a term of three years, except that of the members first appointed, two shall be appointed for a term of one year, two shall be appointed for a term of two years and one shall be appointed for a term of three years. Each member shall serve until his successor has been qualified. Any vacancy in the membership of the committee shall be filled for the unexpired term in the same manner as the original appointments were made. No member shall serve for more than two consecutive terms in addition to any unexpired term to which he has been appointed. The Governor may remove a member of the committee for cause.

Members of the committee shall be compensated and reimbursed for actual expenses reasonably incurred in the performance of their official duties in accordance with subsection a. of section 2 of P.L.1977, c.285 (C.45:1-2.5).

L.1991,c.378,s.11; amended 1992,c.102,s.6.

45:9-27.21. Election of officers; meetings.

The committee shall annually elect from among its members a president and vice-president. The committee shall meet six times a year and may hold additional meetings as necessary to discharge its

duties. In addition to such meetings, the committee shall meet at the call of the president, the board, or the Attorney General.

L.1991, c.378, s.12; amended 1992, c.102, s.7; 2015, c.224, s.8.

45:9-27.22. Executive Director

An Executive Director of the committee shall be appointed by the director and shall serve at the director's pleasure. The salary of the Executive Director shall be determined by the director within the limits of available funds. The director shall be empowered within the limits of available funds to hire any assistants and confidential investigative personnel as are necessary to administer this act.

L.1991,c.378,s.13; amended 1992,c.102,s.8.

45:9-27.23. Powers, duties.

a. The committee may have the following powers and duties, as delegated by the board:

(1) to evaluate and pass upon the qualifications of candidates for licensure;

(2) to take disciplinary action, in accordance with P.L.1978, c.73 (C.45:1-14 et seq.), against a physician assistant who violates any provision of this act; and

(3) (Deleted by amendment, P.L.2015, c.224)

(4) subject to the requirements of section 16 of P.L.1991, c.378 (C.45:9-27.25), to adopt standards for and approve continuing education programs.

b. In addition to the powers and duties specified in subsection a. of this section, the committee may make recommendations to the board regarding any subjects pertinent to this act or to the practice of physician assistants.

L.1991, c.378, s.14; amended 1992, c.102, s.9; 2015, c.224, s.9.

45:9-27.25. Continuing professional education

a. The board, or the committee if so delegated by the board, shall:

(1) approve only such continuing professional education programs as are available to all physician assistants in this State on a reasonable nondiscriminatory basis. Programs may be held within or without this State, but shall be held so as to enable physician assistants in all areas of the State to attend;

(2) establish standards for continuing professional education programs, including the specific subject matter and content of courses of study and the selection of instructors;

(3) accredit educational programs offering credits towards the continuing professional education requirements; and

(4) establish the number of credits of continuing professional education required of each applicant for license renewal. Each credit shall represent or be equivalent to one hour of actual course attendance, or in the case of those electing an alternative method of satisfying the

requirements of this act, shall be approved by the board and certified pursuant to procedures established for that purpose.

b. The board may, at its discretion:

(1) waive the requirements of paragraph (2) of subsection b. of section 4 of this act for due cause; and

(2) accredit courses with non-hourly attendance, including home study courses, with appropriate procedures for the issuance of credit upon satisfactory proof of the completion of such courses.

c. If any applicant for renewal of registration completes a number of credit hours in excess of the number established pursuant to paragraph (4) of subsection a. of this section, the excess credit may, at the discretion of the board, be applicable to the continuing education requirement for the following biennial renewal period but shall not be applicable thereafter.

L.1991,c.378,s.16; amended 1992,c.102,s.11.

45:9-27.25a. Continuing education for physician assistant relative to opiods.

a. The State Board of Medical Examiners shall require that the number of credits of continuing medical education required of each person licensed as a physician assistant, as a condition of biennial renewal pursuant to section 4 of P.L.1991, c.378 (C.45:9-27.13), include one credit of educational programs or topics concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion. The continuing medical education requirement in this subsection shall be subject to the provisions of section 16 of P.L.1991, c.378 (C.45:9-27.25), including, but not limited to, the authority of the board to waive the provisions of this section for a specific individual if the board deems it is appropriate to do so.

b. The State Board of Medical Examiners, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt such rules and regulations as are necessary to effectuate the purposes of this section.

L.2017, c.28, s.20.

45:9-27.26. Powers, duties of board.

In consultation with the committee, the board shall, in addition to such other powers and duties as it may possess by law:

a. Administer and enforce the provisions of P.L.1991, c.378 (C.45:9-27.10 et seq.);

b. Adopt and promulgate rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to effectuate the purposes of P.L.1991, c.378 (C.45:9-27.10 et seq.);

c. Establish professional standards for persons licensed under P.L.1991, c.378 (C.45:9-27.10 et seq.);

d. Conduct hearings pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), except that the board shall have the right to administer oaths to witnesses, and shall have the power to issue subpoenas for the compulsory attendance of witnesses and the production of pertinent books, papers, or records;

e. Conduct proceedings before any board, agency, or court of competent jurisdiction for the enforcement of the provisions of P.L.1991, c.378 (C.45:9-27.10 et seq.);

f. Evaluate and pass upon the qualifications of candidates for licensure;

g. (Deleted by amendment, P.L.2015, c.224)

h. (Deleted by amendment, P.L.2015, c.224)

i. Subject to the requirements of section 16 of P.L.1991, c.378 (C.45:9-27.25), establish standards for and approve continuing education programs; and

j. Have the enforcement powers provided pursuant to P.L.1978, c.73 (C.45:1-14 et seq.).

L.1991, c.378, s.17; amended 1992, c.102, s.12; 2015, c.224, s.10.

45:9-27.27. Enforcement

The provisions of the uniform enforcement law, P.L.1978, c.73 (C.45:1-14 et seq.), shall apply to this act. The authority of the board may be delegated to the committee at the discretion of the board.

L.1991,c.378,s.18; amended 1992,c.102,s.13.

45:9-27.28. Fees for licenses

a. The board shall by rule or regulation establish, prescribe or change the fees for licenses, renewals of licenses or other services provided by the board or the committee pursuant to the provisions of this act. Licenses shall be issued for a period of two years and be biennially renewable, provided however, that the board may, in order to stagger the expiration dates thereof, provide that those licenses first issued or renewed after the effective date of this act shall expire and become void on a date fixed by the board, not sooner than six months nor later than 29 months after the date of issue.

b. Fees shall be established, prescribed or changed by the board pursuant to subsection a. of this section to the extent as is necessary to defray all proper expenses incurred by the committee, the board and any staff employed to administer this act. However, fees shall not be fixed at a level that will raise amounts in excess of the amount estimated to be so required.

c. All fees and any fines imposed by the board shall be paid to the board and shall be forwarded to the State Treasurer and become part of the General Fund.

d. There shall be annually appropriated to the Department of Law and Public Safety for the use of the board such sums as shall be necessary to implement and effectuate the provisions of this act.

L.1991,c.378,s.19; amended 1992,c.102,s.14.

ARTICLE 2A PHYSICAL THERAPY

45:9-37.11. Short title

This act shall be known and may be cited as the "Physical Therapist Licensing Act of 1983."

L.1983, c. 296, s. 1.

45:9-37.12. Legislative findings and declarations

The Legislature finds and declares that the public interest requires the regulation of the practice of physical therapy and the establishment of clear licensure standards for physical therapists; and that the health and welfare of the citizens of this State will be protected by identifying to the public those individuals who are qualified and legally authorized to practice physical therapy.

L.1983, c. 296, s. 2.

45:9-37.13. Definitions.

As used in P.L.1983, c.296 (C.45:9-37.11 et seq.):

"Board" means the State Board of Physical Therapy Examiners established pursuant to section 5 of P.L.1983, c.296 (C.45:9-37.15).

"Direct supervision" means the presence of the supervising physical therapist on site, available to respond to any consequence occurring during any treatment procedure.

"General supervision" means supervision by a physical therapist in which: the physical therapist shall be available at all times by telecommunications but is not required to be on-site for direction and supervision; and the supervising physical therapist assesses on an ongoing basis the ability of the physical therapist assistant to perform the selected interventions as directed.

"Physical therapist" means a natural person who holds a current, valid license to practice physical therapy pursuant to the provisions of P.L.1983, c.296 (C.45:9-37.11 et seq.) and in accordance with regulations of the board.

"Physical therapist assistant" means a natural person who is licensed pursuant to the provisions of P.L.1983, c.296 (C.45:9-37.11 et seq.) and who assists a licensed physical therapist under his direct or general supervision in accordance with P.L.1983, c.296 (C.45:9-37.11 et seq.) and regulations of the board.

"Physical therapy" and "physical therapy practice" mean the identification of physical impairment, movement-related functional limitation, or balance disorder that occurs as a result of injury or congenital or acquired disability, or other physical dysfunction through examination, evaluation and diagnosis of the physical impairment or movement-related functional limitation and the establishment of a prognosis for the resolution or amelioration thereof, and treatment of the physical impairment or movement-related functional limitation, which shall include, but is not limited to, the alleviation of pain, physical impairment and movement-related functional limitation by therapeutic intervention, including treatment by means of manual therapy techniques and massage, electro-therapeutic modalities, wound debridement and care, the use of physical agents, mechanical modalities, hydrotherapy, therapeutic exercises with or without assistive devices, neurodevelopmental procedures, joint mobilization,

movement-related functional training in self-care, providing assistance in community and work integration or reintegration, providing training in techniques for the prevention of injury, impairment, movement-related functional limitation, or dysfunction, providing consultative, educational, other advisory services, and collaboration with other health care providers in connection with patient care, and such other treatments and functions as may be further defined by the board by regulation.

"Physical therapy" and "physical therapy practice" also include the screening, examination, evaluation, and application of interventions for the promotion, improvement, and maintenance of fitness, health, wellness, and prevention services in populations of all ages exclusively related to physical therapy practice.

"Wound debridement and care" means the removal of loosely adhered necrotic and nonviable tissue, by a physical therapist, to promote healing, done in conjunction with a physician or podiatric physician.

L.1983, c.296, s.3; amended 2003, c.18, s.1; 2017, c.121, s.1.

45:9-37.14. Practice not to authorize other practices.

a. (Deleted by amendment, P.L.2003, c.18).

b. Nothing in P.L.1983, c.296 (C.45:9-37.11 et seq.), shall be construed to authorize the interpretation of data for the purpose of diagnosing disease, organic condition or the practice of medicine and surgery, chiropractic, podiatry, occupational therapy, or prosthetics by any person not licensed to do so pursuant to Title 45 of the Revised Statutes.

c. Nothing in P.L.1983, c.296 (C.45:9-37.11 et seq.), shall authorize the practice of dentistry by any person not licensed to do so pursuant to chapter 6 of Title 45 of the Revised Statutes.

L.1983,c.296,s.4; amended 2003, c.18, s.2.

45:9-37.15. State Board of Physical Therapy Examiners.

There is created within the Division of Consumer Affairs in the Department of Law and Public Safety the State Board of Physical Therapy Examiners. The board shall consist of 11 members who are residents of the State, two of whom shall be public members and one of whom shall be a State executive department member appointed pursuant to the provisions of P.L.1971, c.60 (C.45:1-2.1 et seq.). Of the remaining eight members six shall be licensed physical therapists who have been actively engaged in the practice of physical therapy in this State for at least five years immediately preceding their appointment, one shall be a licensed physical therapist assistant who has been actively engaged in practice as a physical therapist assistant for at least five years immediately preceding his appointment, and one shall be a physician licensed to practice medicine and surgery pursuant to chapter 9 of Title 45 of the Revised Statutes.

The Governor shall appoint members to the board with the advice and consent of the Senate. The Governor shall appoint each member for a term of three years, except that of the physical therapist members first appointed, two shall serve for terms of three years, two shall serve for terms of two years and two shall serve for a term of one year. Each member shall hold office until the member's successor has been qualified. Any vacancy in the membership of the board shall be filled for the unexpired term in the manner provided for the original appointment. No member of the board may serve more than two successive terms in addition to any unexpired term to which the member has been appointed. Upon a

vacancy in the membership of the board, any professional association of physical therapists and physical therapist assistants, or individual, may submit recommendations to the Governor for his consideration. The Governor may remove any member of the board for cause, which may include, but shall not be limited to, professional misconduct and repeated failure to attend board meetings.

L.1983,c.296,s.5; amended 2003, c.18, s.3.

45:9-37.16. Compensation and reimbursement of expenses

Members of the board shall be compensated and reimbursed for expenses and provided with office and meeting facilities pursuant to section 2 of P.L.1977, c. 285 (C. 45:1-2.5).

L.1983, c. 296, s. 6.

45:9-37.17. Officers; meetings

The board shall annually elect from among its members a chairman, vice-chairman and a secretary. The board shall meet twice per year and may hold additional meetings as necessary to discharge its duties.

L.1983, c. 296, s. 7.

45:9-37.18. Duties of board.

a. The board shall:

(1) Administer and enforce the provisions of P.L.1983, c.296 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-37.34b et al.);

(2) Establish procedures for application for licensure;

(3) Establish standards for, and adopt and administer examinations for licensure;

(4) Review and pass upon the qualifications of applicants for licensure;

(5) Insure the proper conduct and standards of examinations;

(6) Issue and renew licenses to physical therapists and physical therapist assistants pursuant to P.L.1983, c.296 (C.45:9-37.11 et seq.);

(7) Establish disciplinary measures, including but not limited to, suspending, revoking, or refusing to renew the license of a physical therapist or physical therapist assistant pursuant to the provisions of P.L.1978, c.73 (C.45:1-14 et seq.);

(8) Maintain a record of every physical therapist and physical therapist assistant licensed in this State, his place of business, his place of residence, and the date and number of his license;

(9) Conduct hearings into allegations of misconduct by licensees;

(10) Establish requirements and standards for continuing professional education and competency and approve courses that are eligible to meet these requirements and standards, as provided in section 25 of P.L.2003, c.18 (C.45:9-37.34f);

(11) Conduct hearings pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), except that the board shall have the right to administer oaths to witnesses, and shall have the power to issue subpoenas for the compulsory attendance of witnesses and the production of pertinent books, papers or records;

(12) Conduct proceedings before any board, agency or court of competent jurisdiction for the enforcement of the provisions of P.L.1983, c.296 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-37.34b et al.);

(13) Conduct investigations as necessary and have the enforcement powers provided pursuant to P.L.1978, c.73 (C.45:1-14 et seq.);

(14) Within 180 days of the effective date of P.L.2003, c.18, establish standards in accordance with the provisions of section 22 of P.L.2003, c.18 (C.45:9-37.34c), in collaboration with the State Board of Medical Examiners and other appropriate professional licensing boards established pursuant to Title 45 of the Revised Statutes, setting forth the conditions under which a physical therapist is required to refer an individual being treated by a physical therapist to or consult with a practitioner licensed to practice dentistry, podiatry or medicine and surgery in this State, or other appropriate licensed health care professional. Pending adoption of the standards: (a) a physical therapist shall refer any individual who has failed to demonstrate reasonable progress within 30 days of the date of initial treatment to a licensed health care professional; and (b) a physical therapist, not more than 30 days from the date of initial treatment of functional limitation or pain, shall consult with the individual's licensed health care professional of record as to the appropriateness of the treatment, or, in the event that there is no identified licensed health care professional of record, recommend that the individual consult with a licensed health care professional of the individual's choice;

(15) Establish mechanisms to assure that the public has access to physical therapists' services, and report back to the Senate Health, Human Services and Senior Citizens and Assembly Regulated Professions Committees, or their successors, regarding this access; and

(16) Promulgate rules and regulations necessary for the performance of its duties and the implementation of P.L.1983, c.296 (C.45:9-37.11 et seq.).

b. In addition to the provisions of subsection a. of this section, the board may establish standards of professional behavior.

L.1983, c.296, s.8; amended 2003, c.18, s.4; 2017, c.121, s.2.

45:9-37.19. License required to practice, assist at physical therapy; exceptions.

No person shall practice physical therapy or act as a physical therapist or physical therapist assistant, whether or not compensation is received or expected, unless the person holds a valid license to practice in this State; however, nothing in this section shall be construed to:

a. Prohibit any student enrolled in a school or post-graduate course of physical therapy or in a course of study for training as a physical therapist assistant that is approved or recognized by the board from performing physical therapy or acting as a physical therapist assistant, as appropriate, which is necessary to his course of study;

b. Prohibit any person licensed to practice in this State under any other law from engaging in the practice for which the person is licensed, provided that: the procedures or duties performed by that

person are within the scope of that person's practice as established by law and the accepted standards of practice of the profession for which the person is licensed; and the person does not represent himself as a physical therapist or physical therapist assistant;

c. Prohibit any person employed by an agency, bureau or division of the federal government from practicing physical therapy within the scope of his official duties;

d. With the exception of the provisions of section 20 of P.L.1983, c.296 (C.45:9-37.30), prohibit any person licensed to practice in this State under any other law from engaging in the practice for which the person is licensed, provided that: the procedures or duties performed by that person are within the scope of that person's practice as established by law and the accepted standards of practice of the profession for which the person is licensed; and the person does not represent himself as a physical therapist, or physical therapist assistant;

e. Prohibit any student enrolled in a school or post-graduate course of physical therapy or in a course of study for training as a physical therapist assistant that is approved or recognized by the board from performing physical therapy or acting as a physical therapist assistant, as appropriate, which is necessary to his course of study or as part of a pro bono community-based service project under the supervision of a physical therapist licensed by the board;

f. Prohibit an individual who is licensed as a physical therapist in another jurisdiction of the United States or credentialed to practice physical therapy in another country, from teaching, demonstrating or providing physical therapy services in connection with teaching or participating in an educational seminar for no more than 30 days in a calendar year;

g. Prohibit an individual who is licensed as a physical therapist in a jurisdiction of the United States or credentialed in another country from performing physical therapy or acting as a physical therapist assistant, if that individual by contract or employment is providing physical therapy to patients affiliated with or employed by established athletic teams, athletic organizations or performing arts companies temporarily practicing, competing or performing in the State for no more than 30 days in a calendar year;

h. Prohibit an individual who is licensed as a physical therapist in another jurisdiction of the United States from entering this State to provide physical therapy during a declared local, State or national disaster or emergency, including a public health emergency declared by the Governor pursuant to the "Emergency Health Powers Act, P.L.2005, c.222 (C.26:13-1 et seq.). This exemption applies for no longer than 30 days following the declaration of the emergency. In order to be eligible for this exemption the physical therapist shall notify the board of his intent to practice;

i. Prohibit an individual who is licensed as a physical therapist in another jurisdiction of the United States who is forced to leave his residence or place of employment due to a declared local, State or national disaster or emergency and due to such displacement seeks to practice physical therapy. This exemption applies for no more than 30 days following the declaration of the emergency. In order to be eligible for this exemption the physical therapist shall notify the board of his intent to practice; or

j. Prohibit an individual who is licensed or certified as a physical therapist assistant in a jurisdiction of the United States and is assisting a licensed physical therapist engaged specifically in activities related to subsections d., e., f., g. and h. of this section.

k. Nothing in this section shall be construed to prohibit an individual who is licensed to practice medicine and surgery in this State from rendering a utilization management decision that limits, restricts or curtails a course of physical therapy care.

L.1983, c.296, s.9; amended 2003, c.18, s.5; 2017, c.121, s.3.

45:9-37.20. Supervision of physical therapist assistants; guidelines.

a. No physical therapist shall supervise more physical therapist assistants at any one time than in the opinion of the board can be adequately supervised. Under usual circumstances the maximum number of physical therapist assistants that may be supervised by a physical therapist shall be two, except that, upon application, the board may permit the supervision of a greater number of physical therapist assistants if it feels there would be adequate supervision and the public health and safety would be served.

b. A licensed physical therapist assistant may initiate patient physical therapy treatment consistent with the role of a physical therapist assistant, as defined by the board or otherwise provided in P.L.1983, c.296 (C.45:9-37.11 et seq.) or P.L.2003, c.18 (C.45:9-37.34b et al.), only at the discretion of, and under the direct or general supervision of, a licensed physical therapist, as specified in P.L.2017, c.121 (C.45:9-37.34g et al.). A licensed physical therapist shall make an onsite visit and actively participate in the treatment of the patient at least every six patient visits or every 14 days, whichever occurs first.

c. When supervising a physical therapist assistant in any off-site setting, the following requirements shall be observed:

(1) A physical therapist shall be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients.

(2) There shall be regularly scheduled and documented conferences or communications between the physical therapist and the physical therapist assistant regarding patients, the frequency of which is determined by the needs of the patient and the needs of the physical therapist assistant.

(3) In those situations in which a physical therapist assistant is involved in the care of a patient, a supervisory visit by the physical therapist is to be made: upon the physical therapist assistant's request for a reexamination; when a change in the plan of care is needed; prior to any planned discharge; and in response to a change in the patient's medical status.

d. Within 180 days following the enactment of P.L.2017, c.121 (C.45:9-37.34g et al.), the board shall establish guidelines concerning the general supervision of physical therapist assistants, including, but not limited to:

(1) On-site review of the plan of care with appropriate revision or termination, completed during a regular physical therapist visit; and

(2) Evaluation of the need for, and a recommendation regarding, utilization of outside resources.

L.1983, c.296, s.10; amended 2003, c.18, s.6; 2017, c.121, s.4.

45:9-37.21. Division of fees, payments for referrals.

No physical therapist or physical therapist assistant shall engage directly or indirectly in the division, transferring, assigning, rebating or refunding of fees received for professional services or pay or accept fees or commissions for referrals for professional services; however, nothing in this section shall be

construed to prohibit physical therapists who are members of a professional association or other business entity, properly organized pursuant to law, from making a division of fees among themselves as determined by contract to be necessary to defray joint operating costs or pay salaries, benefits, or other compensation to employees.

L.1983,c.296,s.11; amended 2003, c.18, s.7.

45:9-37.22. Requirements for licensure as physical therapist.

To be eligible for licensure as a physical therapist, an applicant shall:

a. Have completed a program in physical therapy from an accredited college or university which has been approved by the board;

b. Successfully complete a written examination approved by the board;

c. Possess at least a master's degree from an accredited college or university, except for an applicant who prior to January 1, 2003, possessed a minimum of a bachelor's degree from an accredited college or university;

d. Have experience satisfactory to the board, in accordance with regulations of the board;

e. Be at least 18 years of age;

f. Be of good moral character; and

g. Meet such other requirements as may be established by the board by regulation.

L.1983,c.296,s.12; amended 2003, c.18, s.8.

45:9-37.23. Licensing of graduate of foreign school.

An applicant for licensure who is a graduate of a foreign school of physical therapy shall furnish evidence satisfactory to the board that the applicant:

a. Has completed a course of study in physical therapy which is substantially equivalent to that provided in an accredited program approved by the board;

b. Has successfully completed a written examination approved by the board; and

c. Is a graduate of a recognized college or university.

L.1983,c.296,s.13; amended 2003, c.18, s.9.

45:9-37.24. Application, renewal, reinstatement fees.

a. A fee established by the board by regulation shall accompany each application for licensure. Licenses shall expire biennially at a time established by the board and may be renewed upon submission of a renewal application to the board. If the renewal fee is not paid by the designated date, the license shall automatically expire, but may be reinstated by the board within two years of its expiration date upon payment of a reinstatement fee. The license fee payable to the board for a new or reinstated license may be pro rated at the discretion of the board. Reinstatement of a license

may include a requirement that renewal of a lapsed license be renewed under the procedures established for initial licensure.

b. Fees shall be established, prescribed or changed by the board for examinations, licensure and other services performed pursuant to section 2 of P.L.1974, c.46 (C.45:1-3.2).

c. All fees and any fines imposed by the board shall be paid to the board and shall be forwarded to the State Treasurer and be part of the General Fund.

L.1983,c.296,s.14; amended 2003, c.18, s.10.

45:9-37.25. Written examinations.

The written examination provided for in sections 12 and 13 of P.L.1983, c.296 (C.45:9-37.22 and C.45:9-37.23) and section 21 of P.L.2003, c.18 (C.45:9-37.34b) shall test the applicant's knowledge of basic and clinical sciences as they relate to physical therapy and physical therapy theory and procedures and any other subjects the board may deem useful to test the applicant's fitness to practice physical therapy or act as a physical therapist assistant. Examinations shall be held within the State at a time and place to be determined by the board. The board shall give adequate written notice of the examination to applicants for licensure and examination.

If an applicant fails his first examination, the applicant may take a second examination no more than two years from the date of the initial examination. Additional examinations may be given at the discretion of the board.

The board shall allow a student enrolled in an accredited physical therapist or physical therapist assistant education program and who has completed all the required didactic coursework, to take the National Physical Therapy Examination prior to graduation, provided the student submits with the application a letter on the official letterhead of the accredited educational institution where the applicant is completing an accredited educational program that includes the signature of the program director, the department chairperson or a similarly authorized person of the university or college that states:

a. The applicant is a candidate for a degree as a physical therapist or physical therapist assistant at the next scheduled graduation date;

b. The date the national examination for licensure is to be taken by the applicant is the one nearest to and before the applicant's expected graduation date and is not more than 120 days before the date of the applicant's expected graduation date; and

c. The applicant meets any other established requirements of the accredited educational program, if applicable.

L.1983, c.296, s.15; amended 2003, c.18, s.11; 2017, c.121, s.5.

45:9-37.26. Assistants; alternate standards for examination

The board may establish alternate standards for the examination of an applicant as a physical therapist assistant.

L.1983, c. 296, s. 16.

45:9-37.27. Issuance of license.

The board shall issue a license to each applicant for licensure as a physical therapist or physical therapist assistant who, in the judgment of the board, qualifies for licensure pursuant to P.L.1983, c.296 (C.45:9-37.11 et seq.) and P.L.2003, c.18 (C.45:9-37.34b et al.).

Every licensee shall ensure the following notices are conspicuously displayed in a public area in all offices and health care facilities at which the licensee practices physical therapy:

a. "Physical therapists and physical therapist assistants are licensed by the State Board of Physical Therapy Examiners, an agency of the Division of Consumer Affairs. Any member of the public may notify the board of any complaint relative to the practice conducted by a physical therapist or physical therapist assistant." The notice shall include the current address and phone number for the New Jersey Division of Consumer Affairs, State Board of Physical Examiners.

b. "INFORMATION ON PROFESSIONAL FEES IS AVAILABLE TO YOU ON REQUEST."

The licensee shall not be required to publicly post his biennial registration, but an original biennial registration shall be maintained on site and all licensees shall be required to provide their name, professional designation and license number to any patient upon request.

L.1983, c.296, s.17; amended 2003, c.18, s.12; 2017, c.121, s.6.

45:9-37.28. Issuance of license to holder of out-of-State license.

Upon payment to the board of a fee and the submission of a written application on forms provided by it, the board shall issue without examination to a physical therapist or physical therapist assistant who holds a valid license issued by another state or possession of the United States or the District of Columbia which, in the judgment of the board, has education and experience requirements substantially equivalent to the requirements of this act and P.L.2003, c.18 (C.45:9-37.34b et al.).

L.1983,c.296,s.18; amended 2003, c.18, s.13.

45:9-37.29. Issuance of temporary license.

a. (Deleted by amendment, P.L.2003, c.18).

b. Upon payment to the board of a fee and the submission of a written application on forms provided by it, the board may issue without examination a temporary license to practice physical therapy or act as a physical therapist assistant in this State to a person who is qualified, in the judgment of the board, to practice as a physical therapist or physical therapist assistant, and who provides evidence that he is in the State on a temporary basis to assist in a medical emergency or to engage in a special project, teaching assignment or other activity approved by the board relating to physical therapy practice. A temporary license shall expire one year from its date of issue, however, it may be renewed by the board for an additional one-year period. A temporary license shall be surrendered to the board upon its expiration.

L.1983,c.296,s.19; amended 2003, c.18, s.14.

45:9-37.30. Use of certain titles, designations restricted.

No person, business entity or its employees, agents or representatives shall place an advertisement that uses or otherwise use the titles "physical therapist," "physiotherapist," "registered physical therapist," "licensed physical therapist," "physical therapist assistant," "registered physical therapist assistant," "licensed physical therapist assistant," "student physical therapist," "physical therapy assistant," "student physical therapist assistant," or the abbreviations "PT," "DPT," "RPT," "LPT," "PTA," "RPTA," "LPTA," "SPT," "SPTA," or the terms "physical therapy," or "physiotherapy," or any other title, designation, words, letters, abbreviations, or insignia indicating the practice of physical therapy unless licensed to practice as a physical therapist or physical therapist assistant under the provision of P.L.1983, c.296 (C.45:9-37.11 et seq.).

L.1983, c.296, s.20; amended 2003, c.18, s.15; 2017, c.121, s.7.

45:9-37.31.Titles, abbreviations for licensees.

Any person who holds a license as a physical therapist pursuant to this act may use the title "physical therapist," or "licensed physical therapist," or the abbreviations "PT" or "LPT." Any person who holds a license as a physical therapist assistant pursuant to this act may use the title "physical therapist assistant," "licensed physical therapist assistant," or the abbreviations "PTA" or "LPTA."

L.1983,c.296,s.21; amended 2003, c.18, s.16.

45:9-37.32. Registered physical therapists and assistants; continuance of practice and issuance of license; fee

Any person who is registered in this State as a physical therapist or a physical therapist assistant on the effective date of this act may continue to practice physical therapy under his current registration until its expiration, and to obtain a license under this act without examination upon payment of a fee.

L.1983, c. 296, s. 22.

45:9-37.33. Orders, rules and regulations of state board of medical examiners; continuance

This act shall not affect the orders, rules and regulations regarding physical therapists or physical therapist assistants made or promulgated by the New Jersey State Board of Medical Examiners consistent with the purposes and provisions of this act which shall continue with full force and effect until amended, modified or repealed by the board established pursuant to this act.

L.1983, c. 296, s. 23.

45:9-37.34. Application of P.L.1978, c. 73 and P.L.1974, c. 46

The provisions of P.L.1978, c. 73 (C. 45:1-14 et seq.) and P.L.1974, c. 46 (C.45:1-3.1 et seq.) shall apply to this act.

L.1983, c. 296, s. 24.

45:9-37.34a. Administration of physical modalities by employees of physical therapists.

a. A licensed physical therapist shall not permit an employee to administer physical modalities to patients unless that employee is a licensed physical therapist, licensed physical therapist assistant, or other health care provider licensed in this State to administer those modalities.

As used in this subsection, physical modalities mean ultraviolet (B and C bands) and electromagnetic rays, including, but not limited to, deep heating agents, microwave diathermy, shortwave diathermy, and ultrasound or any other treatment proscribed by the board.

b. Nothing in this section shall be construed to prohibit any person licensed to practice in this State under any other law from engaging in any activity which is within the scope of his practice.

L.1990,c.68,s.4; amended 2003, c.18, s.17.

45:9-37.34b. Eligibility for licensure as a physical therapist assistant.

To be eligible for licensure as a physical therapist assistant, an applicant shall:

a. Possess at least an Associate in Arts degree from an accredited college or university;

b. Have completed a two-year physical therapist assistant program at an accredited college or university, which has been approved by the board;

c. Have experience satisfactory to the board, in accordance with regulations of the board;

d. Have successfully completed a written examination approved by the board;

e. Be at least 18 years of age;

f. Be of good moral character; and

g. Meet such other requirements as may be established by the board by regulation.

L.2003,c.18,s.21.

45:9-37.34c. Failure to refer patient, certain circumstances, unlawful practice.

It shall be considered an unlawful practice of physical therapy if a physical therapist does not immediately refer an individual to a health care professional licensed to practice dentistry, podiatry or medicine and surgery, or other appropriate licensed health care professional, if the physical therapist has reasonable cause to believe that physical therapy is contraindicated or symptoms or conditions are present, including, but not limited to, nonmuscular and nonskeletal symptoms or conditions and conditions of the central nervous system, that require services outside the scope of a physical therapist's practice.

L.2003,c.18,s.22.

45:9-37.34d. Information provided by applicant.

An applicant for licensure or renewal as a physical therapist or a physical therapist assistant shall:

a. Execute and submit a sworn statement on a form prescribed by the board that neither the license for which renewal is sought nor any similar license or other authority issued by another jurisdiction has been revoked, suspended or not renewed; and

b. Present satisfactory evidence that any continuing professional education and competency requirements established by P.L.2003, c.18 (C.45:9-37.34b et al.) or the board, have been completed.

L.2003, c.18, s.23; amended 2017, c.121, s.8.

45:9-37.34e. Permitted licensees, natural person; regulations.

No person other than a natural person shall be licensed as, hold itself out to be licensed as, or practice as, a physical therapist or a physical therapist assistant. Every physical therapist or physical therapist assistant employed by a corporation or other business entity shall assume professional responsibility for the practice of physical therapy or acting as a physical therapist assistant that is provided under the auspices of the corporation or other business entity. The board shall establish regulations to effectuate the provisions of this section, which shall include, but shall not be limited to, a statement of the responsibilities of licensees under this section.

L.2003,c.18,s.24.

45:9-37.34f. Continuing professional education and competency requirements.

The board shall establish continuing professional education and competency requirements for physical therapists and physical therapist assistants, which requirements shall be a condition of retaining licensure. As used in this section, "continuing professional education and competency" means the lifelong process of maintaining and documenting the application of knowledge, skills and behaviors required to function effectively, safely, ethically and legally, through ongoing self-assessment, development, and implementation of a personal learning plan and subsequent reassessment. The board shall:

a. Approve only such continuing professional education and competency programs as are available to all physical therapists and physical therapist assistants in this State on a nondiscriminatory basis;

b. Establish standards for continuing professional education and competency programs;

c. Accredit educational programs offering credits towards the continuing professional education and competency requirements; and

d. Establish the number of credits of continuing professional education and competency required of each applicant for license renewal. Each credit shall represent or be equivalent to one hour of actual course attendance, or in the case of those electing an alternative method of satisfying the requirements of P.L.2003, c.18 (C.45:9-37.34b et al.), shall be approved by the board and certified pursuant to procedures established for that purpose.

L.2003, c.18, s.25; amended 2017, c.121, s.9.

45:9-37.34g. Unauthorized practice, crime of third degree.

A person is guilty of a crime of the third degree if he knowingly does not possess a license to practice physical therapy, or knowingly has had such license suspended, revoked or otherwise limited by an order entered by the State Board of Physical Therapy, and he:

a. engages in the practice of physical therapy;

b. exceeds the scope of practice permitted by the board order;

c. holds himself out to the public, or any person as being eligible to engage in the practice of physical therapy;

d. engages in any activity for which a license to practice physical therapy is a necessary prerequisite; or

e. practices physical therapy under a false or assumed name or falsely impersonates another person licensed by the board.

The provisions of this section shall not be construed to limit the activities permitted in section 9 of P.L.1983, c.296 (C.45:9-37.19).

L.2017, c.121, s.10.

45:9-37.34h. Physical Therapy Licensure Compact.

The State of New Jersey enacts and enters into the Physical Therapy Licensure Compact with all other jurisdictions that legally join in the compact in the form substantially as follows:

Section 1. Purpose.

1. The purpose of this compact is to facilitate the practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient is located at the time of the patient encounter. The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

This compact is designed to achieve the following objectives:

a. increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;

b. enhance the states' ability to protect the public's health and safety;

c. encourage the cooperation of member states in regulating multi-state physical therapy practice;

d. support spouses of relocating military members;

e. enhance the exchange of licensure, investigative, and disciplinary information between member states; and

f. allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards.

Section 2. Definitions.

2. As used in this compact, except as otherwise provided, the following definitions shall apply:

"Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. ss.1209 and 1211.

"Adverse action" means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance, or a combination of both.

"Alternative program" means a non-disciplinary monitoring or practice remediation process approved by a physical therapy licensing board. This includes, but is not limited to, substance abuse issues.

"Compact" means the Physical Therapy Licensure Compact.

"Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote state under its laws and rules. The practice of physical therapy occurs in the member state where the patient is located at the time of the patient encounter.

"Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, and completion of, educational and professional activities relevant to practice or area of work.

"Data system" means a repository of information about licensees, including examination, licensure, investigative, compact privilege, and adverse action.

"Encumbered license" means a license that a physical therapy licensing board has limited in any way.

"Executive Board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

"Home state" means the member state that is the licensee's primary state of residence.

"Investigative information" means information, records, and documents received or generated by a physical therapy licensing board pursuant to an investigation.

"Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of physical therapy in a state.

"Licensee" means an individual licensed by the State Board of Physical Therapy Examiners or an individual who currently holds an authorization from a member state to practice as a physical therapist or to work as a physical therapist assistant.

"Member state" means a state that has enacted and entered into the compact.

"Party state" means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege.

"Physical therapist" means an individual who is licensed by a state to practice physical therapy.

"Physical therapist assistant" means an individual who is licensed or certified by a state and who assists the physical therapist in selected components of physical therapy.

"Physical therapy," "physical therapy practice," and "the practice of physical therapy" mean the care and services provided by or under the direction and supervision of a licensed physical therapist.

"Physical Therapy Compact Commission" or "commission" means the national administrative body whose membership consists of all member states.

"Physical therapy licensing board" or "licensing board" means the agency of a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants.

"Remote state" means a member state other than the home state, where a licensee is exercising or seeking to exercise the compact privilege.

"Rule" means a regulation, principle, or directive promulgated by the commission that has the force of law.

"State" means any state, commonwealth, district, or territory of the United States of America that regulates the practice of physical therapy.

Section 3. State Participation in the Compact.

3. a. To participate in the compact, a state must:

(1) participate fully in the commission's data system, including using the commission's unique identifier as defined in rules;

(2) have a mechanism in place for receiving and investigating complaints about licensees;

(3) notify the commission, in compliance with the terms of the compact and rules, of any adverse action or the availability of investigative information regarding a licensee;

(4) fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions in accordance with subsection b. of this section;

(5) comply with the rules of the commission;

(6) utilize a recognized national examination as a requirement for licensure pursuant to the rules of the commission; and

(7) have continuing competence requirements as a condition for license renewal.

b. Upon enactment of this compact, a member state shall have the authority to obtain biometric-based information from each physical therapy licensure applicant and submit this information to the Federal Bureau of Investigation for a criminal background check in accordance with 28 U.S.C. s.534 and 42 U.S.C. s.14616.

c. A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the compact and rules.

d. Member states may charge a fee for granting a compact privilege.

Section 4. Compact Privilege.

4. a. To exercise the compact privilege under the terms and provisions of the compact, the licensee shall:

(1) hold a license in the home state;

(2) have no encumbrance on any state license;

(3) be eligible for a compact privilege in any member state in accordance with subsections d., g., and h. of this section;

(4) have not had any adverse action against any license or compact privilege within the previous two years;

(5) notify the commission that the licensee is seeking the compact privilege within a remote state;

(6) pay any applicable fees, including any state fee, for the compact privilege;

(7) meet any jurisprudence requirements established by a remote state in which the licensee is seeking a compact privilege; and

(8) report to the commission adverse action taken by any non-member state within 30 days from the date the adverse action is taken.

b. The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of subsection a. of this section to maintain the compact privilege in the remote state.

c. A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

d. A licensee providing physical therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

e. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

(1) the home state license is no longer encumbered; and

(2) two years have elapsed from the date of the adverse action.

f. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of subsection a. of this section to obtain a compact privilege in any remote state.

g. If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:

(1) the specific period of time for which the compact privilege was removed has ended;

(2) all fines have been paid; and

(3) two years have elapsed from the date of the adverse action.

h. Once the requirements of subsection g. of this section have been met, the licensee must meet the requirements in subsection a. of this section to obtain a compact privilege in a remote state.

Section 5. Active Duty Military Personnel or their Spouses.

5. A licensee who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the home state:

a. home of record;

b. permanent Change of Station; or

c. state of current residence if it is different than the permanent Change of Station state or home of record.

Section 6. Adverse Actions.

6. a. A home state shall have exclusive power to impose adverse action against a license issued by the home state.

b. A home state may take adverse action based on the investigative information of a remote state.

c. Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that the participation shall remain non-public if required by the member state's laws, rules or regulations. Member states must require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from that other member state.

d. Any member state may investigate actual or alleged violations of the laws, rules or regulations authorizing the practice of physical therapy in any other member state in which a physical therapist or physical therapist assistant holds a license or compact privilege.

e. A remote state shall have the authority to:

(1) take adverse actions as set forth in subsection d. of section 4 of this compact against a licensee's compact privilege in the state;

(2) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence, and subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses, or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it, and the issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service laws of the state where the witnesses or evidence are located; and

(3) if otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.

f. (1) In addition to the authority granted to a member state by its respective physical therapy practice act or other applicable state law, a member state may participate with other member states in joint investigations of licensees.

(2) Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact.

Section 7. Establishment of the Commission.

7. a. The compact member states hereby create and establish a joint public agency known as the Physical Therapy Compact Commission:

(1) The commission is an instrumentality of the member states.

(2) The venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in this compact shall be construed as a waiver of sovereign immunity.

b. (1) Each member state shall have and be limited to one delegate selected by that member state's licensing board.

(2) The delegate shall be a current member of the licensing board, who is a physical therapist, physical therapist assistant, public member, or the board administrator.

(3) Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

(4) The member state board shall fill any vacancy occurring in the commission.

(5) Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission.

(6) A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

(7) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

c. The commission shall have the following powers and duties:

(1) establish the fiscal year of the commission;

(2) establish bylaws;

(3) maintain its financial records in accordance with the bylaws;

(4) meet and take such actions as are consistent with the provisions of this compact and the bylaws;

(5) promulgate uniform rules to facilitate and coordinate implementation and administration of the compact. The rules shall have the force and effect of law and shall be binding in all member states;

(6) bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state physical therapy licensing board to sue or be sued under applicable law shall not be affected;

(7) purchase and maintain insurance and bonds;

(8) borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;

(9) hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(10) accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the commission shall avoid any appearance of impropriety or conflict of interest;

(11) lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the commission shall avoid any appearance of impropriety;

(12) sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

(13) establish a budget and make expenditures;

(14) borrow money;

(15) appoint committees, including standing committees comprising of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

(16) provide and receive information from, and cooperate with, law enforcement agencies;

(17) establish and elect an executive board; and

(18) perform such other functions as may be necessary or appropriate to achieve the purposes of the compact consistent with the state regulation of physical therapy licensure and practice.

d. The executive board shall have the power to act on behalf of the commission according to the terms of this compact.

(1) The executive board shall be comprised of nine members:

(a) seven voting members who are elected by the commission from the current membership of the commission;

(b) one ex-officio, nonvoting member from the recognized national physical therapy professional association; and

(c) one ex-officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards.

(2) The ex-officio members will be selected by their respective organizations.

(3) The commission may remove any member of the executive board as provided in bylaws.

(4) The executive board shall meet at least annually.

(5) The executive board shall have the following duties and responsibilities:

(a) recommend to the entire commission changes to the rules or bylaws, changes to this compact, fees paid by compact member states such as annual dues, and any commission compact fee charged to licensees for the compact privilege;

(b) ensure compact administration services are appropriately provided, contractual or otherwise;

(c) prepare and recommend the budget;

(d) maintain financial records on behalf of the commission;

(e) monitor compact compliance of member states and provide compliance reports to the commission;

(f) establish additional committees as necessary; and

(g) other duties as provided in rules or bylaws.

e. (1) All meetings shall be open to the public, and a public notice of meetings shall be given in the same manner as required under the rulemaking provisions in section 9 of this compact.

(2) The commission or the executive board or other committees of the commission may convene in a closed, non-public meeting if the commission or executive board or other committees of the commission must discuss:

(a) non-compliance of a member state with its obligations under the compact;

(b) the employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

(c) current, threatened, or reasonably anticipated litigation;

(d) negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

(e) accusing any person of a crime or formally censuring any person;

(f) disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(g) disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(h) disclosure of investigative records compiled for law enforcement purposes;

(i) disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or

(j) matters specifically exempted from disclosure by federal or member state statute.

(3) If a meeting, or portion of a meeting, is closed pursuant to any subparagraph of paragraph (2) of this subsection, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

(4) The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in the minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

f. (1) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(2) The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

(3) The commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all member states.

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state.

(5) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.

g. (1) The members, officers, executive director, employees and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

(2) The commission shall defend any member, officer, executive director, employee or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from

retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties, or responsibilities, or that person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

Section 8. Data System.

8. a. The commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

b. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this compact is applicable as required by the rules of the commission, including:

(1) identifying information;

(2) licensure data;

(3) adverse actions against a license or compact privilege;

(4) non-confidential information related to alternative program participation;

(5) any denial of application for licensure, and the reason or reasons for the denial; and

(6) other information that may facilitate the administration of this compact, as determined by the rules of the commission.

c. Investigative information pertaining to a licensee in any member state will only be available to other party states.

d. The commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

e. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

f. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

Section 9. Rulemaking.

9. a. The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

b. If a majority of the legislatures of the member states reject a rule, by enactment of a statute or resolution in the same manner used to adopt the compact within four years of the date of adoption of the rule, then the rule shall have no further force and effect in any member state.

c. Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

d. Prior to promulgation and adoption of a final rule or rules by the commission, and at least 30 days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a Notice of Proposed Rulemaking:

(1) on the website of the commission or other publicly accessible platform; and

(2) on the website of each member state physical therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

e. The Notice of Proposed Rulemaking shall include:

(1) the proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

(2) the text of the proposed rule or amendment and the reason for the proposed rule;

(3) a request for comments on the proposed rule from any interested person; and

(4) the manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

f. Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

g. The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(1) at least 25 persons;

(2) a state or federal governmental subdivision or agency; or

(3) an association having at least 25 members.

h. If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) All hearings will be recorded. A copy of the recording will be made available on request.

(4) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.

i. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

j. If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

k. The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

l. Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

(1) meet an imminent threat to public health, safety, or welfare;

(2) prevent a loss of commission or member state funds;

(3) meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

(4) protect public health and safety.

m. The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

Section 10. Oversight, Dispute Resolution, and Enforcement.

10. a. The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the commission. The commission shall be entitled to receive service of process in any judicial or administrative proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

b. If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(1) provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and any other action to be taken by the commission; and

(2) provide remedial training and specific technical assistance regarding the default.

If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state. The defaulting state may appeal the action of the commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of litigation, including reasonable attorney's fees.

c. Upon request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and non-member states. The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

d. The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact. By majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of litigation, including reasonable attorney's fees. The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

Section 11. Date of Implementation of the Commission and Associated Rules, Withdrawal, and Amendment.

11. a. The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

b. Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

c. Any member state may withdraw from this compact by enacting a statute repealing the same.

(1) A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

d. Nothing contained in this compact shall be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this compact.

e. This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

Section 12. Construction and Severability.

12. This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any party state, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

L.2017, c.304, s.1.

45:9-37.34i. Intent.

The Physical Therapy Licensure Compact is intended to facilitate the regulation of the practice of physical therapy and no provision of the compact shall be construed as to relieve employers from complying with contractual and statutorily imposed obligations.

L.2017, c.304, s.2.

ARTICLE 2B ATHLETIC TRAINING

45:9-37.35. Short title

This act shall be known and may be cited as the "Athletic Training Licensure Act."

L.1984,c.203,s.1; amended 2001, c.156, s.1.

45:9-37.36. Definitions.

As used in this act:

a. "Advisory committee" means the Athletic Training Advisory Committee established in section 5 of P.L.1984, c.203 (C.45:9-37.39);

b. "Athlete" means an individual who participates in strenuous physical exercise, physical conditioning, or a sport;

c. "Athletic trainer" means a person who practices athletic training;

d. "Athletic training" means and includes the practice of physical conditioning and reconditioning of athletes and the prevention of injuries incurred by athletes. Athletic training shall also include the application of physical treatment modalities to athletes under a plan of care designed and overseen by a physician licensed in this State, as recommended by the advisory committee and defined in regulations by the board;

e. "Board" means the State Board of Medical Examiners;

f. "Supervision" means that a physician licensed in this State is accessible to an athletic trainer, either on-site or through voice communication, during athletic training.

L.1984, c.203, s.2; amended 2007, c.323, s.1.

45:9-37.37. Practice of athletic training, licensure.

a. No person shall practice or hold himself out as being able to practice athletic training in this State unless licensed in accordance with the provisions of P.L.1984, c.203 (C.45:9-37.35 et seq.).

b. A licensed athletic trainer may provide athletic training only:

(1) (a) to athletes engaged in interscholastic, intercollegiate, or intramural athletic activities which are being conducted by an educational institution licensed in this State; or (b) to professional athletes; or

(2) to athletes in any setting when the athletic trainer is under the supervision of a physician licensed in this State.

c. An athletic trainer shall immediately refer an athlete to an appropriate health care professional licensed in this State if the athletic trainer has reasonable cause to believe that athletic training is contraindicated or symptoms or conditions are present that require services outside the scope of an athletic trainer's practice.

L.1984, c.203, s.3; amended 2001, c.156, s.2; 2007, c.323, s.2.

45:9-37.38. Rules and regulations

The board, after consultation with the Athletic Training Advisory Committee, shall establish rules and regulations for the administration and enforcement of this act.

L.1984, c. 203, s. 4, eff. Dec. 4, 1984.

45:9-37.39. Athletic Training Advisory Committee.

There is created in the Division of Consumer Affairs of the Department of Law and Public Safety, under the State Board of Medical Examiners, an Athletic Training Advisory Committee. The committee shall consist of seven members, three of whom shall be licensed athletic trainers of this State having at least five years' experience in the practice of athletic training in this State immediately prior to appointment and one of whom shall be a licensed athletic trainer of this State having at least five years' experience in the practice of athletic training in a secondary school in this State immediately prior to appointment. One member of the advisory committee shall be a representative of the Department of Education, one member shall be a physician licensed in this State and one member shall be a representative of the general public. The members of the committee shall be appointed by the Governor, with the advice and consent of the Senate, for terms of three years, except in making the initial appointments the Governor shall designate two members to serve three years, two members to serve two years, and two members to serve one year. In the event of death, incapacity, resignation or removal of any member, the vacancy shall be filled for the unexpired portion of the term in the same manner as the original appointment. Each member shall hold office after the expiration of the term until a successor shall be appointed and qualified. The committee shall meet at least twice a year and shall also meet upon the call of the board or Attorney General. The committee shall carry out the responsibilities assigned to it under this act and any other matter the board may require. The Attorney General shall provide the committee with facilities and personnel required for the proper conduct of its business. The board, with the approval of the Attorney General, may authorize reimbursement of the members of the committee for their actual expenses incurred in connection with the performance of their duties as members of the committee.

The licensure requirements of this section shall only apply to athletic trainers who are appointed to the committee after the effective date of P.L.2001, c.156.

L.1984, c.203, s.5; amended 2001, c.156, s.3; 2007, c.323, s.3.

45:9-37.40. Licensure required for practice of athletic training.

a. Beginning on the effective date of P.L.2001, c.156, it shall be unlawful for any person, other than an athletic trainer licensed pursuant to P.L.1984, c.203 (C.45:9-37.35 et seq.) to practice athletic training in this State unless licensed in accordance with the provisions of this act. Nothing in this act, however, shall prohibit any person licensed to practice in this State under any other law from engaging in the practice for which he is licensed.

b. This act shall not prohibit: a candidate for licensure as an athletic trainer from accumulating the mandated number of hours of supervised clinical experience under the direction of a licensed athletic trainer; a student enrolled in a school or educational program of athletic training approved by the board from performing acts of athletic training incidental to the course of study, if the performance is under the direction of a licensed athletic trainer; a student in any educational program in the healing arts approved or accredited under the laws of this State from carrying out prescribed courses of study; a person employed by any agency, bureau or division of the federal government from discharging his official duties; or a person in connection with employment as an athletic trainer by a nonresident athlete, educational institution or recognized athletic organization temporarily visiting in this State, from practicing athletic training for a period not to exceed 90 days in one calendar year provided he is lawfully permitted to work as an athletic trainer in the state of residence of his employer.

c. The provisions of this act are not intended to limit the activities of persons legitimately engaged in the administration of nontherapeutic baths, massage and normal exercise.

L.1984, c.203, s.6; amended 1989, c.169, s.1; 2001, c.156, s.4; 2007, c.323, s.4.

45:9-37.41. Physical therapy for reimbursement, licensing required

An athletic trainer may not practice or be employed by any individual or entity in order to do physical therapy procedures for reimbursement unless licensed in accordance with the "Physical Therapist Licensing Act of 1983," P.L.1983, c.296 (C.45:9-37.11 et seq.).

L.1984,c.203,s.7; amended 1989,c.169,s.2.

45:9-37.42. Qualifications for licensure as athletic trainer

An applicant for licensure as an athletic trainer shall submit evidence to the board, in the form the board may prescribe, that the applicant:

a. Is 18 years of age or older;

b. Is of good moral character and does not engage in the habitual use of alcohol, narcotics or other habit forming drugs;

c. Is a graduate of a high school approved by the Department of Education or has obtained equivalent education acceptable to the board; and

d. Has met the athletic training curriculum requirements of a college or university approved by the board and provides proof of graduation or has successfully completed a program of baccalaureate education and training and experience approved by the board and provides proof of its completion. The board, in establishing, altering or amending the standards for approving curricula and courses of study in institutions which grant baccalaureate degrees and which are accredited by a regional accreditation agency recognized by the Council on Postsecondary Accreditation or the United States Department of Education shall consult with the Department of Education and the advisory committee. The board, in establishing, altering, or amending the standards for approving programs of baccalaureate education and training and experience shall consult with the advisory committee. Both the curriculum and the program shall include courses of study in the biophysical sciences for the use of physical agents and medical-surgical techniques as related to athletics.

L.1984,c.203,s.8; amended 1989, c.169, s.3; 2001, c.156, s.5.

45:9-37.43. Examination for licensing as athletic trainer.

An applicant who complies with the qualifications for licensure shall successfully complete the examination administered by the National Athletic Trainers' Association Board of Certification, Inc., its successor organization, or a substantially equivalent examination approved by the board. The examination shall test the applicant's knowledge of the basic and clinical sciences that are pertinent to athletic training, emergency care of the injured individual and principles of injury evaluation and conditioning, including the use of various physical modalities and exercise techniques. The examination shall be administered within the State no less than once each year at a time and place the board shall designate.

L.1984, c.203, s.9; amended 1989, c.169, s.4; 2001, c.156, s.6; 2007, c.323, s.5.

45:9-37.44. Issuance of license

On payment to the board of the application fee as provided in section 14 of this act, and upon approval of the application, the board shall issue a license to any person who successfully passes the examination provided in section 9 of this act.

L.1984,c.203,s.10; amended 1989, c.169, s.5; 2001, c.156, s.7.

45:9-37.45. Licensure without examination, conditions.

On payment to the board of the application fee as provided in section 14 of P.L.1984, c.203 (C.45:9-37.48), and upon approval of a written application or application for renewal, as the case may be, on forms provided by the board, the board shall issue, without examination, a license to any person who:

a. (Deleted by amendment, P.L.2001, c.156).

b. Is licensed, certified or registered as an athletic trainer in any other state or territory of the United States or the District of Columbia, if the requirements for licensure, certification or registration were at the time of the applicant's licensure, certification or registration equivalent to or in excess of the requirements of this act at the date of application for the license as shall be determined by the board in consultation with the committee; or

c. Is employed in or is a resident of this State and presents evidence of being certified by the National Athletic Trainers' Association Board of Certification, Inc., or its successor organization, as an athletic trainer; or

d. Is licensed as an athletic trainer pursuant to the provisions of P.L.1984, c.203 (C.45:9-37.35 et seq.) and makes a timely application for renewal, as determined by the board, prior to the expiration of his biennial license.

L.1984, c.203, s.11; amended 1989, c.169, s.6; 2001, c.156, s.8; 2007, c.323, s.6.

45:9-37.46. License required to use certain titles, designations.

No person shall use the words "athletic trainer" or "licensed athletic trainer" or the letters "AT" or "LAT" unless licensed pursuant to P.L.1984, c.203 (C.45:9-37.35 et seq.).

L.1984, c.203, s.12; amended 2001, c.156, s.9; 2007, c.323, s.7.

45:9-37.48. Application fee, expiration, renewal of license.

Each initial application under P.L.1984,c.203 (C.45:9-37.35 et seq.) shall be accompanied by a fee as prescribed by the board. Licensure shall expire biennially on January 31 and shall be renewed upon application and payment of a fee as prescribed by the board. If the fee is not paid by that date the license shall automatically expire. A license which has expired may, within three years of its expiration date, be renewed on payment to the board of the prescribed reinstatement fee for each year or part thereof during which the license was ineffective and a restoration fee as prescribed by the board. After the three-year period, the license may be renewed only by complying with the provisions of this act

regarding initial licensure and presenting proof of current certification by the National Athletic Trainers Association Board of Certification or its successor organization.

L.1984, c.203, s.14; amended 2001, c.156, s.11; 2007, c.323, s.8.

45:9-37.48a. Continuing education requirement for athletic trainer.

a. The State Board of Medical Examiners shall require each person licensed as an athletic trainer, as a condition for biennial license renewal pursuant to section 14 of P.L.1984, c.203 (C.45:9-37.48), to complete 24 credits of continuing athletic trainer education, which shall include a specific number of credits of instruction on topics related to concussions and head injuries, as determined by the State Board of Medical Examiners.

b. The board shall:

(1) establish standards for continuing athletic trainer education, including the subject matter and content of courses of study; and

(2) accredit education programs offering credit toward continuing athletic trainer education requirements or recognize national or State organizations that may accredit education programs.

c. Each hour of an educational course or program shall be equivalent to one credit of continuing athletic trainer education.

d. The board may, in its discretion, waive requirements for continuing athletic trainer education on an individual basis for reasons of hardship such as illness or disability, retirement of license, or other good cause. A waiver shall apply only to the current biennial renewal period at the time of board issuance.

e. The board shall not require completion of continuing athletic trainer education credits for any licensure period commencing within 12 months of the effective date of this section.

f. The board shall require completion of athletic trainer education credits on a pro-rated basis for any registration period commencing more than 12 months but less than 24 months from the effective date of this section.

g. Prior to license renewal, each licensee shall submit to the board proof of completion of the required number of hours of continuing athletic trainer education.

L.2010, c.94, s.6.

45:9-37.48b. Continuing education for athletic trainers.

The State Board of Medical Examiners shall require that the number of credits of continuing athletic trainer education required of each person licensed as an athletic trainer, as a condition of biennial renewal pursuant to section 14 of P.L.1984, c.203 (C.45:9-37.48), include at least one credit of educational programs or topics concerning prescription opioid drugs, including the risks and signs of opioid abuse, addiction, and diversion. The continuing athletic trainer education requirement in this subsection shall be subject to the provisions of section 6 of P.L.2010, c.94 (C.45:9-37.48a), including, but not limited to, the authority of the board to waive the provisions of this section for a specific individual if the board deems it is appropriate to do so.

L.2017, c.341, s.9.

45:9-37.49. Refusal to issue, suspension, revocation of license

The board may refuse to issue, or may suspend or revoke the license of any person, or may impose any other disciplinary sanction pursuant to the provisions of P.L.1978, c.73 (C.45:1-14 et seq.).

L.1984,c.203,s.15; amended 2001, c.156, s.12.

45:9-37.50. Supersession of inconsistent laws

All laws and parts thereof dealing with athletic training inconsistent with this act are superseded to the extent of their inconsistency.

L.1984, c. 203, s. 16, eff. Dec. 4, 1984.

ARTICLE 2C OCCUPATIONAL THERAPY

45:9-37.51. Short title

This act shall be known and may be cited as the "Occupational Therapy Licensing Act."

L.1993,c.85,s.1.

45:9-37.52. Findings, declarations on regulating occupational therapy services

The Legislature finds and declares that it is necessary to regulate persons offering occupational therapy services to safeguard the public health, safety, and welfare and to protect the public from incompetent, unscrupulous and unauthorized persons; to assure the highest degree of professional conduct on the part of occupational therapists and occupational therapy assistants; and to guarantee the availability of occupational therapy services of high quality to persons in need of those services.

L.1993,c.85,s.2.

45:9-37.53. Definitions.

As used in P.L.1993, c.85 (C.45:9-37.51 et seq.):

"Council" means the Occupational Therapy Advisory Council established pursuant to section 4 of P.L.1993, c.85 (C.45:9-37.54).

"Director" means the Director of the Division of Consumer Affairs in the Department of Law and Public Safety.

"Occupational therapist" means a person licensed to practice occupational therapy pursuant to the provisions of P.L.1993, c.85 (C.45:9-37.51 et seq.).

"Occupational therapy" means the evaluation, planning, and implementation of a program of purposeful activities to develop or maintain functional skills necessary to achieve the maximal physical or mental functioning, or both, of the individual in the person's daily occupational performance. The

tasks of daily living may be threatened or impaired by physical injury or illness, developmental disability, sensorimotor disability, psychological and social disability, the aging process, poverty, or cultural deprivation. Occupational therapy utilizes task oriented activities adapted to prevent or correct physical or emotional disabilities as well as to minimize the disabling effects of those disabilities on the life of the individual. Occupational therapy services include the use of specific techniques which enhance functional performance and include, but are not limited to, the evaluation and assessment of an individual's self-care, lifestyle performance patterns, work skills, performance related cognitive, sensory, motor, perceptual, affective, interpersonal and social functioning, vocational, and prevocational capacities, the design, fabrication, and application of adaptive equipment or prosthetic or orthotic devices, excluding dental devices, the administration of standardized and nonstandardized assessments, and consultation concerning the adaptation of physical environments for persons with disabilities. These services are provided to individuals or groups through medical, health, educational and social systems.

"Occupational therapy assistant" means a person licensed pursuant to the provisions of this act to assist in the practice of occupational therapy under the supervision of or in collaboration with an occupational therapist on a regularly scheduled basis for the purpose of the planning, review, or evaluation of occupational therapy services.

"Purposeful activities" means acts and occupations of craftsmanship and workmanship, as well as creative, educational, or other activities, which in whole or in part are used to correct, compensate for, or prevent dysfunction in the tasks and activities of everyday living, and which simultaneously incorporate personally and culturally relevant biological, psychological, and social elements that produce positive adaptation and motivational behavior.

"Supervision" means the responsible and direct involvement of a licensed occupational therapist with an occupational therapy assistant for the development of an occupational therapy treatment plan and the periodic review of the implementation of that plan. The form and extent of the supervision shall be determined by the council.

"Task oriented activities" means purposeful activities having an explicit, observable, and measurable short-term goal which contributes to the well-being of self or others.

L.1993, c.85, s.3; amended 2017, c.131, s.182.

45:9-37.54. Occupational Therapy Advisory Council

There is established in the Division of Consumer Affairs in the Department of Law and Public Safety an Occupational Therapy Advisory Council appointed by the Governor, with the advice and consent of the Senate, which shall serve as an advisory body to the Director of the Division of Consumer Affairs. The council shall consist of seven members who are residents of the State, four of whom shall be licensed occupational therapists having at least five years of experience in occupational therapy in this State immediately preceding appointment, one of whom shall be a licensed occupational therapy assistant having at least five years of experience in occupational therapy in this State immediately preceding appointment, and two of whom shall be public members. The first occupational therapist and occupational therapy assistant members shall be qualified for licensure pursuant to the provisions of this act.

Except for those first appointed, members shall serve for a term of three years. Each member shall hold office until the appointment of his successor. A vacancy in the office of any member shall be filled for the unexpired term only. The initial appointment to the council shall be two members for terms of

one year, two members for terms of two years, and three members for terms of three years. No member shall serve more than two successive terms.

The Governor may remove any council member for misconduct, incompetency or neglect of duty after providing the council member with a written statement of charges and an opportunity for a hearing thereon.

L.1993,c.85,s.4.

45:9-37.55. Oath; officers; meetings

The members of the council, before entering the discharge of their duties, and within 30 days after their appointment, shall take and subscribe to an oath before an officer authorized to administer oaths in this State for the faithful performance of their duties and file the oath with the Secretary of State. The members of the council shall annually elect from their number a chairman and a vice-chairman each of whom shall hold office for one year and until a successor is elected and qualified.

Regular meetings of the council shall be held at such times and places as it prescribes and special meetings may be held upon the call of the chairman or the director. At least two regular meetings shall be held each year.

L.1993,c.85,s.5.

45:9-37.56. Provision of facilities, personnel; reimbursement for expenses

The Attorney General shall provide the director with such facilities and personnel as shall be required for the proper administration of this act and may authorize reimbursement of the members of the council for their actual expenses incurred in connection with the performance of their duties as members of the council.

L.1993,c.85,s.6.

45:9-37.57. Powers of director

In addition to such other powers and duties as the director may possess by law, the director shall:

a. Administer, coordinate and enforce the provisions of this act and delegate, at the director's discretion, to the council one or more of the director's powers or duties authorized pursuant to this act;

b. Evaluate the qualifications of applicants for licensure under this act as an occupational therapist or occupational therapy assistant and administer or approve in consultation with the council the examinations for licensure as an occupational therapist or occupational therapy assistant and issue a license to each qualified applicant;

c. Investigate allegations of practices violating the provisions of this act;

d. Establish standards relating to professional conduct, qualifications for professional licensure, ethical standards, and disciplinary proceedings;

e. Maintain a record of every occupational therapist and occupational therapy assistant licensed in this State, their places of business, places of residence and the date and number of their licenses;

f. Conduct hearings pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), except that the director shall have the right to administer oaths to witnesses, and shall have the power to issue subpoenas for the compulsory attendance of witnesses and the production of pertinent books, papers, or records;

g. Do any and all things which may be appropriate to achieve the objectives contemplated by this act.

L.1993,c.85,s.7.

45:9-37.58. Notification of practitioners

Within 90 days of the effective date of this act, the director shall make reasonable efforts to notify all occupational therapy practitioners currently practicing in this State of the provisions of this act and the requirement for licensure under the act by sending notice to all licensed health care facilities and to appropriate trade associations.

L.1993,c.85,s.8.

45:9-37.59. Licensing required for occupational therapists

a. No person shall practice occupational therapy, whether or not compensation is received or expected, or represent himself as an occupational therapist or occupational therapy assistant, unless the person holds a valid license to practice in this State.

b. Only an individual may be licensed to practice occupational therapy within the State. No firm, partnership, association or corporation may advertise or otherwise offer to provide or convey the impression that it is providing occupational therapy services unless an individual holding a current valid license pursuant to the provisions of this act shall be rendering the occupational therapy services.

L.1993,c.85,s.9.

45:9-37.60. Construction of act

The provisions of this act shall not be construed to prevent the following provided that no word, letter, abbreviation, insignia, sign, card or device is used to convey the impression that the person rendering the service is a licensed occupational therapist or occupational therapy assistant:

a. Any person licensed to practice in this State under any other law from engaging in the practice for which he is licensed;

b. Any person employed as an occupational therapist or occupational therapy assistant by the federal government, if the person provides occupational therapy services solely under the direction or control of the organization by which he is employed;

c. Any person pursuing a course of study leading to a degree or certificate in occupational therapy at an accredited or approved educational program if the pursuit is part of a supervised course of study and if the person is designated by a title which clearly indicates status as a student or trainee;

d. Any person fulfilling the supervised fieldwork experience requirements of sections 11 and 12 of this act, if the activities and the services are a part of the experience necessary to meet the requirements of those sections;

e. Any person performing occupational therapy services in this State if those services are performed for no more than 60 days in a calendar year in association with an occupational therapist licensed pursuant to this act provided that the person is regulated by the laws of another state which has regulatory requirements which are equivalent to those of this State.

L.1993,c.85,s.10.

45:9-37.61. Requirements for licensure as occupational therapist

To be eligible for licensure as an occupational therapist, an applicant shall fulfill the following requirements:

a. Be at least 18 years of age;

b. Be of good moral character;

c. Present evidence to the director of having successfully completed the academic requirements of an educational program in occupational therapy approved by the director, in consultation with the council, and accredited by the American Occupational Therapy Association, the World Federation of Occupational Therapy or other nationally recognized programmatic accrediting agency;

d. Submit to the director evidence of having successfully completed at least 24 weeks of supervised fieldwork experience approved by the educational institution at which the applicant completed the occupational therapy educational program; and

e. Successfully complete an examination administered or approved by the director, in consultation with the council, to determine the applicant's competence to practice occupational therapy.

L.1993,c.85,s.11.

45:9-37.62. Requirements for licensure as occupational therapy assistant

To be eligible for licensure as an occupational therapy assistant, an applicant shall fulfill the following requirements:

a. Be at least 18 years of age;

b. Be of good moral character;

c. Present evidence to the director of having successfully completed the academic requirements of an educational program in occupational therapy approved by the director, in consultation with the council;

d. Submit to the director evidence of having successfully completed at least 12 weeks of supervised fieldwork experience approved by the educational institution at which the applicant completed the occupational therapy educational program; and

e. Successfully complete an examination administered or approved by the director, in consultation with the council, to determine the applicant's competence to practice occupational therapy.

L.1993,c.85,s.12.

45:9-37.63. Examinations

The examinations required by sections 11 and 12 of this act shall test the applicant's knowledge of basic and clinical sciences as they relate to occupational therapy, occupational therapy techniques and methods, and any other subjects the director, in consultation with the council, may require to determine the applicant's fitness to practice occupational therapy. Examinations shall be held within the State at least twice a year at a time and place to be determined by the director, in consultation with the council. The director shall give adequate written notice of the examination to applicants for licensure and examination. An applicant who fails an examination may apply for re-examination upon payment of the prescribed fee.

L.1993,c.85,s.13.

45:9-37.64. Issuance of license

a. The director, in consultation with the council, shall issue a license to any applicant who has satisfactorily met all the requirements of this act. No license shall be issued to an applicant if the applicant has: (1) committed any act which if committed by a licensee would be grounds for suspension or revocation; or (2) misrepresented any material fact on the applicant's application.

b. Except in the case of a temporary license issued pursuant to section 17 of this act, all licenses shall be issued for a two-year period upon the payment of the licensing fee prescribed by the director, and shall be renewed upon the filing of a renewal application and the payment of a licensing renewal fee. The director may provide for the late renewal of a license upon the payment of a late fee in accordance with rules and regulations, but no late renewal of a license may be granted more than five years after its expiration.

c. A practitioner whose license is suspended or revoked or whose surrender of license with or without prejudice has been accepted by the director or the council shall promptly deliver the original license and current biennial registration to the council.

L.1993,c.85,s.14.

45:9-37.65. Licensing without examination

For one year following the date procedures for licensure are established by the council, any person who is practicing or residing in this State shall be licensed by the director without examination upon completion of a licensing application and the payment of the appropriate fee if the applicant is certified or registered prior to the effective date of this act by a nationally recognized professional association of occupational therapists approved by the director, except that no license shall be issued to an applicant if the applicant has: a. committed any act which if committed by a licensee would be grounds for

suspension or revocation; or b. misrepresented any material fact on the applicant's application. The director may waive the examination for licensure under this act and grant a license to any person who is certified or registered after the effective date of this act by a nationally recognized professional association of occupational therapists approved by the director, if the director, in consultation with the council, determines the requirements for certification or registration are substantially equivalent to the requirements for licensure.

L.1993,c.85,s.15.

45:9-37.66. Waiving of examination

Upon payment to the director of a fee and the submission of a written application on forms provided by the director, the director may waive the examination and grant a license to any applicant who presents proof of current licensure as an occupational therapist or occupational therapy assistant in another state or territory of the United States or the District of Columbia which has standards substantially equivalent to those of this State as determined by the director, in consultation with the council.

L.1993,c.85,s.16.

45:9-37.67. Issuance of temporary license

Upon payment to the director of a fee and the submission of a written application on forms provided by the director, the director shall issue a temporary license to a person who has applied for licensure pursuant to this act and who, in the judgment of the director, in consultation with the council, is eligible for licensure pursuant to section 11 or section 12 of this act. A temporary license shall be available to an applicant with his initial application for examination and he may practice only under the direct supervision of a licensed occupational therapist. A temporary license shall expire automatically upon the holder being notified of failure of the licensure examination. The temporary license may be renewed for an additional period until the results of the next licensure examination at which time it shall automatically expire and be surrendered to the director.

L.1993,c.85,s.17.

45:9-37.68. Inactive license status

The director may grant inactive license status to a licensee who: a. is not actively practicing as an occupational therapist or an occupational therapy assistant; b. does not represent himself as an occupational therapist or an occupational therapy assistant; and c. completes any continuing education requirements which may be established by the director, in consultation with the council.

L.1993,c.85,s.18.

45:9-37.69. Examination of foreign trained applicants

A foreign trained occupational therapist or occupational therapy assistant shall satisfy the examination requirements of this act. Prior to taking the examination, the director shall require a foreign trained applicant to furnish proof of good moral character and the completion of educational and supervised fieldwork requirements substantially equivalent to those of this State.

L.1993,c.85,s.19.

45:9-37.70. Fees

The director, in consultation with the council, shall by rule or regulation establish, prescribe or change the fees for licenses, renewals of licenses or other services. Licenses shall be renewed on a biennial basis and shall be renewed upon payment to the director of a renewal fee accompanied by a renewal application on a form prescribed by the director.

The revenue generated from these fees shall not exceed the operating costs of the director and the council required for the implementation of this act.

L.1993,c.85,s.20.

45:9-37.71. Fees, civil penalties deposited in General Fund

All fees and any civil penalties imposed by the director shall be forwarded to the State Treasurer and shall be deposited in the General Fund. All expenditures deemed necessary to carry out the provisions of this act shall be paid by the State Treasurer from the funds collected and forwarded by the director subject to, and within the limits of, appropriations made pursuant to law, but expenditures shall not exceed revenues from the operation of this act during any fiscal year.

L.1993,c.85,s.21.

45:9-37.72. Restoration of license

The director, in consultation with the council, may restore a license after one year from the date of its revocation. The director shall hold a hearing to consider any application for reinstatement.

L.1993,c.85,s.22.

45:9-37.73. Applicability of uniform enforcement law

The provisions of the uniform enforcement law, P.L.1978, c.73 (C.45:1-14 et seq.) shall apply to this act and the director shall be deemed to have all authority granted to any board under that act. The authority of the director may be delegated to the council at the discretion of the director.

If any person practices without a valid license or holds himself out as being able to practice occupational therapy in violation of section 9 of this act, each day during which the violation continues shall constitute an additional and separate and distinct offense for the purposes of this section.

L.1993,c.85,s.23.

45:9-37.74. Inapplicability of act

Nothing in this act shall authorize: the diagnosis of disease or the practice of medicine and surgery by any person not licensed to do so pursuant to chapter 9 of Title 45 of the Revised Statutes; the practice of psychology by a person not licensed to do so pursuant to the "Practicing Psychology Licensing Act," P.L.1966, c.282 (C.45:14B-1 et seq.); the practice of chiropractic by a person not licensed to do so

pursuant to the "Chiropractic Board Act," P.L.1989, c.153 (C.45:9-41.17 et al.); the practice of nursing by a person not licensed to do so pursuant to the provisions of P.L.1947, c.262 (C.45:11-23 et seq.); or the practice of physical therapy by a person not licensed to do so pursuant to the "Physical Therapist Licensing Act of 1983," P.L.1983, c.296 (C.45:9-37.11 et seq.) except the practice of occupational therapy as defined in section 3 of this act.

L.1993,c.85,s.24.

45:9-37.75. Regulations

The director, in consultation with the council, shall adopt, amend or repeal regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) necessary to effectuate the purposes of this act.

L.1993,c.85,s.25.

ARTICLE 2D ELECTROLOGY

45:9-37.76. Short title.

This act shall be known and may be cited as the "Electrology Practice Act."

L.1997,c.347,s.1.

45:9-37.77. Definitions relative to practice of electrology.

As used in this act:

"Board" means the State Board of Medical Examiners.

"Committee" means the Electrologists Advisory Committee established pursuant to section 3 of this act.

"Electrologist" means a person who is licensed to practice electrology pursuant to the provisions of this act.

"Electrology" means the removal of hair permanently through the utilization of solid probe electrode-type epilation, including thermolysis, being of a short-wave, high frequency type, and including electrolysis, being of a galvanic type, or a combination of both, which is accomplished by a super-imposed or sequential blend.

"Electrology instructor" means a person who is licensed to teach the clinical and theoretical practice of electrology pursuant to the provisions of this act.

"Office" means any fixed establishment or place where one or more persons engage in the practice of electrology.

L.1997,c.347,s.2.

45:9-37.78. "Electrologist's Advisory Committee."

There is created within the Division of Consumer Affairs in the Department of Law and Public Safety, under the State Board of Medical Examiners, an "Electrologists Advisory Committee." The committee shall consist of five members who are residents of this State as follows: one physician licensed to practice medicine or surgery pursuant to chapter 9 of Title 45 of the Revised Statutes; three electrologists who have successfully passed the American Electrologist Association/International Board of Electrologist Certification Certified Professional Electrology Examination, and who shall be appointed from a list of nominees submitted by the Electrologists Association of New Jersey; and one public member to represent consumer interests. Each electrologist member shall be actively engaged in the delivery of electrology services in this State for at least four years prior to his appointment. No electrologist member of the committee shall be affiliated as an instructor or member of the board of trustees of an electrology school; nor shall any electrologist member own any interest in any electrology school; nor shall any member engage in the business or own any interest in an entity engaged in the business of manufacturing or supplying electrology equipment or supplies.

The Governor shall appoint each committee member for a term of three years, except that of the electrologist members first appointed, two shall serve for terms of three years, two shall serve for terms of two years and one shall serve for a term of one year. Any vacancy in the membership of the board shall be filled for the unexpired term in the manner provided by the original appointment. No member of the committee may serve more than two successive terms in addition to any unexpired term to which he has been appointed.

L.1997,c.347,s.3.

45:9-37.79. Election of chairperson; meeting frequency.

The committee shall annually elect from among its members a chairperson. The committee shall meet at least twice a year and shall also meet upon the request of the Board of Medical Examiners or the Attorney General. The board shall provide the committee the facilities and personnel required for the proper conduct of its business.

L.1997,c.347,s.4.

45:9-37.80. Membership reimbursement.

The board shall authorize reimbursement of the members of the committee for their actual expenses incurred in connection with the performance of their duties as members of the committee.

L.1997,c.347,s.5.

45:9-37.81.Powers, duties.

The committee may have the following powers and duties, as delegated by the board:

a. evaluate and pass upon the qualifications of applicants for licensure;

b. adopt and administer the examination to be taken by applicants for licensure;

c. issue and renew biennial licenses for electrologists and electrology instructors pursuant to this act;

d. approve electrology education programs offered within the State;

e. refuse to admit a person to an examination or refuse to issue or suspend, revoke, or fail to renew the license of an electrologist or electrology instructor pursuant to the provisions of P.L.1978, c.73 (C.45:1-14 et seq.);

f. maintain a record of every electrologist and electrology instructor licensed in this State, their places of business, places of residence and the date and number of their license;

g. maintain a record of all offices licensed by the board to offer the services provided within the definition of electrology;

h. take disciplinary action, in accordance with P.L.1978, c.73 (C.45:1-14 et seq.) against an electrologist or an electrology instructor who violates any provision of this act;

i. adopt standards for and approve continuing education programs, subject to the requirements of section 11 of this act;

j. approve the types of instruments and procedures permitted in the practice and teaching of electrology;

k. review advertising by any licensee or any institution that offers a program in electrology approved by the board;

l. direct the conduct of inspections or investigations of any premises from which the board may have reason to believe that electrology services are being offered; and

m. direct the conduct of inspections or investigations of all licensed offices.

L.1997,c.347,s.6.

45:9-37.82. License required; conditions.

a. No person shall practice electrology or teach electrology, whether or not compensation is received or expected, unless the person holds a valid license to practice or teach electrology in this State, except nothing in this act shall be construed to:

(1) prohibit any person licensed to practice or certified to teach in this State under any other law from engaging in the practice or teaching for which he is licensed, regulated or certified; or

(2) prohibit any student enrolled in an approved clinical electrology education program from performing that which is necessary to the student's course of study.

b. No person, business entity or its employees, agents or representatives shall use the titles "licensed electrologist" or "licensed electrology instructor," or the letters "L.E." or "L.E.I.," or any other title, designation, words, letters, abbreviations or insignia indicating the practice or teaching of electrology, unless licensed to practice or teach electrology under the provisions of this act.

c. No person, firm, corporation, partnership or other legal entity shall operate, maintain or use premises for the rendering of any service provided in the definition of electrology without first having secured an office license from the board.

d. In addition to the provisions of section 8 of P.L.1978, c.73 (C.45:1-21), the board may refuse to grant or may suspend or revoke a license to practice or teach electrology upon proof to the satisfaction of the board that the holder thereof has:

(1) employed unlicensed persons to practice electrology, or supervised or aided an unlicensed person in the practice of electrology;

(2) advertised the practice of electrology so as to disseminate false, deceptive or misleading information, whether as an individual, through a professional service corporation, or through a third party;

(3) promoted the sale of devices, appliances, or goods to a patient so as to exploit the patient for financial gain;

(4) used instruments or procedures in the practice of electrology that are not approved by the board;

(5) maintained an office in a manner which is unsafe or unsanitary; or

(6) acted in a manner inconsistent with standards for the practice of electrology approved by the board.

L.1997,c.347,s.7.

45:9-37.83. Licensing requirements for electrologist.

To be eligible for licensure as an electrologist, an applicant shall fulfill the following requirements:

a. be at least 18 years of age;

b. be of good moral character;

c. have successfully completed high school or its equivalent;

d. (1) have successfully completed an electrology education program approved by the board, in consultation with the committee, including:

(a) at least 200 hours of instruction in the theory of electrology; and

(b) at least 400 hours of instruction in the clinical practice of electrology taught by an electrology instructor licensed pursuant to the provisions of this act. The clinical program shall include instruction in all modalities of electrology including galvanic, thermolysis and any other modality approved by the board; or

(2) have completed in another state an electrology education program determined by the board to be substantially equivalent to that required pursuant to this subsection; and

e. have passed an examination administered or approved by the board to determine the applicant's competence to practice electrology.

L.1997,c.347,s.8.

45:9-37.84. Licensing requirements for electrology instructor.

To be eligible for licensure as an electrology instructor an applicant shall fulfill the following requirements:

a. be licensed as an electrologist pursuant to the provisions of this act;

b. have been actively engaged in the practice of electrology for at least five years immediately preceding the date of application for licensure as an electrology instructor; and

c. passed an examination administered or approved by the board, after consultation with the committee, to determine the applicant's competence to teach electrology.

L.1997,c.347,s.9.

45:9-37.85. Application, fee, license issuance without written examination.

Upon payment to the board of a fee and the submission of a written application provided by the board, the board shall issue, without written examination, a license to any person who:

a. Holds a valid license issued by another state or possession of the United States or the District of Columbia which has standards substantially equivalent to those of this State, if the applicant has not previously failed the board examination as provided in sections 8, 9 and 12 of this act. If the applicant has failed an examination referred to in those sections, licensing shall be at the discretion of the board, in consultation with the committee;

b. Applies for licensure within 180 days of the initial meeting of the committee, is a resident of this State, has completed 120 hours of instruction in electrology at a school of electrology approved by the board, in consultation with the committee, and has been actively engaged in the practice of electrology for at least five years immediately preceding the date of application for licensure; or

c. Applies for licensure within 180 days of the effective date of this act, is a resident of this State, and presents evidence of having passed the written electrology certification examination of a nationally recognized board or agency approved by the board, in consultation with the committee.

L.1997,c.347,s.10.

45:9-37.86. Continuing professional education, programs, standards.

a. The board or committee, if so delegated by the board, shall:

(1) approve only such continuing professional education programs as are available to all electrologists and electrology instructors in this State on a reasonable nondiscriminatory basis. Programs may be held within or without this State, but shall be held so as to allow electrologists and electrology instructors in all areas of the State to attend;

(2) establish standards for continuing professional education programs, including the specific subject matter and contents of courses of study and the selection of instructors;

(3) accredit education programs offering credits toward the continuing education requirements; and

(4) establish the number of credits of continuing professional education required by each applicant for license renewal. Each credit shall represent or be equivalent to one hour of actual course attendance.

b. Prior to license renewal, each licensee shall submit to the board proof of completion of the required number of hours of continuing education.

c. If any applicant for renewal of registration completes a number of credit hours in excess of the number established pursuant to paragraph 4 of subsection a. of this section, the excess credits may, at the discretion of the board, in consultation with the committee, be applicable to the continuing education requirement for the following biennial renewal period, but not thereafter.

L.1997,c.347,s.11.

45:9-37.87. Required examinations.

The examinations required by sections 8 and 9 of this act shall include a written practical examination which shall test the applicant's knowledge of the theory and clinical practice of electrology. Examinations shall be held within the State at least twice a year at a time and place to be determined by the board, in consultation with the committee. The board shall give adequate written notice of the examination to applicants for licensure and examination.

An applicant who fails the initial examination or a section of the examination may retake the section or the entire examination upon payment to the board of the prescribed fee. If an applicant fails the examination twice, the applicant may take a third examination only if he retakes the entire examination and completes an electrology education program as required by the board, in consultation with the committee.

L.1997,c.347,s.12.

45:9-37.88. License issuance, renewal; fees.

a. The board shall by rule or regulation establish, prescribe or change the fees for licenses, renewals of licenses or other services provided by the board or the committee pursuant to the provisions of this act. Licenses shall be issued for a period of two years and be biennially renewable, except that the board may, in order to stagger the expiration dates thereof, provide that those licenses first issued or renewed after the effective date of this act shall expire or become void on a date fixed by the board, not sooner than six months nor later than 29 months after the date of issue.

b. Fees shall be established, prescribed or changed by the board to the extent necessary to defray all proper expenses incurred by the committee, the board and any staff employed to administer this act, except that fees shall not be fixed at a level that will raise amounts in excess of the amount estimated to be so required.

c. All fees and any fines imposed by the board shall be paid to the board and shall be forwarded to the State Treasurer and become part of the General Fund.

L.1997,c.347,s.13.

45:9-37.89. Licensing procedures.

a. The board, in consultation with the committee, shall issue a license to any applicant who in the opinion of the board has satisfactorily met all the requirements of this act. The license shall indicate whether the holder is licensed as an electrologist or an electrology instructor. The holder of an electrologist's license is authorized to practice electrology during the licensure period, and the holder of an electrology instructor's license is authorized to practice electrology and to teach the clinical practice and theory of electrology during the licensure period.

b. The board shall, in consultation with the committee and in accordance with its rules and regulations, reinstate the license of an electrologist or electrology instructor who has failed to renew the license if the applicant is eligible for licensure pursuant to section 9 or 10 of this act and regulations of the board, and pays to the board all past due renewal fees and a reinstatement fee, to be determined by the board in consultation with the committee.

L.1997,c.347,s.14.

45:9-37.90. Office license required for premises.

A person, firm, corporation, partnership or other legal entity shall not operate, maintain or use premises for the rendering of any service provided in the definition of electrology without having first secured an office license. To be eligible for an office license, a person, firm, corporation, partnership or other legal entity intending to open and operate an electrologist's office shall:

a. Make application to the board on forms as it may require, demonstrating that the physical premises and the operation of the office will meet the criteria as recommended by the "Universal Precautions for Infection Control" established by the Center for Disease Control;

b. Permit inspections of the premises; and

c. Pay fees as may be required by the board.

L.1997,c.347,s.15.

45:9-37.91. Uniform enforcement law applicable.

The provisions of the uniform enforcement law, P.L.1978, c.73 (C.45:1-14 et seq.) shall apply to this act. The authority of the board may be delegated to the committee at the discretion of the board.

L.1997,c.347,s.16.

45:9-37.92. List of approved electrology education programs.

The board shall maintain a list of approved electrology education programs located within the State and of out-of-State programs recognized by the board. The board shall not approve or recognize a program unless the program consists of at least 200 hours of instruction in the theory of electrology and 400 hours of training in the clinical practice of electrology.

L.1997,c.347,s.17.

45:9-37.93. Rules, regulations.

The board, after consultation with the committee, shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) necessary to effectuate the purposes of this act.

L.1997,c.347,s.18.

ARTICLE 2E PERFUSIONISTS

45:9-37.94. Short title.

This act shall be known and may be cited as the "Perfusionist Licensing Act."

L.1999,c.126,s.1.

45:9-37.95. Findings, declarations relative to perfusionist licensing.

The Legislature finds and declares that the public interest requires the regulation of the practice of perfusion and the establishment of clear licensure standards for perfusionists; and that the health and welfare of the residents of the State will be protected by identifying to the public those individuals who are qualified and legally authorized to practice perfusion.

L.1999,c.126,s.2.

45:9-37.96. Definitions relative to perfusionist licensing.

As used in this act:

"Board" means the State Board of Medical Examiners.

"Committee" means the Perfusionists Advisory Committee established pursuant to section 4 of this act.

"Extracorporeal circulation" means the diversion of a patient's blood through a heart-lung machine or a similar device that assumes the functions of the patient's heart, lungs, kidney, liver, or other organs.

"Perfusion" means the functions necessary for the support, treatment, measurement, or supplementation of the cardiovascular, circulatory or respiratory system or other organs, or a combination of those activities, and to ensure the safe management of physiologic functions by monitoring and analyzing the parameters of the systems under an order and under the supervision of a licensed physician, including:

(1) the use of extracorporeal circulation, long-term cardiopulmonary support techniques including extracorporeal carbon-dioxide removal and extracorporeal membrane oxygenation, and associated therapeutic and diagnostic technologies:

(2) counterpulsation, ventricular assistance, autotransfusion, blood conservation techniques, myocardial and organ preservation, extracorporeal life support, and isolated limb perfusion;

(3) the use of techniques involving blood management, advanced life support, and other related functions; and

(4) in the performance of the activities herein described:

(a) the administration of:

(i) pharmacological and therapeutic agents;

(ii) blood products or anesthetic agents through the extracorporeal circuit or through an intravenous line as ordered by a physician;

(b) the performance and use of:

(i) anticoagulation monitoring and analysis;

(ii) physiologic monitoring and analysis;

(iii) blood gas and chemistry monitoring and analysis;

(iv) hematologic monitoring and analysis;

(v) hypothermia;

(vi) hyperthermia;

(vii) hemoconcentration and hemodilution;

(viii) modified extracorporeal circulatory hemodialysis;

(c) the observation of signs and symptoms related to perfusion services, the determination of whether the signs and symptoms exhibit abnormal characteristics, and the implementation of appropriate reporting, perfusion protocols, or changes in or the initiation of emergency procedures.

"Perfusionist" means a person who is licensed to practice perfusion pursuant to the provisions of this act.

L.1999,c.126,s.3.

45:9-37.97. Perfusionists Advisory Committee.

There is created within the Division of Consumer Affairs in the Department of Law and Public Safety, under the State Board of Medical Examiners, a Perfusionists Advisory Committee. The committee shall consist of seven members who are residents of the State. Except for the members first appointed, six of the members shall be licensed perfusionists under the provisions of this act and shall have been actively engaged in the practice of perfusion in the State for at least five years immediately preceding their appointment. The remaining member shall be a physician licensed to practice medicine and surgery pursuant to chapter 9 of Title 45 of the Revised Statutes.

The Governor shall appoint the members with the advice and consent of the Senate. Each member shall be appointed for a term of three years, except that of the perfusionist members first appointed, two shall serve for terms of three years, two shall serve for terms of two years and two shall serve for terms of one year. Any vacancy in the membership of the committee shall be filled for the unexpired term in the manner provided by the original appointment. No member of the committee may serve more than two successive terms in addition to any unexpired term to which he has been appointed.

L.1999,c.126,s.4.

45:9-37.98. Compensation, reimbursement of members.

Members of the committee shall be compensated and reimbursed for expenses and provided with office and meeting facilities and personnel required for the proper conduct of the business of the committee.

L.1999,c.126,s.5.

45:9-37.99. Organization of committee.

The committee shall organize within 30 days after the appointment of its members and shall annually elect from among its members a chairperson, who shall be a perfusionist, and a vice-chairperson, and a secretary who need not be a member of the committee. The committee shall meet twice a year and may hold additional meetings as necessary to discharge its duties. A majority of the committee membership shall constitute a quorum.

L.1999,c.126,s.6.

45:9-37.100. Powers, duties of committee.

The committee may have the following powers and duties, as delegated by the board:

a. Issue and renew licenses to perfusionists pursuant to the provisions of this act;

b. Suspend, revoke or fail to renew the license of a perfusionist pursuant to the provisions of P.L.1978, c. 73 (C.45:1-14 et seq.);

c. Establish standards for the continuing education of perfusionists subject to the requirements of section 15 of this act;

d. Maintain a record of every perfusionist licensed in this State, their place of business, place of residence, and the date and number of their license;

e. Adopt and publish a code of ethics for licensed perfusionists; and

f. Prescribe or change the charges for examinations, licensures, renewals and other services performed pursuant to P.L.1974, c.46 (C.45:1-3.1 et seq.).

L.1999,c.126,s.7.

45:9-37.101. License required to practice perfusion; construction of act.

No person shall practice perfusion, whether or not compensation is received or expected, unless the person holds a valid license to practice perfusion in this State, except nothing in this act shall be construed to:

a. Prohibit any person licensed to practice under any other law from engaging in the practice for which he is licensed, registered or certified;

b. Prohibit any student enrolled in a bona fide perfusion training program recognized by the board from performing those duties which are necessary for the student's course of study, provided the duties are performed under the supervision and direction of a licensed perfusionist;

c. Prohibit any person from practicing perfusion within the scope of his official duties when employed by an agency, bureau or division of the federal government, serving in the Armed Forces or the Public Health Service of the United States, or employed by the Veterans Administration; or

d. Prohibit any person from performing autotransfusion or blood conservation techniques under the supervision of a licensed physician.

L.1999,c.126,s.8.

45:9-37.102. Eligibility for licensure as perfusionist.

To be eligible to be licensed as a perfusionist, an applicant shall fulfill the following requirements:

a. Be at least 18 years of age;

b. Be of good moral character;

c. Successfully complete a perfusion education program with standards established by the Accreditation Committee for Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or a program with substantially equivalent standards approved by the board; and

d. Successfully complete the certification examination offered by the American Board of Cardiovascular Perfusion (ABCP), or its successor, or a substantially equivalent examination approved by the board.

L.1999,c.126,s.9.

45:9-37.103. Issuance of license; fee; renewal.

The board, in consultation with the committee, shall issue a license to any applicant who, in the opinion of the board, has satisfactorily met all the requirements of this act.

Except in the case of a temporary license issued pursuant to section 13 of this act, all licenses shall be issued for a two-year period upon the payment of the prescribed licensure fee, and shall be renewed upon filing of a renewal application, the payment of a licensure fee and presentation of satisfactory evidence that the renewal applicant has successfully completed the continuing education requirements prescribed by this act.

L.1999,c.126,s.10.

45:9-37.104. Licensure of out-of-State perfusionist.

Upon payment to the board of a fee and the submission of a written application on forms provided by it, the board, after consultation with the committee, shall license without examination a perfusionist who is licensed, registered or certified by another state or possession of the United States or the District of Columbia which has standards substantially equivalent to those of this State.

L.1999,c.126,s.11.

45:9-37.105. Qualification of current practitioner as licensed perfusionist.

For 180 days after the date procedures are established by the board for applying for licensure under section 9 of this act, any person may qualify as a licensed perfusionist, upon application for licensure and payment of the appropriate fee, providing the applicant furnishes evidence satisfactory to the board that he has been operating cardiopulmonary bypass systems for cardiac surgical patients as his primary function in a health care facility for not less than five years preceding the enactment date of this act.

L.1999,c.126,s.12.

45:9-37.106. Issuance of temporary license.

Upon payment to the board of a fee and the submission of a written application on forms provided by it, the board shall issue a temporary license to a person who has applied for licensure pursuant to this act, provided that the applicant meets the requirements of subsections a., b., and c. of section 9 of this act and who, in the judgment of the board, after consultation with the committee, is eligible for examination. An applicant with a temporary license may practice only under the direct supervision of a licensed perfusionist. A temporary license shall expire one year from its date of issuance, but may be renewed for an additional one-year period. This temporary license shall be surrendered to the board upon its expiration.

L.1999,c.126,s.13.

45:9-37.107. License required for designation as perfusionist.

No person shall use the title, "perfusionist" or the abbreviation, "LP" or any other title, designation, words, letters, abbreviations or insignia indicating the practice of perfusion, unless licensed to practice perfusion under the provisions of this act.

L.1999,c.126,s.14.

45:9-37.108. Duties of board, committee relative to continuing education requirements.

a. The board or committee, if so delegated by the board, shall:

(1) approve only continuing professional education programs as are available to all perfusionists in this State on a reasonable nondiscriminatory basis. Programs may be held within or without this State, but shall be held so as to allow perfusionists in all areas of the State to attend;

(2) establish standards for continuing professional education programs, including the specific subject matter and contents of courses of study;

(3) accredit education programs offering credits toward the continuing education requirements; and

(4) establish the number of credits of continuing professional education required by each applicant for license renewal. Each credit shall represent or be equivalent to one hour of actual course attendance.

b. If any applicant for renewal of registration completes a number of credit hours in excess of the number established pursuant to paragraph (4) of subsection a. of this section, the excess credits may, at the discretion of the board, in consultation with the committee, be applicable to the continuing education requirement for the following biennial period, but not thereafter.

L.1999,c.126,s.15.

45:9-37.109. Applicability of C.45:1-14 et seq. for enforcement of act.

The provisions of P.L.1978, c.73 (C.45:1-14 et seq.) shall apply to this act. The authority of the board may be delegated to the committee at the discretion of the board.

L.1999,c.126,s.16.

45:9-37.110. Rules, regulations.

The board, after consultation with the committee, shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) necessary to effectuate the purposes of this act.

L.1999,c.126,s.17.

GENETIC COUNSELOR'S LICENSING ACT

45:9-37.111. Short title.

This act shall be known and may be cited as the "Genetic Counselor's Licensing Act."

L.2009, c.41, s.1.

45:9-37.112. Findings, declarations relative to genetic counselors.

The Legislature finds that: the profession of genetic counseling has existed for more than 30 years. Genetic counseling is a communication process which deals with the human problems associated with the occurrence, or the risk of occurrence, of a genetic disorder, birth defect, or intellectual disability in a family. This process involves an attempt by one or more appropriately trained individuals to help an individual or family: comprehend the medical facts, including the diagnostic, probable course and available management of a disorder, as well as the risk of occurrence in specified relatives; understand the options for dealing with the risk of recurrence; choose the course of action that seems appropriate to that individual or family in view of the risk and the family goals and to act in accordance with that decision; and make the best possible adjustment to the disorder in affected family members and to the risk of occurrence or recurrence of the disorder.

The Legislature further finds that: the profession of genetic counseling profoundly affects the lives of the people of New Jersey; and informed individual decisions to undergo a genetic test and intellectually sound and emotionally healthy responses to the discovery of a genetic anomaly can be facilitated by professional genetic counseling; however, misuse of those same genetic tests or information used for individual decisions may result in inappropriate decision making, loss of privacy, discrimination, inappropriate medical referrals, and unnecessary emotional distress.

The Legislature declares, therefore, that this act is intended to protect the people of New Jersey by setting standards of qualification, education, training and experience for those persons seeking to practice and be licensed as genetic counselors and by promoting high standards of professional performance for those presently practicing as genetic counselors and for those who will be licensed to practice genetic counseling in the State.

L.2009, c.41, s.2; amended 2010, c.50, s.76.

45:9-37.113. Definitions relative to genetic counselors.

As used in this act:

"Board" means the State Board of Medical Examiners established pursuant to R.S.45:9-1.

"Director" means the Director of the Division of Consumer Affairs in the Department of Law and Public Safety.

"Genetic counseling" means a communication process, conducted by one or more appropriately trained individuals, that may include: obtaining and interpreting individual, family, medical and developmental histories; determining the mode of inheritance and risk of transmission of genetic conditions and birth defects; discussing the inheritance features, natural history, means of diagnosis, and management of genetic conditions and birth defects; identifying, coordinating, and explaining the clinical implications of genetic laboratory tests and other diagnostic studies and their results; integrating genetic laboratory test results and other diagnostic studies with personal and family medical history to assess and communicate risk factors for genetic or medical conditions and diseases; assessing psychosocial factors; recognizing social, educational, and cultural issues; evaluating the client's or family's responses to the condition or risk of recurrence and providing client-centered counseling and anticipatory guidance; and facilitating informed decision making about testing, management, and alternatives.

"Genetic Counseling Advisory Committee" or "committee" means the Genetic Counseling Advisory Committee established pursuant to section 4 of this act.

"Genetic counselor" means a health professional with specialized education, training and experience in medical genetics who meets the requirements for licensure as provided in this act.

"Licensed genetic counselor" means a person who holds a current, valid license issued pursuant to section 9 of this act.

"Supervision" means the direct review of a supervisee for the purpose of teaching, training, administration, accountability or clinical review by a supervisor in the same area of specialized practice.

L.2009, c.41, s.3; amended 2013, c.30, s.1.

45:9-37.114. Genetic Counseling Advisory Committee.

There is established within the Division of Consumer Affairs in the Department of Law and Public Safety, under the State Board of Medical Examiners, a Genetic Counseling Advisory Committee. The committee shall consist of five members, appointed by the Governor, who shall be residents of this State. One member shall be a public member, one member shall be a physician licensed to practice medicine and surgery in this State, and three members shall be, except for those first appointed, genetic counselors licensed pursuant to this act. The genetic counselor members first appointed to the

committee shall be genetic counselors certified by the American Board of Genetic Counseling or the American Board of Medical Genetics, or their successors.

The members shall be appointed for a term of three years, except that of the members first appointed, two shall be appointed for a term of one year, two shall be appointed for a term of two years and one shall be appointed for a term of three years. Each member shall serve until his successor has been qualified. Any vacancy in the membership of the committee shall be filled for the unexpired term in the same manner as the original appointments were made. No member shall serve for more than two consecutive terms in addition to any unexpired term to which he has been appointed. The Governor may remove a member of the committee for cause.

Members of the committee shall be reimbursed for actual expenses reasonably incurred in the performance of their official duties in accordance with subsection a. of section 2 of P.L.1977, c.285 (C.45:1-2.5).

L.2009, c.41, s.4.

45:9-37.115. Powers, duties of Genetic Counseling Advisory Committee.

The Genetic Counseling Advisory Committee shall have the following powers and duties:

a. Establish criteria and standards for education and experience required for licensure;

b. Review the qualifications of applicants for licensure;

c. Ensure proper conduct and standards of practice;

d. Issue and renew licenses pursuant to this act;

e. Establish standards for continuing education;

f. Maintain a record of every genetic counselor licensed in this State;

g. Establish fees, pursuant to section 2 of P.L.1974, c.46 (C.45:1-3.2), for examinations, licenses, including applications for licensure, renewals, and duplications of lost licenses, and other services performed by the committee;

h. Suspend, revoke or decline to renew the license of a genetic counselor pursuant to the provisions of P.L.1978, c.73 (C.45:1-14 et seq.); and

i. Promulgate rules and regulations to carry out matters delegated to the committee by the board concerning any provisions of this act, in conformance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

L.2009, c.41, s.5.

45:9-37.116. Organization of Genetic Counseling Advisory Committee.

The Genetic Counseling Advisory Committee shall organize within 30 days after the appointment of its members, and shall annually elect from among its members a chairperson, who shall be a genetic counselor, a vice-chairperson, and a secretary who need not be a member of the committee. The committee shall meet at least four times a year and may hold additional meetings as necessary to discharge its duties.

L.2009, c.41, s.6.

45:9-37.117. Licensure required for genetic counselors; exceptions.

Except as provided in this section, a person shall not engage in the practice of genetic counseling as a genetic counselor, or hold himself out as a genetic counselor unless the person is licensed in accordance with this act.

a. (1) Only an individual may be licensed to practice genetic counseling within the State. A firm, partnership, association or corporation shall not advertise or otherwise offer to provide or convey the impression that it is providing genetic counseling services unless an individual holding a current valid license pursuant to the provisions of this act shall be rendering the genetic counseling services.

(2) A person who is not licensed as a genetic counselor shall not use the title "genetic counselor," "licensed genetic counselor," "gene counselor," "genetic consultant," "genetic associate" or any words, abbreviations, acronyms, insignia or combination of words, abbreviations, acronyms or insignias of similar import in relation to the person's name, occupation, or place of business.

b. The provisions of this act shall not prohibit an out-of-State genetic counselor from working as a consultant, or out-of-State employer or other organization from employing genetic counselors providing occasional services, who are not licensed pursuant to this act, from engaging in the practice of genetic counseling, subject to the stated circumstances and limitations as defined by the board, in consultation with the committee, by regulation, so long as the genetic counselor holds a license, if available, in the genetic counselor's state of employment. If licensure is not available in the genetic counselor's state of employment, the genetic counselor shall be certified by the American Board of Genetic Counseling or the American Board of Medical Genetics, or their successors, in order to practice genetic counseling without a State license in accordance with this subsection.

c. The provisions of this act shall not apply to:

(1) A person licensed by the State to practice medicine and surgery so long as the person does not hold himself out to the public as a licensed genetic counselor;

(2) A person licensed by the State as a registered nurse when acting within the scope of the person's profession and doing work of a nature consistent with the person's training, so long as the person does not hold himself out to the public as a genetic counselor;

(3) A student candidate for a degree in genetic counseling, or its equivalent as approved by the board in consultation with the committee by regulation, enrolled in an educational program accredited by the American Board of Genetic Counseling or its successor, so long as the student is practicing as part of a supervised course of study and is clearly designated by the title "genetic counseling intern" or title of similar import; or

(4) A graduate with a degree in genetic counseling, or its equivalent as approved by the board in consultation with the committee by regulation, from an educational program accredited by the American Board of Genetic Counseling or its successor, who has not passed the examination for licensure but otherwise has met all of the licensing requirements of this act, so long as the person: (a) does not hold himself out to the public as a licensed genetic counselor; (b) practices under the supervision of a licensed genetic counselor or geneticist; and (c) successfully passes

the examination for licensure within the first two available examination cycles next following the filing of an application for licensure as a genetic counselor.

L.2009, c.41, s.7; amended 2013, c.30, s.2.

45:9-37.118. Minimum requirements for licensure as genetic counselor; application, fee; examination.

a. The board, in consultation with the committee, shall require at a minimum the following to qualify an applicant for licensure as a genetic counselor:

(1) be at least 21 years of age;

(2) be of good moral character;

(3) possession of a master's degree or higher degree in genetic counseling, or its equivalent as approved by the board in consultation with the committee by regulation, from an accredited institution of higher education; and

(4) the satisfaction of experience proficiencies required by the committee, which shall be at least equivalent to the standards of the American Board of Genetic Counseling, or its successor.

b. Each applicant shall submit an application for licensure, with an application fee, as prescribed by regulation.

c. Each applicant shall submit any additional information with the application for licensure, and include appropriate proofs, as required by regulation.

d. Each applicant shall have successfully completed an examination for licensure, the time, place, and contents of which shall be determined by the board, in consultation with the committee, by regulation. The board may prepare and administer the examination or provide for its preparation and administration through an approved organization.

e. If the applicant is licensed under the laws of another state, territory or jurisdiction of the United States which, in the opinion of the board, in consultation with the committee, imposes substantially the same licensing requirements as this act, the board may issue the applicant a license in accordance with the provisions of this act.

L.2009, c.41, s.8.

45:9-37.119. Issuance of license, renewal; surrender; continuing education.

a. A genetic counseling license shall be issued for a two-year period upon the payment of the licensing fee prescribed by regulation, and shall be renewed upon the filing of a renewal application and the payment of the licensing renewal fee.

b. A genetic counselor whose license is suspended or revoked or whose surrender of license with or without prejudice has been accepted by the board, shall promptly deliver the original license and current biennial registration to the board or committee.

c. Each applicant shall present satisfactory evidence when seeking license renewal that in the period since the license was issued or last renewed the applicant has satisfied continuing education

requirements from an approved organization, which education requirements and approved organization criteria shall be established by the board, in consultation with the committee, by regulation. The continuing education requirements shall include, but not be limited to, instruction in genetics and medical ethics.

L.2009, c.41, s.9.

45:9-37.120. Disclosure of information by licensed genetic counselor.

A licensed genetic counselor shall not be required to disclose any confidential information that the genetic counselor may have acquired from a client or patient while performing genetic counseling services, unless:

a. Disclosure is required by other federal or State law;

b. The genetic counselor is a party to a civil, criminal or disciplinary action arising from the genetic counseling services provided, in which case a waiver of the privilege accorded by this section shall be limited to that action; or

c. The patient or client is a defendant in a criminal proceeding and the use of the privilege would violate the defendant's right to present testimony and witnesses on that person's behalf.

A genetic counselor who discloses confidential information in violation of this section shall be liable for damages sustained by the patient or client about whom the information relates, as well as attorney's fees and costs of suit. Additionally, the genetic counselor may be subject to a penalty of not more than $10,000 for each violation, or a penalty of not more than $50,000 for a knowing violation or if the board finds that violations have occurred with enough frequency as to constitute a general business practice.

L.2009, c.41, s.10.

PRACTICE OF CHIROPRACTIC

45:9-41.4. Graduates engaged in practice before December, 1952 entitled to license upon passing examination in certain subjects; time for taking examination

Any person who subsequent to July thirty-first, one thousand nine hundred and forty-four, and prior to January first, one thousand nine hundred and fifty-three, was graduated from a legally incorporated school, institution or college of chiropractic, and who has successfully completed or who shall successfully complete four courses of lectures requiring personal attendance during four full school years of at least seven months each, and who has been a resident of the State of New Jersey for at least four consecutive years terminating on December thirty-first, one thousand nine hundred and fifty-two, and was actively engaged in the practice of chiropractic prior to and including the month of December, one thousand nine hundred and fifty-two, and who is more than twenty-one years of age, of good moral character, and a citizen of the United States, shall upon a successful passing of an examination, given by the board, in the following subjects: anatomy, including neurologic and histologic anatomy, physiology, pathology, hygiene, chiropractic diagnosis, and the therapeutics of chiropractic, be granted a license to practice chiropractic in the State of New Jersey by the board. Persons coming under this special provision must make application for license to the board within ninety days after the effective date of this act. Persons applying for a license under this section shall take the required examination prior to December thirty-first, one thousand nine hundred and fifty-four. The records of the board and

any license so issued shall state that the applicant was licensed under the exemption contained in this section.

L.1953, c. 233, p. 1703, s. 7.

45:9-41.5. Graduates of approved chiropractic college entitled to license upon passing examination; qualifications

Any other person applying subsequent to the thirty-first day of December, one thousand nine hundred and fifty-two, to take an examination leading to the granting of a license to practice chiropractic in New Jersey who has been graduated from a legally incorporated school, institution, or college of chiropractic after successfully completing four courses of lectures requiring personal attendance during four full school years of at least nine months each in four different calendar years, which school, institution or college, if the applicant is graduated after the thirtieth day of June, one thousand nine hundred and fifty-three, shall have been approved by the board, who is more than twenty-one years of age, of good moral character, and a citizen of the United States, and who shall furnish proof of such facts, satisfactory to the board, shall, upon successfully passing an examination, given by the board, in the following subjects: anatomy, including neurologic and histologic anatomy, physiology, pathology, bacteriology, non-surgical diagnosis, chemistry, hygiene, and the therapeutics of chiropractic, be granted a license to practice chiropractic in the State of New Jersey by the board.

L.1953, c. 233, p. 1704, s. 8.

45:9-41.6. Requirements for approval of chiropractic applicant or school for licensure

The board shall accept as an applicant for licensure as a chiropractor any individual who has graduated from a school, institution or college of chiropractic which was approved during the individual's entire course of study by the board, and accredited by the Council of Chiropractic Education, or the Straight Chiropractic Academic Standards Association, or other accrediting agency approved by the United States Department of Education.

The board, in approving a school, institution or college of chiropractic, shall consult with and take into consideration the standards suggested by the Council of Chiropractic Education, the Straight Chiropractic Academic Standards Association, or other accrediting agency approved by the United States Department of Education.

Board approval of a school, institution or college of chiropractic accredited by the Council of Chiropractic Education, the Straight Chiropractic Academic Standards Association, or other accrediting agency approved by the United States Department of Education shall be based upon the standards set forth below and may include an on-site inspection.

a. Organization: The chiropractic school, institution or college shall be incorporated as a nonprofit institution of learning and shall be lawfully chartered to grant the degree of Doctor of Chiropractic within the state of its residence.

b. Faculty:

(1) The basic science division and each department within the division shall be headed by a person possessing at least a Master of Science degree.

(2) Each member of the chiropractic science division shall be headed by a person possessing a degree of Doctor of Chiropractic and shall be eligible for licensure within the state in which the school, institution or college is located.

c. Plant:

(1) The school, institution or college shall have sufficient space to provide lecture rooms, laboratories, library, administrative and faculty offices, as well as out-patient clinics for men and women.

(2) The library shall be headed by a full-time librarian with a degree in library science, and shall consist of at least 10,000 volumes whose quality reflects current knowledge in the field.

(3) There shall be a medical museum containing sufficient pathological, embryological, histological and anatomical specimens to augment the teaching of related subjects.

(4) There shall be sufficient, useful auxiliary equipment sufficient for the teaching of the student body, such as mannikins, charts, skeletons, models, projectors, microscopes, adjusting tables and other equipment peculiar to the teaching of chiropractic.

d. Clinical facilities: Each school, institution or college of chiropractic shall operate a general chiropractic clinic or clinics in which the student shall gain clinical chiropractic practice with patients with chiropractic case management, which shall include the chiropractic clinical aspects of the courses which are required in the curriculum, for a proper understanding of the knowledge gained from the classroom and laboratory instruction. The clinic shall include proper experience in various aspects of patient examination for the purpose of determining the appropriateness of chiropractic care. Clinical instruction shall encourage the student to refer patients to doctors in the practice of medicine when impressions obtained as a result of chiropractic examination indicate a consultation is in the patient's best interest.

e. Resources: The school shall have sufficient resources to ensure financial stability and continuous operation.

f. Administration: There shall be responsible supervision of the entire school by the dean or other executive officer who, by training and experience, is qualified to interpret the prevailing standards in chiropractic and therapeutic education and who shall possess sufficient authority to integrate such standards into the school's, institution's or college's curriculum.

g. Records: There shall be a comprehensive system of records showing conveniently and in detail the credentials, grades and accounts of the students, by means of which an exact knowledge of each student's work can be obtained. Records shall also be kept showing the clinical work of each student and attendance. Except for good cause, such as illness, no credit shall be given for any course when the attendance has been less than 80% of full time, or when the student fails to satisfactorily complete course requirements.

h. Requirement for admission: Prior to commencing a course of study in the approved school, institution or college of chiropractic, the student shall have successfully completed at least two years of study in a school or college of arts and sciences accredited or recognized by the New Jersey State Department of Education, no less than 1 1/2 years of which shall have been completed prior to commencing his course of study in the approved school of chiropractic pursuant to the provisions of section 10 of P.L.1953, c.233 (C.45:9-41.7).

i. Publications: The school, institution or college shall issue, at least annually, a bulletin setting forth the nature and content of the courses of study offered. Such announcements shall contain a list of the faculty with their respective qualifications, academic degree received and the name of the degree-granting school, institution or college. The courses available should be set forth by departments (anatomy, physiology, pathology, etc.) showing for each course its contents, character,

number of hours, etc. Information should be given regarding entrance requirements, tuition and other fees.

j. Curriculum: The entire course of four years shall consist of 3,600 to 4,400 class hours of not less than 45 minutes each, distributed from 900 to 1,100 hours per year, and shall be grouped as set forth in the following schedule. Each group is to be allotted approximately the percentage of the whole number of hours in the course as follows:

Subject	Percentage of Total
1. Anatomy, including dissection wherever possible, embryology and histology	25%
2. Principles of Chiropractic	37 ½ %
3. Physiology	6 ¼ %
4. Diagnosis and Symptomatology	7 ½ %
5. Pathology, Bacteriology and Laboratory Technique	8 ¼ %
6. Chemistry	2 ½ %
7. Neurology	5%
8. Hygiene	1 ¼ %
9. Jurisprudence	1 ¼ %
10. Gynecology, Obstetrics, Spinography, Endocrinology, Dermatology, Pediatrics, Special Sense	5%
	..... 100%

L.1953,c.233,s.9; amended 1989,c.153,s.13.

45:9-41.7. Course in arts and sciences required prior to study in chiropractic school

Any applicant to take an examination leading to the granting of a license to practice chiropractic in New Jersey, who has been graduated from an approved chiropractic school after December 31, 1957, must, in addition to the other requirements of this act, have successfully completed prior to commencing his or her courses of study in an approved school of chiropractic at least 1 year's study in a school or college of arts and sciences accredited by the State Department of Education and if such applicant has been graduated from an approved chiropractic school after December 31, 1958, any such applicant must complete at least 2 years' study in a school or college of arts and sciences accredited by the State Department of Education no less than 1 1/2 years of which shall have been completed prior to commencing his or her courses of study in the approved school of chiropractic. Successful completion of the aforementioned study prior to commencing the courses of study in an approved school of chiropractic shall be evidenced by a certificate issued by the Commissioner of Education of this State to that effect.

L.1953, c. 233, p. 1705, s. 10. Amended by L.1969, c. 154, s. 1, eff. Sept. 5, 1969.

45:9-41.8. Form and content of examination, approval

Each applicant for licensure as a chiropractor shall submit to the Board of Chiropractic Examiners, on a form prescribed by the board, satisfactory evidence of his qualifications as prescribed by P.L.1953, c.233 (C.45:9-41.5 et al.).

The form and content of any examination of applicants for a license to practice chiropractic in New Jersey hereunder shall be prepared by the board.

L.1953,c.233,s.11; amended 1954,c.190,s.1; 1989,c.153,s.14.

45:9-41.9. Persons whose study of chiropractic was interrupted by service in armed forces

For the purpose of qualifying under any of the provisions of this act any applicant for a license to practice chiropractic who has been graduated from a legally incorporated school, institution, or college of chiropractic and who can produce evidence satisfactory to the board that his chiropractic education was interrupted by reason of his induction or enlistment into the active armed forces of the United States of America and that he served honorably therein, such applicant shall be entitled to have his date of graduation determined as if he had completed his courses of study of chiropractic without such interruption.

L.1953, c. 233, p. 1706, s. 12.

45:9-41.10. Application for reciprocal license, fee

Any applicant for a license to practice chiropractic under section 10 of P.L.1953, c.233 (C.45:9-41.7) upon proving that he has been examined and licensed to practice chiropractic by the examining and licensing board of another state of the United States having requirements for examination and licensure equivalent to those required under section 8 of P.L.1953, c.233 (C.45:9-41.5), or upon certification by the National Board of Chiropractic Examiners, may, in the discretion of the State Board of Chiropractic Examiners, be granted a license to practice chiropractic without further examination upon payment to the treasurer of the State Board of Chiropractic Examiners of a license fee prescribed by the board; provided, such applicant shall furnish proof that he fulfills the requirements demanded in the other sections of P.L.1953, c.233 (C.45:9-41.5 et al.) relating to applicants for admission by examination. Notwithstanding the foregoing, an applicant who otherwise qualifies pursuant to this section and has five years of experience in treating patients in the practice of chiropractic as a licensed chiropractor in good standing in another state or states, shall not be required to fulfill the requirements of section 10 of P.L.1953, c.233 (C.45:9-41.7) concerning the completion of certain studies in a school or college of arts and sciences prior to commencing or during study in an approved school of chiropractic, but shall be required to pass an examination leading to the granting of a license to practice chiropractic in New Jersey. In any such application for a license without examination all questions of academic requirements of other states shall be determined by the Commissioner of Education of this State.

L.1953,c.233,s.13; amended 1989,c.153,s.15; 1993,c.90,s.1.

45:9-41.11. Annual registration; reinstatement after suspension; retirement from practice; automatic suspension upon failure to procure annual certificate

All persons who are licensed to practice chiropractic shall be required on or before September 1, 1953, and on or before September 1 annually thereafter, to register on the form prescribed by the board and furnished by the secretary of said board, and to pay an annual registration fee of $10.00.

The license of any licensee, who fails to procure any annual certificate of registration, shall be automatically suspended on September 1 of that year. It shall be the duty of the secretary of the board on or before August 1 of each year to send a written notice to each of such licensees, whether a resident or not, at his last address on file with the board, that his annual registration fee is due on or before September 1 and that his license to practice in this State will be suspended if he does not procure said certificate by September 1 of the said year.

Any such licensee whose license has been suspended under this section may be reinstated by the payment of all past due annual registration fees and in addition thereto $25.00 to cover cost of reinstatement.

Any person who desires to retire from the practice of chiropractic, and during retirement to refrain from practicing under the terms of his license, upon application to the secretary of the board, may be registered annually, without the payment of any registration fee, as a retired practitioner. The certificate of registration which shall be issued to a retired chiropractor shall state, among other things, that the holder has been licensed to practice in New Jersey, but that during his retirement he shall not so practice. The holder of a certificate of registration as a retired licensee shall be entitled to resume practice at any time; provided, he first shall have obtained from the secretary an annual certificate of registration as hereinbefore provided.

The license to practice chiropractic of any person who fails to procure any annual certificate of registration, or in lieu thereof an annual certificate of registration as a retired licensee, at the time and in the manner required by this act shall be automatically suspended. Any person whose license shall have been automatically suspended shall, during the period of such suspension, be regarded as an unlicensed person and, in case he shall continue or engage in practice under the terms of his license during such period, shall be liable to the penalties prescribed by R.S. 45:9-22. Any person to whom a certificate of registration as a retired licensee shall have been issued who shall continue or engage in practice under the terms of his license without first having obtained a certificate of registration authorizing him to resume such practice, shall be liable to the penalties prescribed by R.S. 45:9-22 for practicing without a license.

It shall be the duty of each such licensee holding a certificate to practice chiropractic in this State, whether a resident or not, to notify the secretary of the board in writing of any change in his office address or his employment within 10 days after such change shall have taken place.

The provisions of R.S. 45:9-17 shall be applicable, in like manner, to persons receiving a license to practice chiropractic.

L.1953, c. 233, p. 1707, s. 14. Amended by L.1964, c. 191, s. 1; L.1971, c. 236, s. 3, eff. June 23, 1971.

45:9-41.12. Term "board" defined

As used in P.L.1953, c.233 (C.45:9-41.5 et al.) the term "board" means the State Board of Chiropractic Examiners in the Division of Consumer Affairs in the Department of Law and Public Safety established pursuant to section 4 of P.L.1989, c.153 (C.45:9-41.20).

L.1953,c.233,s.19; amended 1989,c.153,s.16.

45:9-41.13. Partial invalidity

If any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect

without the invalid provisions or application and to this end the provisions of this act are declared to be severable.

L.1953, c. 233, p. 1713, s. 20.

45:9-41.17. Short title

This act shall be known and may be cited as the "Chiropractic Board Act."

L.1989,c.153,s.1.

45:9-41.18. Legislative findings and declarations

The Legislature finds and declares that it is a valid public purpose to establish a separate board to regulate the practice of chiropractic in this State to properly protect the citizenry who receive the services of a chiropractor by maintaining and ensuring standards of competency and integrity of the profession and preventing unsafe, fraudulent or deceptive practices which may damage the health of those citizens, as well as the reputation of the profession in this State.

L.1989,c.153,s.2.

45:9-41.19. Definitions.

As used in P.L.1989, c.153 (C.45:9-41.17 et al.), sections 5 through 8 of P.L.2015, c.283 (C.45:9-41.33 et seq.) and sections 7 through 14 and sections 19 and 20 of P.L.1953, c.233 (C.45:9-41.4 through C.45:9-41.13 inclusive):

a. "Board" means the State Board of Chiropractic Examiners created pursuant to section 4 of P.L.1989, c.153 (C.45:9-41.20).

b. "Doctor of Chiropractic," "Chiropractor" or "Chiropractic Physician" means a person trained and qualified in the discipline of chiropractic whose license is in force and not suspended or revoked at the time in question.

A person licensed to practice chiropractic may use the title doctor, or its abbreviation, in the practice of chiropractic, however, it must be qualified by the words doctor of chiropractic, chiropractor or chiropractic physician, or its abbreviation, D.C. The use of the title doctor of chiropractic, chiropractor, chiropractic physician, or its abbreviation, D.C., may be used interchangeably.

c. "Chiropractic assistance" means assisting a chiropractor with providing certain clinical procedures common and customary to the chiropractic setting including:

(1) collecting general health data, such as the taking of an oral history or vital sign measurement;

(2) applying thermal, sound, light, mechanical and electrical modalities and hydrotherapy; and

(3) instructing and monitoring prescribed rehabilitative activities.

Chiropractic assistance shall not include administrative activities of a non-clinical nature, chiropractic adjustment, manual therapy, nutritional instruction, counseling or other therapeutic service or procedure which requires individual licensure in the State.

d. "Licensed chiropractic assistant" means a person who is licensed pursuant to the provisions of sections 5 through 8 of P.L.2015, c.283 (C.45:9-41.33 et seq.) to practice chiropractic assistance under the supervision of a chiropractor.

e. "Supervision" means the oversight provided by a licensed chiropractor of the clinical services performed by a licensed chiropractic assistant, and for which the chiropractor shall be on the premises at all times and readily available to instruct the licensed chiropractic assistant throughout the performance of the clinical services.

L.1989, c.153, s.3; amended 2009, c.322, s.3; 2015, c.283, s.1.

45:9-41.20. State Board of Chiropractic Examiners created

There is created within the Division of Consumer Affairs in the Department of Law and Public Safety the State Board of Chiropractic Examiners. The board shall consist of 11 members who are residents of the State, two of whom shall be public members and one of whom shall be a State executive department member appointed pursuant to the provisions of P.L.1971, c.60 (C.45:1-2.1 et seq.). The remaining eight members shall be licensed chiropractors who have been actively engaged in the practice of chiropractic in this State for at least five years immediately preceding their appointments.

The Governor shall appoint each member, other than the State executive department member, with the advice and consent of the Senate, for a term of three years, except that three of the initial chiropractic members of the board shall consist of the incumbent chiropractic member of the State Board of Medical Examiners, who shall serve until the expiration of his current term as a chiropractic member, and the two incumbent chiropractic assistants of the State Board of Medical Examiners, each of whom shall serve until the expiration of his current term as a chiropractic assistant, and except that of the remaining five chiropractic members first appointed, two shall serve for terms of three years, two shall serve for terms of two years and one shall serve for a term of one year. Each member shall hold office until his successor has been qualified. Any vacancy in the membership of the board shall be filled for the unexpired term in the manner provided for the original appointment. No member of the board may serve more than two successive terms in addition to any unexpired term to which he has been appointed.

L.1989,c.153,s.4.

45:9-41.21. Compensation of board members

Members of the board shall be compensated and reimbursed for expenses and provided with office and meeting facilities pursuant to section 2 of P.L.1977, c.285 (C.45:1-2.5).

L.1989,c.153,s.5.

45:9-41.22. Election of officers, meetings

The board shall annually elect from among its members a president, vice-president, secretary and treasurer. The board shall meet at least four times per year and may hold additional meetings as necessary to discharge its duties.

L.1989,c.153,s.6.

45:9-41.23. Duties of the board.

The board shall:

a. Appoint and prescribe the duties of an executive secretary. The executive secretary shall serve at its pleasure;

b. Review the qualifications of applicants for licensure;

c. Insure the proper conduct and standards of examinations;

d. Issue and renew licenses for chiropractors pursuant to this act, R.S.45:9-14.5, R.S.45:9-14.6 and R.S.45:9-14.10, P.L.1953, c.233 (C.45:9-41.5 et al.), and chiropractic assistants pursuant to sections 5 through 8 of P.L.2015, c.283 (C.45:9-41.33 et seq.);

e. Refuse to admit a person to an examination, or refuse to issue a license, or suspend, revoke or fail to renew the license of a chiropractor or chiropractic assistant pursuant to the provisions of P.L.1978, c.73 (C.45:1-14 et seq.);

f. Maintain a record of chiropractors and chiropractic assistants licensed in this State, their places of business, places of residence and the date and number of their licenses;

g. Prescribe or change the charges for examinations, licensures, renewals and other services it performs pursuant to P.L.1974, c.46 (C.45:1-3.1 et seq.) and sections 5 through 8 of P.L.2015, c.283 (C.45:9-41.33 et seq.);

h. Establish standards pursuant to which a chiropractor shall maintain medical malpractice liability insurance coverage, at appropriate amounts, as set forth in regulations;

i. Adopt and promulgate rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) necessary to effectuate the purposes of this act, R.S.45:9-14.5, R.S.45:9-14.6 and R.S.45:9-14.10, and sections 5 through 8 of P.L.2015, c.283 (C.45:9-41.33 et seq.), and P.L.1953, c.233 (C.45:9-41.5 et al.).

L.1989, c.153, s.7; amended 2009, c.322, s.10; 2015, c.283, s.2.

45:9-41.24. Transfer of records to the board

All records of the State Board of Medical Examiners relating to the practice of chiropractic shall be transferred to the State Board of Chiropractic Examiners, and the State board of Chiropractic Examiners is empowered to take over and complete all unfinished undertakings of the State Board of Medical Examiners concerning the practice of chiropractic.

L.1989,c.153,s.8.

45:9-41.25. Transfer of jurisdiction, powers, duties and responsibilities to the board

All jurisdiction, powers, duties and responsibilities heretofore vested in the State Board of Medical Examiners with respect to the practice of chiropractic and the granting, suspension or revocation of licenses of chiropractors under chapter 9 of Title 45 of the Revised Statutes shall be immediately transferred to and vested in the State Board of Chiropractic Examiners created by this act, which board shall hereafter govern the practice of chiropractic in this State in accordance with all applicable laws.

L.1989,c.153,s.9.

45:9-41.26. Existing laws, licenses unaffected

Laws of this State relating to the practice of chiropractic and not amended by, or inconsistent with, this act shall remain in effect. Chiropractic licenses heretofore issued shall be unaffected by this act.

L.1989,c.153,s.10.

45:9-41.27. Scope of practice of chiropractic unaffected.

The scope of practice of chiropractic shall remain as defined in existing statutes. Nothing in this act shall be deemed to prohibit a chiropractor from caring for chiropractic subluxation. Chiropractic analysis which identifies the existence of a chiropractic subluxation may be the basis for chiropractic care even in the absence of a subjective complaint or other objective findings.

L.1989, c.153, s.11; amended 2009, c.322, s.4.

45:9-41.28. Continuing education required for licensure.

The board shall require each person licensed as a chiropractor, as a condition for biennial registration, to complete 30 credits of continuing chiropractic education as provided in section 6 of this amendatory and supplementary act during each biennial registration period. A minimum of two of the 30 credits shall consist of the study of State laws and regulations governing chiropractic professional ethics or record keeping and documentation as it pertains to the practice of chiropractic in this State, and a minimum of two credits shall consist of nutrition education.

L.2009, c.322, s.5.

45:9-41.29. Duties of board relative to continuing education.

a. The board:

(1) Shall establish standards for continuing chiropractic and chiropractic assistant education, including, but not limited to, the subject matter and content of courses of study that are taught by chiropractic schools, colleges, institutions and universities or tested on for licensure;

(2) May accredit educational programs offering credit towards the continuing chiropractic and chiropractic assistant education requirements;

(3) May accredit other educational programs, including, but not limited to educational programs offered by professional organizations or societies, health care professions, schools, colleges, institutions, universities or healthcare facilities;

(4) May allow satisfactory completion of continuing chiropractic and chiropractic assistant education requirements through equivalent education programs such as examinations, papers, publications, scientific presentations, teaching and research appointments, scientific exhibits and independent study or Internet courses such as distance learning, including, but not limited to, video and audio tapes or Internet education programs; and

(5) Shall establish procedures for the issuance of credit upon satisfactory proof of the completion of these programs.

b. Each 50 minutes of instruction in a board approved education course or program shall be equivalent to one credit.

L.2009, c.322, s.6; amended 2015, c.283, s.3.

45:9-41.30. Procedures.

The board shall:

a. Establish procedures for monitoring compliance with the continuing education requirements; and

b. Establish procedures to evaluate and grant approval to providers of continuing education courses.

L.2009, c.322, s.7.

45:9-41.31. Waiver of requirements.

The board may, in its discretion, waive requirements for continuing chiropractic and chiropractic assistant education on an individual basis for reasons of hardship, such as illness or disability, retirement of the license, or other good cause.

L.2009, c.322, s.8; amended 2015, c.283, s.4.

45:9-41.32. Noncompliance, civil penalty; regulations.

a. The board shall not require a new licensee to complete required continuing chiropractic education credits for any registration period commencing within 12 months of the licensee's participation in and completion of an accredited graduate chiropractic education program.

b. Any person who fails to complete the continuing chiropractic education requirements established pursuant to section 5 of this amendatory and supplementary act shall be liable to a civil penalty of not more than $500 or a designated number of additional hours of continuing chiropractic education, or both, as imposed by the board for a first offense. A second or subsequent offense by a licensee may be considered professional misconduct.

c. The board shall promulgate regulations concerning continuing education requirements within 180 days of the effective date of this amendatory and supplementary act.

L.2009, c.322, s.9.

45:9-41.33. License necessary to practice as chiropractic assistant; exceptions.

a. No person shall practice as a chiropractic assistant unless the person holds a valid license to practice as a chiropractic assistant in this State pursuant to sections 5 through 8 of P.L.2015, c.283 (C.45:9-41.33 et seq.), except any student enrolled in an educational program recognized by the board that leads to a diploma or certification as a chiropractic assistant shall be permitted to provide clinical services under the supervision of a chiropractor to gain the necessary practical clinical experience. A licensed chiropractic assistant shall be considered a licensed healthcare professional

and the chiropractic assistance services delegated to the assistant by a supervising chiropractor shall be considered performed incident to the license of the supervising chiropractor.

b. No person, business entity or its employees, agents, or representatives shall use the title "chiropractic assistant" or any other title, designation, words, letters, abbreviations, or insignia indicating the practice of chiropractic assistance unless licensed to practice chiropractic assistance under the provisions of P.L.2015, c.283 (C.45:9-41.33 et al.).

L.2015, c.283, s.5.

45:9-41.34. Qualifications for licensure.

To qualify for licensure as a chiropractic assistant by the board, an applicant shall:

a. Be at least 18 years of age;

b. Have received a high school diploma or a certificate of high school equivalency;

c. Be of good moral character;

d. Have completed an application in a manner and form prescribed by the board and paid all applicable fees required by the board;

e. Have completed an education program suitable for licensed chiropractic assistants, as determined by the board;

f. Have passed a competency examination approved by the board; and

g. Have completed practical clinical training, as determined by the board.

L.2015, c.283, s.6.

45:9-41.35. Issuance of license; renewal; fee.

The board shall issue a license to any applicant who, in the opinion of the board, has satisfactorily met all the requirements of sections 5 through 8 of P.L.2015, c.283 (C.45:9-41.33 et seq.).

All licenses shall be issued for a two-year period upon the payment of the licensure fee prescribed by the board, and shall be renewed upon filing of a renewal application, the payment of a licensure fee, and presentation of satisfactory evidence that the renewal applicant has successfully completed 15 credit hours of continuing education, to be completed during each biennial period.

L.2015, c.283, s.7.

45:9-41.36. Conditions for issuance of license.

The board shall issue a license to any applicant who has:

a. complied with subsections a. through d. of section 6 of P.L.2015, c.283 (C.45:9-41.34);

b. a current chiropractic assistant license, registration, certification, or equivalent, in good standing, in another state whose requirements are substantially similar to or greater than the

requirements under sections 5 through 8 of P.L.2015, c.283 (C.45:9-41.33 et seq.), as determined by the board; and

c. presented documentation to the board that the license in another jurisdiction has not been suspended, revoked, or otherwise restricted for any reason except non-renewal.

L.2015, c.283, s.8.

ARTICLE 3A BIO-ANALYTIC LABORATORIES

45:9-42.1. Short title

This act shall be known, and may be cited as the "Bio-analytical Laboratory and Laboratory Directors Act (1953)."

L.1953, c. 420, p. 2100, s. 1.

45:9-42.2. Definitions.

As used in this act, the following terms are defined as follows:

a. "Board" means the State Board of Medical Examiners which shall have authority to examine and license bio-analytical laboratory directors as set forth in this act. The board is authorized to make necessary rules to implement the provisions of this act.

b. "License" means a license granted and issued by the board under this act to any person who makes application therefor and fulfills the requirements set forth by this act. A license shall be either a plenary or specialty license issued pursuant to the provisions of section 7 of P.L.1953, c.420 (C.45:9-42.7).

c. A "Bio-analytical Laboratory" is any place, establishment or institution organized and operated primarily for the performance of chemical, microscopic, serological, parasitological, bacteriological or any other tests, by the practical application of one or more of the fundamental sciences, to material originating from the human body, for the purpose of obtaining scientific data which may be used as an aid to ascertain the state of health. The interpretation of cytologic and histologic criteria of disease is not considered to be within the scope of this definition of a bio-analytical laboratory.

d. A "Bio-analytical Laboratory Director" is any person licensed and qualified to manage and direct the technical work in a bio-analytical laboratory as defined in this act.

e. "Point-of-care laboratory testing" means use of a laboratory testing instrument, kit, or test to which the following applies:

(1) The testing instrument, kit, or test is designed to be used at or near the site of the patient for whom the test or examination is being conducted;

(2) The testing instrument, kit, or test is used to perform testing outside the physical facilities of a certified clinical laboratory; and

(3) The testing instrument, kit, or test:

(a) is used to perform waived tests or moderate complexity clinical laboratory tests or examinations classified under the federal "Clinical Laboratory Improvement Amendments of 1988," Pub. L. 100-578 (42 U.S.C. s.263a) and any regulations adopted pursuant thereto;

(b) is used to perform tests or examinations on biological specimens that require no preparation after collection, except use of a reagent; and

(c) is used to perform tests or examinations without the necessity for testing personnel to perform calibration or maintenance, except resetting pursuant to the manufacturer's instructions or basic cleaning or disinfecting; and

(4) For moderate complexity testing, the testing instrument, kit, or test is used in accordance with the patient test management system, the quality control program, and the comprehensive quality assurance program established and maintained by the laboratory pursuant to the standards established under the "Clinical Laboratory Improvement Amendments of 1988," Pub.L.100-578 (42 U.S.C. s.263a), any regulations adopted pursuant thereto, and any other procedures currently or subsequently approved by the federal Centers for Medicare & Medicaid Services and specified in Appendix C of the State Operations Manual.

f. "Waived test" means a test system, assay, or examination that is authorized as "waived" by the federal Food and Drug Administration or authorized as "waived" by the federal Department of Health and Human Services and currently or subsequently listed in 42 C.F.R. 493.15(c).

g. "Certified clinical laboratory" means a clinical laboratory certified pursuant to the "Clinical Laboratory Improvement Amendments of 1988," Pub.L.100-578 (42 U.S.C.s.263a), but does not include a clinical laboratory possessing a certificate of waiver issued pursuant to 42 U.S.C.s.263a(d)(2) and any regulations adopted pursuant thereto.

L.1953, c.420, s.2; amended 1981, c.314, s.1; 2016, c.87, s.1.

45:9-42.3. Meetings for examination and licensure of applicants for license; record; register

The State Board of Medical Examiners shall, in addition to conducting examinations for licenses to practice all professions placed under its jurisdiction, hold meetings for the licensure or examination, or both, of all applicants under this act for a license as a bio-analytical laboratory director not less than twice each year which meetings shall be held at such times and places as the board shall designate. The board shall keep an official record of all such meetings and an official register of all applicants for such license.

L.1953, c. 420, p. 2101, s. 3. Amended by L.1981, c. 314, s. 2, eff. Dec. 3, 1981.

45:9-42.4. Application for plenary or specialty license; fee

All persons desiring a bio-analytical laboratory director's license shall apply therefor to the board.

a. Every applicant for plenary license shall present to the secretary of the board, at least 30 days before the examination at which he requests to be examined and every applicant for a specialty license shall also present to the secretary of the board a written application on a form provided by the board, together with satisfactory proof that he is more than 18 years of age, is of good moral character and has met satisfactorily all the necessary requirements of education, training and experience or certification as hereinafter provided.

b. A fee of $100.00 shall accompany all applications.

L.1953, c. 420, p. 2102, s. 4. Amended by L.1981, c. 314, s. 3, eff. Dec. 3, 1981.

45:9-42.7. Bio-analytical laboratory director.

a. Any person possessing the educational and experiential qualifications set forth in federal regulations at 42 C.F.R. Part 493, subpart M, may apply for examination for a plenary license as a bio-analytical laboratory director. The following qualifications as to education and experience are established as prerequisites for application for examination or licensure for a bio-analytical laboratory director's plenary license:

(1) A doctorate degree, plus not less than one year of experience, or

(2) A master's degree, plus not less than two years of experience, or

(3) A bachelor's degree, plus not less than three years of experience.

The above academic degrees shall be course-earned in the fields of chemistry, pharmacy or the biological sciences and awarded by an educational institution approved by the board. "Years of experience," as used in this section, means for plenary license applicants, years of general bio-analytical laboratory experience acceptable to the board.

b. The board shall grant a plenary license to all applicants who meet the qualifications for licensure and satisfactorily complete the examination given by the board, unless exempt from examination by the board for those applicants licensed to practice medicine and surgery who are certified in clinical pathology or anatomic pathology, or who possess qualifications that are equivalent to those required for such certifications.

All examinations shall be written in the English language, but the board, in its discretion, may use supplementary oral and practical examinations of the whole class or of individual applicants. The scope of all examinations shall be such as to determine the competence of the applicant to perform and supervise those tests which are within the scope of the director's plenary license and the clinical laboratory license under the "New Jersey Clinical Laboratory Improvement Act," P.L.1975, c.166 (C.45:9-42.26 et seq.).

c. The board shall grant a specialty license in one or more of the fields of toxicological chemistry, microbiology, cytogenetics, biochemical genetics, diagnostic laboratory immunology and clinical chemistry if the applicant is certified by a national accrediting board, which board requires a doctorate degree plus experience, such as but not limited to the American Board of Pathology, the American Osteopathic Board of Pathology, the American Board of Medical Microbiology, the American Board of Clinical Chemistry, the American Board of Bio-analysis or the American Board of Medical Genetics, or any other national accrediting board recognized by the State Board of Medical Examiners.

The applicant for a specialty license shall offer proof to the satisfaction of the State Board of Medical Examiners of one year's experience in the specialty, which one year's experience shall be within three years next preceding the date of application for the specialty license.

The specialty license shall authorize the licensee to perform and supervise only those tests which are within the scope of the specialty.

L.1953, c.420, s.7; amended 1981, c.314, s.4; 1983, c.457; 1991, c.236; 2016, c.87, s.2.

45:9-42.10. Retention of application and examination papers

All application and examination papers shall be retained in the files of the said board for at least five years, and they shall be prima facie evidence of all matters therein contained.

L.1953, c. 420, p. 2104, s. 10.

45:9-42.11. License certificates

License certificates shall be issued to successful applicants and shall be signed by the president and the secretary of the board and shall be attested by the seal thereof. The certificate shall be displayed in a prominent place in the laboratory where the licensee practices.

L.1953, c. 420, p. 2105, s. 11.

45:9-42.12. License required to conduct laboratory

On and after January first, one thousand nine hundred and fifty-four, it shall be unlawful for any person to conduct a bio-analytical laboratory in this State, unless such person is the holder of a bio-analytical laboratory director's license.

L.1953, c. 420, p. 2105, s. 12.

45:9-42.15. Annual certificate of registration

Every licensed bio-analytical laboratory director shall procure each year from the secretary of the board, on or before January 1, an annual certificate of registration which shall be issued by said secretary upon the payment of a fee, in an amount to be fixed by the board, not to exceed $15.00. The secretary shall mail to each licensed bio-analytical laboratory director, on or before October 1 of each year, a printed blank form to be properly filled in and returned to said secretary by such licensee on or before the succeeding November 1, together with such fee. Upon the receipt of said form, properly filled in, and such fee, the annual certificate of registration shall be issued and transmitted. Said secretary shall annually, on or before March 1, mail to each licensed bio-analytical laboratory director, and to each physician, or member of other profession licensed by the board, a list of the names and addresses of all bio-analytical laboratories and licensed bio-analytical laboratory directors registered under this act for said year. Every bio-analytical laboratory director, who continues to operate or direct a laboratory after having failed to obtain an annual certificate of registration at the time and in the manner required by this act, shall be subject to a penalty of $25.00 for each such failure.

L.1953, c. 420, p. 2106, s. 15. Amended by L.1971, c. 236, s. 4, eff. June 23, 1971.

45:9-42.18. Overall management, direction of laboratory.

Each bio-analytical laboratory shall be under the overall management and direction of either:

(a) a person licensed to practice medicine and surgery in the State of New Jersey, or

(b) a licensed bio-analytical laboratory director, who shall be accessible to the laboratory to provide onsite, telephone, or electronic consultation as needed.

L.1953, c.420, s.18; amended 2016, c.86, s.3.

45:9-42.20 Exemptions.

The provisions of this act shall not affect:

a. Physicians or members of other professions who, in their private practices perform bio-analytical laboratory tests in their own offices or laboratories for their own patients pursuant to licenses respectively granted to them according to law.

b. Nonprofit research institutions.

c. Bio-analytical laboratories of hospitals, licensed by the Department of Health, where the work is confined to regularly admitted patients or registered clinic patients of the hospital.

d. Bio-analytical laboratories operated by the United States Government, the Department of Health, or any county or municipality of the State.

e. Facilities at which the only testing that is conducted is point-of-care laboratory testing

L.1953, c.420, s.20; amended 2016, c.86, s.4.

45:9-42.22. Unprofessional and unethical conduct

The following shall be considered as unprofessional and unethical conduct within the meaning of said terms as set forth in section 13(e) of this act:

a. The violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision of this act.

b. Deleted by amendment.

c. Deleted by amendment.

d. Deleted by amendment.

e. Using, displaying or listing the name of a deceased bio-analytical laboratory director of this State by a registered bio-analytical laboratory in connection with its practice for a period of more than 1 year after the death of a bio-analytical laboratory director.

f. Using, displaying, or listing the name of a bio-analytical laboratory director who has retired from active practice, or who has sold his practice, or has moved to another state and is in practice in that state, by a registered bio-analytical laboratory director in connection with his practice for a period of more than 1 year after such retirement, sale or removal.

g. Practices involving rebates and discounts, or other financial inducements for the obtaining of referrals, either direct or indirect, shall be considered unprofessional and unethical practice.

h. Conduct, which, in the opinion of the board, disqualifies a licensee to practice with safety to the public.

The foregoing paragraphs are not intended as a complete definition of that which constitutes unprofessional or unethical conduct. The board may, by rule, establish additional standards of professional and ethical conduct.

L.1953, c. 420, p. 2108, s. 22. Amended by L.1975, c. 166, s. 22, eff. Aug. 1, 1975.

45:9-42.23. Partial invalidity

In the event that any section or portion thereof, or any provision of this act, shall be adjudged to be invalid by any court of competent jurisdiction, such judgment shall not impair the remainder thereof, but shall be confined strictly in its operation to the particular clause, section, paragraph or part thereof so held to be invalid.

L.1953, c. 420, p. 2111, s. 23.

45:9-42.24. Health officials right to inspect and supervise laboratories or tests

This act shall not affect the right of the State Department of Health, or any local Board of Health and their representatives to inspect and supervise laboratories or laboratory tests performed for governmental agencies or in connection with administration of any law.

L.1953, c. 420, p. 2111, s. 24.

45:9-42.25. Disposition of fees and other moneys

All fees, fines, penalties and other moneys derived from the operation of this act shall be paid to the board, and remitted by it to the State Treasurer.

L.1953, c. 420, p. 2111, s. 25.

New Jersey Clinical Laboratory Improvement Act

45:9-42.26. Short title

This act shall be known and may be cited as the "New Jersey Clinical Laboratory Improvement Act."

L.1975, c. 166, s. 1, eff. Aug. 1, 1975.

45:9-42.27. Definitions.

As used in this act:

a. "Clinical laboratory" , except as used in subsection k. of this section, means any facility used for the performance of chemical, bacteriologic, virologic, parasitologic, serologic, hematologic, immunohematologic, biophysical, cytologic or other examinations of materials derived from the human body for the purpose of yielding information for the diagnosis, prevention or treatment of disease or the assessment of medical condition. Any facility used for the collection, processing and transmission of specimens to another facility for the performance of clinical tests falls within the purview of this act.

b. "Department" means the Department of Health.

c. "Commissioner" means the Commissioner of Health or his duly authorized agent.

d. "Clinical laboratory owner" means a person or agency in whom is vested the rights of control, possession, and dominion of a clinical laboratory and for the purposes of this act shall include a county, municipality, or any other owner of an institution operating a clinical laboratory.

e. "Clinical laboratory director" means a person who is responsible for the administration of the technical and scientific operation of a clinical laboratory, including, but not limited to, supervision of procedures for testing and reporting of results. Nothing in this act shall be deemed to exempt the director of a clinical laboratory from the licensure requirements of P.L.1953, c.420 (C.45:9-42.1 et seq.), where such requirements would otherwise be applicable.

f. "Clinical laboratory evaluation program" means a program of evaluating the proficiency of clinical laboratories by the department.

g. "Anatomic pathology" means the gross or microscopic examination of tissues by a physician specifically trained to interpret and diagnose disease by such examination.

h. "Person" means any individual, partnership, limited partnership, corporation or other legal entity.

i. "Point-of-care laboratory testing" means use of a laboratory testing instrument, kit, or test to which the following applies:

(1) The testing instrument, kit, or test is designed to be used at or near the site of the patient for whom the test or examination is being conducted;

(2) The testing instrument, kit, or test is used to perform testing outside the physical facilities of a certified clinical laboratory; and

(3) The testing instrument, kit, or test:

(a) is used to perform waived tests or moderate complexity clinical laboratory tests or examinations classified under the federal "Clinical Laboratory Improvement Amendments of 1988," Pub. L. 100-578 (42 U.S.C. s.263a) and any regulations adopted pursuant thereto;

(b) is used to perform tests or examinations on biological specimens that require no preparation after collection; and

(c) is used to perform tests or examinations without the necessity for testing personnel to perform calibration or maintenance, except resetting pursuant to the manufacturer's instructions or basic cleaning or disinfecting; and

(4) For moderate complexity testing, the testing instrument, kit, or test is used in accordance with the patient test management system, the quality control program, and the comprehensive quality assurance program established and maintained by the laboratory pursuant to the standards established under the "Clinical Laboratory Improvement Amendments of 1988," Pub.L.100-578 (42 U.S.C. s.263a), any regulations adopted pursuant thereto, and any other procedures currently or subsequently approved by the federal Centers for Medicare & Medicaid Services and specified in Appendix C of the State Operations Manual.

j. "Waived test" means a test system, assay, or examination that is authorized as "waived" by the federal Food and Drug Administration or authorized as "waived" by the federal Department of Health and Human Services and currently or subsequently listed in 42 C.F.R. 493.15c.

k. "Certified clinical laboratory" means a clinical laboratory certified pursuant to the "Clinical Laboratory Improvement Amendments of 1988," Pub.L.100-578 (42 U.S.C.s.263a), but does not include a clinical laboratory possessing a certificate of waiver issued pursuant to 42 U.S.C.s.263a.(d)(2) and any regulations adopted pursuant thereto.

L.1975, c.166, s.2; amended 2016, c.86, s.5.

45:9-42.28. License; necessity; categories

No person shall conduct, maintain, or operate a clinical laboratory or solicit or accept specimens for laboratory examination unless a license therefor has been obtained from the department pursuant to the terms of this act. A separate license shall be obtained for each location. A clinical laboratory license shall be obtained for all or any designated part of any one or more of the following categories, or other categories as may be included in rules and regulations promulgated pursuant to this act:

a. Microbiology, including the subcategories of bacteriology, virology, mycology, and parasitology;

b. Serology, including syphilis serology, nonsyphilis serology;

c. Hematology, including immunohematology; and,

d. Clinical chemistry, including urinalysis, chemical toxicology, and in vitro radioisotope technic.

L.1975, c. 166, s. 3, eff. Aug. 1, 1975.

45:9-42.29. License; application; form; contents; fee; annual renewal

All clinical laboratories operating prior to the effective date of this act shall be issued a license upon submission of a properly completed application form and payment of the requisite fee. Said license shall thereafter be renewable, on a calendar year basis, subject to all provisions of this act. The license application form shall include, but need not be limited to the following information:

a. The name and address of the clinical laboratory owner and his authorized agent and such information regarding the owner and agent as may be required;

b. The name and address of the clinical laboratory director;

c. The name and address of the clinical laboratory for which the license is requested and a description and plan of the premises to be occupied for the operation of said laboratory;

d. A list of the major laboratory equipment to be utilized; and,

e. The tests to be performed in the clinical laboratory.

L.1975, c. 166, s. 4, eff. Aug. 1, 1975.

45:9-42.30. Annual issuance and expiration; renewal; fees; display

All clinical laboratory licenses shall be issued on or before January 1 in each calendar year and shall expire on December 31 in each calendar year. Application for renewal therefor shall be made at such time and in such manner as shall be prescribed by the department. The commissioner shall charge for a license or renewal such reasonable fees as he shall prescribe by rule or regulation. The license shall be conspicuously displayed by the licensee on the premises of a clinical laboratory.

L.1975, c. 166, s. 5, eff. Aug. 1, 1975.

45:9-42.31. Owner and director; joint and separate responsibility for compliance

The owner and director of a clinical laboratory shall be jointly and separately responsible for its compliance with this act and regulations as may be promulgated hereunder.

L.1975, c. 166, s. 6, eff. Aug. 1, 1975.

45:9-42.32. Transfer of license; prohibition; change in ownership or direction; notice and reapplication

No license issued under the provisions of this act shall be transferable. A change in ownership or direction of a licensed laboratory shall require notification to the department within 14 calendar days and reapplication for licensure.

L.1975, c. 166, s. 7, eff. Aug. 1, 1975.

45:9-42.33. Provisions not applicable.

The provisions of this act shall not apply to:

a. Clinical laboratories operated and maintained exclusively for research and teaching purposes, involving no patient or public health services whatsoever;

b. Clinical laboratories operated by the United States Government, or blood banks licensed under P.L.1963, c.33 (C.26:2A-2 et seq.);

c. Clinical laboratories specifically exempted from the provisions of this act by rules and regulations promulgated by the Public Health Council pursuant to section 9 of P.L.1975, c.166 (C.45:9-42.34);

d. Clinical laboratories which are operated by the Department of Corrections, any county jail, any county probation department, or any drug or alcohol treatment center providing services to persons under the jurisdiction of any of these agencies or in a program of supervisory treatment pursuant to the provisions of N.J.S.2C:43-13 and which perform only urinalysis for screening purposes to detect the presence of alcohol or illegal substances. The Attorney General shall approve procedures, methods, and devices used by these agencies or centers in screening for alcohol or illegal substances; or

e. Facilities at which the only testing that is conducted is point-of-care laboratory testing.

L.1975, c.166, s.8; amended 1991, c.26; 2016, c.86, s.6.

45:9-42.34. Rules, regulations; standards for operation of clinical laboratories.

The Public Health Council of the department shall promulgate rules and regulations for operation of clinical laboratories, including the use of quality control programs as described in subsection h. of this section, which shall be incorporated in and made a part of the State Sanitary Code. Notwithstanding the use of quality control programs as described in subsection h. of this section and the recognition of waived tests as described in subsection i. of this section, the rules and regulations shall at least equal the standards set forth in federal rules and regulations promulgated pursuant to the "Clinical Laboratory Improvement Amendments of 1988," Pub.L.100-578 (42 U.S.C.s.263a). Any rules or regulations promulgated after the effective date of P.L.2016, c.86 that exceed those federal standards shall only be promulgated after a rulemaking process that includes notice and comment and a public hearing. The rules and regulations so promulgated shall include but shall not be limited to standards for:

a. Construction of new, or modification of existing clinical laboratories.

b. Sanitary and safe conditions within the clinical laboratory and its surroundings, including adequate working space, lighting, fire prevention, and safety measures.

c. Clinical laboratory equipment and maintenance procedures for the equipment and personnel essential to proper conduct and operation of a clinical laboratory, including standards for education, experience, and continuing education.

d. The acceptance, collection, transportation, identification, and examination of clinical laboratory specimens and reporting of results by clinical laboratories.

e. Reporting by laboratories of diseases for the protection of the public health. The department shall furnish forms for this purpose. The reports shall not be construed as constituting a diagnosis nor shall any clinical laboratory making a report be held liable under the laws of this State for having violated a trust or confidential relationship.

f. Submitting such reports concerning clinical laboratory operations as may be necessary to administer this act. Each laboratory shall maintain a manual of procedures followed in that laboratory, which shall be reviewed and updated annually. The manual shall also include, but not be limited to, a list of equipment used for each procedure.

g. Exemptions of specific types of clinical laboratories from the provisions of section 7 of P.L.1971, c.136 (C.26:2H-7).

h. The use of a quality control program by clinical laboratories which shall not exceed the standards set forth in federal regulations promulgated pursuant to the "Clinical Laboratory Improvement Amendments of 1988," Pub.L.100-578 (42 U.S.C.s.263a), effective as of January 1, 2016, or as subsequently amended, including the following alternative quality control testing procedures approved by the federal Centers for Medicare and Medicaid Services:

(1) Individualized Quality Control Plans , as specified in Appendix C of the State Operations Manual; and

(2) any other equivalent quality control procedures subsequently approved by the Centers for Medicare and Medicaid Services and specified in Appendix C of the State Operations Manual.

i. Recognition of all waived tests and waivers under the "Clinical Laboratory Improvement Amendments of 1988," Pub.L.100-578 (42 U.S.C.s.263a) and all regulations adopted pursuant thereto (42 C.F.R. Part 493).

j. The use of waived tests by clinical laboratories, which shall not exceed the standards set forth in the federal rules and regulations promulgated pursuant to the "Clinical Laboratory Improvement Amendments of 1988," Pub.L.100-578 (42 U.S.C.s.263a), effective as of January 1, 2016, or as subsequently amended, unless expressly required under this Act or the Public Health Council determines that it is necessary to exceed those federal standards in order to protect the public health. Such determinations shall detail the council's justification for exceeding federal standards.

L.1975, c.166, s.9; amended 2016, c.86, s.7.

45:9-42.34a. Calculation of glomerular filtration rate when testing to diagnose kidney disease.

The director of a clinical laboratory licensed in this State pursuant to P.L.1975, c.166 (C.45:9-42.26 et seq.) shall provide that when the laboratory tests a specimen to determine a patient's serum creatinine level, as ordered or prescribed by a health care professional authorized to make such an order or prescription, the laboratory shall calculate the patient's glomerular filtration rate using such information as is provided by the health care professional or patient, as applicable. The laboratory shall include the patient's glomerular filtration rate with its report to the health care professional.

L.2005,c.236.

45:9-42.35. Rules and regulations; license application, issuance, renewal and expiration

The commissioner shall establish reasonable rules and regulations for license application, issuance, renewal and expiration.

L.1975, c. 166, s. 10, eff. Aug. 1, 1975.

45:9-42.36. Advisory committee

An advisory committee shall be appointed by the commissioner and shall serve for a term of 2 years, with no member serving for more than two consecutive terms. Members of the advisory committee shall serve in a voluntary capacity to advise the department on all matters relating to this act and shall consist of two persons who are diplomates of the American Board of Pathology, two directors of private clinical laboratories who are not pathologists, one physician who is not a pathologist, one medical technologist, one private citizen not directly related to the practice of medicine or the operation of a clinical laboratory and such additional members as the commissioner may in his discretion appoint. Members shall serve without compensation but shall receive actual and necessary expenses.

L.1975, c. 166, s. 11, eff. Aug. 1, 1975.

45:9-42.37. Clinical laboratory evaluation program.

The department shall establish and conduct a clinical laboratory evaluation program to:

a. Prescribe minimum standards of performance in the examination of specimens, and any standards that would exceed the standards established under federal rules and regulations promulgated pursuant to the "Clinical Laboratories Improvement Amendments of 1988," Public Law 100-578 (42 U.S.C.s.263a) shall only be promulgated after a rulemaking process that includes notice and comment and a public hearing;

b. Test the proficiency of clinical laboratories to determine if the minimum standards of performance established pursuant to P.L.2016, c.86 are being met;

c. Develop and organize appropriate consultation and training activities in clinical laboratory procedures with the purpose of improving the quality of performance of clinical laboratories licensed by this act;

d. In lieu of routine on-site survey and inspection of any clinical laboratory to determine compliance with this Act, the department may instead formally recognize and rely upon the routine survey and inspection of clinical laboratories by any accreditation entity approved by the Centers for Medicare and Medicaid Services pursuant to the "Clinical Laboratories Improvement Amendments of 1988," Public Law 100-578 (42 U.S.C. s.263a), provided the department determines that the standards of the accreditation entity are equivalent to the department's standards for on-site survey and inspection; and

e. Nothing contained in this section shall be construed to limit the department's authority to rely upon the inspection and survey results of any accreditation entity approved by the Centers for Medicare & Medicaid Services pursuant to the "Clinical Laboratories Improvement Amendments of 1988," Pub.L.100-578 (42 U.S.C.s.263a), or conduct a complaint inspection of any laboratory at any time.

L.1975, c.166, s.12; amended 2016, c.86, s.8.

45:9-42.38. Right of entry and inspection

The department and any officers or employees thereof in the performance of any duty imposed by this act shall have the power and authority to enter at any time and inspect any clinical laboratory for the purpose of studying and evaluating the operation, supervision, records, and procedures of such facilities and to determine their effect upon the health and safety of the people of this State.

L.1975, c. 166, s. 13, eff. Aug. 1, 1975.

45:9-42.39. Confidentiality of information, examination upon application to court

All reports submitted under the provisions of this act and any information obtained in the course of inspections shall be deemed confidential and may be examined only upon application to a court of competent jurisdiction in association with proceedings related to suspension, limitation, or revocation of a license under this act. This provision shall in no way interfere with the department's powers to summarize, analyze and publish information obtained during the course of carrying out provisions of this act so long as the specific identity of individual laboratories is not disclosed, nor shall it be considered to limit the department's powers in disclosing results of an action in suspending, limiting or revoking a license of a specific laboratory under the provisions of this act.

L.1975, c. 166, s. 14, eff. Aug. 1, 1975.

45:9-42.40. Denial, revocation, suspension, limitation, annulment or denial of renewal; grounds

A clinical laboratory license may be denied, revoked, suspended, limited, annulled, or renewal thereof may be denied by the commissioner for good cause, including but not limited to:

a. Making false statements on an application for a clinical laboratory license or any other documents required by the department.

b. A reasonable finding by the department that the quality of performance of clinical laboratory tests is below those set by the department and that remedial measures such as consultation and training are not accepted or do not result in improvement to a level of proficiency acceptable to the department.

c. Reporting of fictitious results not based on test performance.

d. Performing a test and rendering a report thereon to a person not authorized by law to receive such services.

e. Referring a specimen for examination to an unlicensed clinical laboratory that is required to be licensed under this act.

f. Knowingly having professional connection with or lending the use of the name of the licensed clinical laboratory to an unlicensed clinical laboratory.

g. Violating or aiding and abetting in the violation of any provision of this act or the provisions of the State Sanitary Code.

h. Failing to file any report required by the provisions of this act or the provisions of the State Sanitary Code.

i. Representing that the laboratory is entitled to perform any laboratory procedure or category of procedures not authorized in its license.

L.1975, c. 166, s. 15, eff. Aug. 1, 1975.

45:9-42.41. Refusal to grant, suspension, limitation or revocation of license; notice; hearing; service of order; summary suspension

The commissioner, before refusing to grant a license or before suspending, limiting or revoking a license previously granted shall give notice to the applicant or licensee personally, or by mail addressed to him at his last known address, and afford him an opportunity to be heard with respect thereto at a time and place specified in such notice. Such applicant or licensee shall have the right to be heard in person or through an attorney, and to offer evidence pertinent to the subject of the hearing. A duly certified copy of the order of the commissioner issued as a result of such hearing shall be served on the applicant or the licensee by mail personally addressed to him at his last known address, except if such applicant or licensee be a corporation then the order shall be served in the same manner upon any officer or registered agent of the corporation.

If the commissioner shall have reason to believe that a condition exists or has occurred at a laboratory, in violation of the provisions of this act or the rules and regulations promulgated hereunder, which condition poses an imminent threat to the public health, safety or welfare, he may summarily suspend the license of the laboratory without a hearing and may order immediate correction of such violation as a prerequisite of reinstatement of licensure. If a licensee that is subjected to summary suspension shall deny that a violation exists or has occurred, he shall have the right to apply to the commissioner for a hearing. Such hearing shall be held and a decision rendered within 48 hours of receipt of said request. If the commissioner shall rule against the licensee, the licensee shall have the right to apply for injunctive relief against the commissioner's order. Jurisdiction of such injunctive relief shall be in the Superior Court of New Jersey.

L.1975, c. 166, s. 16, eff. Aug. 1, 1975.

45:9-42.41a. Clinical laboratory bills, presentation

A clinical laboratory shall present or cause to be presented a claim, bill or demand for payment for clinical laboratory services directly to the recipient of the services, except that the claim, bill or demand for payment may be presented to any of the following:

a. An immediate family member of the recipient of the services or other person legally responsible for the debts or care of the recipient of the services;

b. A third party payer including a health insurer, a health, hospital or medical services corporation, a State approved or federally qualified health maintenance organization in which the recipient of the services is enrolled, a governmental agency or its specified agent which provides health care benefits on behalf of the recipient of the services, and an employer of the recipient of the services who is responsible for payment of the services, provided that billing these payers is consistent with the terms of any applicable contract between the payer and the recipient of the services;

c. A hospital or skilled nursing facility in which the recipient of the services is or has been an inpatient or outpatient;

d. A substance abuse program in which the recipient of the services is or has been a participant; and

e. A nonprofit clinic or other health care provider whose purpose is the promotion of public health, from which the recipient of the services has received health care.

Upon the request of the health care provider who requested the clinical laboratory services, a clinical laboratory shall notify the health care provider of the amount of the claim, bill or demand for payment that was presented to the recipient or the recipient's responsible third party pursuant to this section.

Notwithstanding the provisions of this section to the contrary, in the case of a clinical laboratory which performs services at the request of another clinical laboratory, the clinical laboratory may present the claim, bill or demand for payment to the requesting clinical laboratory.

Notwithstanding the provisions of this section to the contrary, nothing in this section shall affect a contractual agreement between a clinical laboratory and a third party payer regarding presentation of a claim, bill or demand for payment directly to that third party payer.

L.1997,c.156,s.1.

45:9-42.41b. Schedule of fees, charges, provided annually

A clinical laboratory shall annually provide a health care provider with a list of its schedule of fees and charges for laboratory services rendered to the health care provider's patients. The clinical laboratory shall promptly provide the health care provider with an updated list of its schedule of fees and charges whenever any changes are made to the list. The clinical laboratory shall include with the list a form to be used by the health care provider to request billing information pursuant to section 1 of this act.

L.1997,c.156,s.4.

45:9-42.41c. Interpretation charges permitted

Nothing in this act shall be construed to prevent a health care provider from including a charge for the interpretation of a laboratory test as part of the health care provider's office visit fee.

L.1997,c.156,s.5.

45:9-42.42. Prohibited activities

No person shall:

a. Operate, maintain, direct, or engage in the business of operating a clinical laboratory, as herein defined, unless he has obtained a clinical laboratory license from the department, or is exempt under the provisions of this act.

b. Collect or receive specimens for analysis by an unlicensed laboratory.

c. Accept specimens for tests from and make reports to persons who are not legally qualified or authorized to submit specimens to clinical laboratories and to receive such reports, but this shall not prohibit the referral of specimens from one licensed clinical laboratory to another similarly licensed under the laws of the state in which it is located, providing the report indicates clearly the clinical laboratory performing the test and the name of the director of such clinical laboratory.

d. Either personally, or through an agent, solicit referral of specimens to his or any other clinical laboratory or contract to perform clinical laboratory examinations of specimens in a manner which offers or implies an offer of rebates to a person or persons submitting specimens, other fee-splitting inducements, participation in any fee-splitting arrangements or other unearned remuneration.

e. Obstruct or interfere with the department or any officer or employee thereof in the performance of any duty imposed by this act.

f. Collect any amounts that were billed in violation of section 1 of P.L.1997, c.156 (C.45:9-42.41a).

L.1975,c.166,s.17; amended 1997, c.156, s.2.

45:9-42.43. Violations, penalty

a. Any person convicted of violating any provision of this act or of any rule or regulation adopted hereunder shall be subject to a penalty of not less than $100.00 nor more than $1,000.00 for each violation. The penalty shall be collected, and enforced in summary proceedings under the penalty enforcement law (N.J.S.2A:58-1 et seq.).

b. A person who collects any amounts that were billed in violation of section 1 of P.L.1997, c.156 (C.45:9-42.41a), is liable for, and shall refund on a timely basis to the person who was billed, any amounts so collected.

L.1975,c.166,s.18; amended 1997, c.156, s.3.

45:9-42.44. Injunction of violation or threatened violation

Any violation or threatened violation of any provision of this act or of any rule or regulation adopted hereunder may be restrained by the Superior Court in an action brought for such purpose by the Attorney General on behalf of the department.

L.1975, c. 166, s. 19, eff. Aug. 1, 1975.

45:9-42.45. Severability

If any provision of this act, or any application of any provision, is held invalid, the invalidity shall not affect other applications of the provision, or other provisions of the act, which reasonably can be given effect despite the invalidity. To this end, the provisions of this act are hereby declared severable.

L.1975, c. 166, s. 20, eff. Aug. 1, 1975.

45:9-43. Incorporation of pathological and anatomical associations

Any three or more physicians duly authorized and licensed to practice medicine under the laws of this state, who desire to associate themselves together for the purpose of pathological and anatomical study and the advancement of medical and surgical science may make, record and file a certificate in writing in the manner hereinafter provided.

45:9-44. Contents of certificate of incorporation

Such certificate shall set forth:

a. The name or title assumed to designate the association;

b. The place or places in this state where the purposes of the association are to be carried out;

c. The purposes for which the association shall be formed; and

d. The names of the governors or directors who shall manage its affairs for the first year of its existence.

45:9-45. Recording and filing of certificate; certified copies as evidence

The certificate shall be proved or acknowledged and recorded, as is required of deeds of real estate, in a book to be kept for the recording of certificates of incorporation in the office of the clerk of the county where the purposes of the association are to be carried out, and, after being so recorded, shall be filed in the office of the secretary of state. The certificate, or a copy thereof, duly certified by said clerk or secretary, shall be evidence in all courts or places.

45:9-46. General corporate powers

Upon making the certificate and causing the same to be so recorded and filed, the physicians so associating, their successors and assigns, shall, by virtue of this article, be a body politic and corporate in fact and in law, by the name stated in the certificate, and by that name they and their successors shall have perpetual succession and may, in all courts and places whatsoever, sue and be sued, plead and be

impleaded, answer and be answered unto, may make a common seal and use the same at pleasure, and may take, have, hold, receive and enjoy any real estate, in fee simple or otherwise, and any property of any description, real or personal, whether acquired by gift, grant, devise, bequest or otherwise, and may grant, convey, lease, assign, sell or otherwise dispose of the same for the purposes of the association.

45:9-47. By-laws; agents and officers

The directors or governors of the association may from time to time make, alter and amend by-laws not inconsistent with the constitution of the United States or of the state, fixing or altering the number of its governors or directors for the management of its property and the regulation and government of its affairs and providing for the mode of filling vacancies in, and removing any member from, their number and prescribing qualifications for membership of the association and may appoint such agents and officers as shall in their judgment tend to promote or advance any purpose of the association, and may prescribe their respective duties.

45:9-48. Governors or directors to receive no compensation

No governor or director of any such association shall receive, directly or indirectly, any salary or emolument from such association, nor shall any compensation be voted, allowed or paid by the governors or directors thereof, to any governor or director for services, either as governor or director, or in any other capacity.

45:9-49. Delivery to and use by associations of certain unclaimed bodies for advancement of medical and surgical science

When an association shall be formed or organized under this article in any county, all public officers, agents and servants of the county, or of any municipality, and of every almshouse, prison, morgue, hospital or other public institution in such county, having charge or control over dead human bodies required to be buried at the public expense, are hereby required to notify the president or other head officer of such association, or such person as may from time to time be designated by it as its duly authorized officer or agent, whenever any such body comes to his or their possession or control, and shall, if such association or its duly authorized officers or agents request it, without fee or reward, deliver such body, and permit such association and its duly authorized officers or agents, who may comply with the provisions of this article, to take and remove all such bodies, to be used within this state for the advancement of medical and surgical science. No such notice need be given, nor shall any such body be delivered, if any person claiming to be, and satisfying the authorities in charge of said body that he is of kindred or is related by marriage to the deceased, shall claim said body for burial, but it shall be surrendered for interment; nor shall the notice be given or body delivered if the deceased person was a traveler who died suddenly, in which case said body shall be buried.

45:9-50. Conveyance of bodies regulated

Said association may employ a carrier for the conveyance of said bodies, which shall be well inclosed within a suitable incasement and carefully deposited free from public observation. The driver or person in charge of the carrier shall obtain a receipt by name, or, if the person be unknown, by a description of each body delivered by him, and shall deposit the receipt with the person in charge of the institution from which the body was taken.

45:9-51. Filing of bond by association before receiving a body; penalty for certain violations

No such association shall be allowed or permitted to receive any such body until it has given a bond to the State of New Jersey, with sufficient sureties, to be approved by the county clerk of the county in which such association is organized, and filed with said clerk, in the penal sum of one thousand dollars ($1,000.00), conditioned that all such bodies which the association shall receive shall be used only for the promotion of medical and surgical science within this State. Whoever sells or buys any such body, or in any way traffics in the same, or transmits or conveys, or causes or procures any such body to be conveyed to any place outside this State shall be deemed guilty of a misdemeanor, and, on conviction thereof, be punished by a fine not exceeding two hundred dollars ($200.00) or by imprisonment at hard labor for a term not exceeding one year, or both, at the discretion of the court.

Amended by L.1953, c. 43, p. 807, s. 47.

45:9-52. Expenses to be paid by association

Neither the state nor any county or municipality, nor any officer, agent or servant thereof, shall be at any expense by reason of the delivery or distribution of any such body, but all the expense thereof shall be paid by the association receiving it.

45:9-53. Appointment and duties of board of distribution, if more than one association in a county

When more than one association shall be organized under this article within the same county, the board of governors or directors of each association so organized within the same county shall appoint two of their own number, who together shall constitute a board of distribution of dead human bodies subject to delivery to such associations under the provisions of this article, which board shall be notified, as provided in section 45:9-49 of this title, whenever any body may be subject to delivery under the provisions of this article and such board shall distribute the bodies which may from time to time be so delivered to it under the provisions of this article equally and in just rotation among the different associations organized under this article.

45:9-54. Receipt of bodies from other counties

Any association organized under this article may apply for and receive from any county in this state dead human bodies which may be required to be buried at the public expense and are not claimed by any kindred or relation, as provided in section 45:9-49 of this title, and any public officer or agent, or any person in charge of a public institution as enumerated and set forth in said section 45:9-49 may deliver such body under the restriction of such section to any association organized under this article in any county in this state. When any such association shall have been organized in any county, no body shall be removed to another county until the association or associations within said county has an opportunity to receive it.

45:9-55. Penalty for nonperformance of duties

Any person having duties enjoined upon him by the provisions of this article who shall neglect, refuse or omit to perform the same required shall, on conviction thereof, be liable to a fine of not less than ten dollars nor more than one hundred dollars for each offense.

45:9-56. Medical Society of New Jersey continued as body corporate; how constituted

The Medical Society of the State of New Jersey, already incorporated by the style and name of "the Medical Society of New Jersey," shall continue to be a body corporate and politic, in fact and in name, and shall and may have and use a common seal, which it may alter at pleasure, and said society shall be composed of delegates chosen in accordance with its duly adopted bylaws by and from each of the county, specialty, or other societies, which now are, or which under the authority of said society may be hereafter instituted. The officers for the time being shall be ex officio members of said society, independently of the authority of delegation. All persons who may have been or may hereafterbe presidents of the society shall rank as fellows, and be entitled to all the privileges of delegate members.

Amended by L.1981, c. 123, s. 1, eff. April 24, 1981.

45:9-57. Qualifications for membership in county, specialty or other society

No one shall be admitted to membership in any county, specialty, or other society having connection with this society, unless he shall have received said degree of doctor of medicine, or been admitted ad cardem from some other medical authorities which this society shall deem proper to recognize.

Amended by L.1981, c. 123, s. 2, eff. April 24, 1981.

45:9-58. General powers of society

The society shall have power to prescribe the duties of its officers and members, fix their compensation, assess from time to time an annuity upon the county, specialty, or other societies and adopt such rules and regulations for the management of the concerns of this and the several societies as may be deemed necessary, which rules and regulations shall not be contrary to the laws of this State, and it may hold any estate, real and personal.

Amended by L.1954, c. 101, p. 572, s. 1; L.1981, c. 123, s. 3, eff. April 24, 1981.

CHAPTER 9A HEARING AID DISPENSERS

45:9A-1. Legislative findings

The Legislature hereby finds and declares that the practice of hearing aid dispensing need be regulated for the protection of the health, safety and welfare of the citizens of this State. The Legislature further finds and declares that peer regulation and the creation of a new board of examiners to carry out the provisions of this act are not in the public interest and it has hereby devised a regulatory mechanism which is consonant with the licensing policies of this State.

L.1973, c. 19, s. 1, eff. Jan. 31, 1973.

45:9A-2. Definitions

As used in this act:

a. "Board" means the State Board of Medical Examiners.

b. "Committee" means the Hearing Aid Dispensers Examining Committee.

c. "Hearing aid" means an electro-acoustic system scientifically designed to be head or body worn by an individual. Its basic components shall be a microphone, amplifier, and receiver. Each component shall be adapted to the needs of the individual. These needs shall be measured in acoustic gain, frequency response, and maximum power output.

d. "Practice of dispensing and fitting hearing aids" means the evaluation or measurement of the power or range of human hearing by means of an audiometer or by any other means devised and the consequent selection of adaptation or sale of hearing aids intended to compensate for hearing loss, including the making of an impression of the ear.

e. "Hearing aid dispenser" means a person engaged in the fitting and selling of hearing aids to a person with impaired hearing.

f. "Director" means the Director of the Division of Consumer Affairs.

L.1973, c. 19, s. 2, eff. Jan. 31, 1973.

45:9A-3. Hearing aid dispensers examining committee; members

There is hereby created in the Division of Consumer Affairs of the Department of Law and Public Safety, under the State Board of Medical Examiners, a Hearing Aid Dispensers Examining Committee to consist of seven members six of whom are to be appointed by the Governor with the advice and consent of the Senate. The seventh member shall be the Director of the Division of Consumer Affairs, ex officio, or his designated representative.

Three members of the committee shall be qualified hearing aid dispensers for a period of at least 3 years immediately preceding the effective date of this act and shall hold certification, from the National Hearing Aid Society or its equivalent. All hearing aid dispenser members, other than those first appointed, shall be holders of a valid license as provided by this act. Those first appointed shall not be exempt from the requirements of sections 10 and 11 of this act, provided, however, that the board shall make provision for their examination and licensure as soon as practicable after their appointment.

One member of the committee shall be a physician and diplomate of the American Board of Otolaryngology. One member shall be a clinical audiologist and hold certification from the American Speech and Hearing Association and one member shall be a public member to represent the interests of the general public.

L.1973, c. 19, s. 3, eff. Jan. 31, 1973.

45:9A-4. Term of office

Each member of the committee, except the members first appointed and the director, shall serve for a term of 5 years. Each member shall hold office until the appointment of his successor. The initial appointments to the committee shall be two members for a term of 1 year; two members for a term of 2 years and two members for a term of 3 years.

Vacancies shall be filled for the unexpired term only. No member may be appointed for more than two terms.

L.1973, c. 19, s. 4, eff. Jan. 31, 1973.

45:9A-5. Compensation

Each member of the committee shall receive $25.00 for each day of actual service in attending meetings of the committee at which business is transacted and in addition shall be entitled to be reimbursed for his necessary travel expenses; provided, such compensation in any 1 fiscal year shall not exceed $1,000.00.

L.1973, c. 19, s. 5, eff. Jan. 31, 1973.

45:9A-6. Oath; filing; president; secretary treasurer

The members of the committee shall, before entering the discharge of their duties, and within 30 days after their appointment, take and subscribe to an oath before an officer authorized to administer oaths in this State, for the faithful performance of their duties, and file the same with the Secretary of State. They shall annually elect from their number a president and a secretary-treasurer each of which officers shall hold office for 1 year and until his successor shall have been duly elected and qualified.

L.1973, c. 19, s. 6, eff. Jan. 31, 1973.

45:9A-7. Duties; rules and regulations; record of proceedings

The committee shall ascertain the facts concerning the dispensing and sale of hearing aids, for the purpose of determining the need for, and desirability of, rules and regulations to promote the health, safety, and welfare of the public and to effectuate the purposes of this act and to aid the committee in the performance of its powers and duties hereunder, and the committee shall make and promulgate, with the approval of the board, rules and regulations for said purposes pursuant to the Administrative Procedures Act. The secretary-treasurer of the committee shall keep a record of all the proceedings of the committee which shall be transmitted to the board and shall be open to public examination.

L.1973, c. 19, s. 7, eff. Jan. 31, 1973.

45:9A-8. Course of instruction; recommendation; qualification for licensees; examination requirements; renewal of license

The committee may recommend the preparation of and administration by the State Department of Education or Department of Higher Education or public institutions designated by either of said departments of a course of instruction concerned with the fitting and selection of hearing aids. The committee may require, with the approval of the board, that prospective licensees shall complete such a course of instruction as a condition of licensure. The committee shall publish and distribute information concerning the examination requirements for obtaining a license to engage in the practice of fitting and selling hearing aids within this State. The committee may require, with the approval of the board, that licensees, as a condition of renewal, attend courses designed to update and refresh their knowledge and skills.

L.1973, c. 19, s. 8, eff. Jan. 31, 1973.

45:9A-9. Application for license

Any person desiring to commence the practice of dispensing and fitting hearing aids in this State shall file with the secretary of the committee an application, to be furnished by said secretary and

verified by oath of the applicant, stating therein that he is a person of good moral character, more than 18 years of age, has received training and has had experience in the practice of dispensing and fitting hearing aids. The applicant shall file with the secretary of the committee a fee of $20.00 for the examination.

L.1973, c. 19, s. 9, eff. Jan. 31, 1973.

45:9A-10. Verification of qualifications; time of examinations

An applicant for a license who is notified by the committee that he has fulfilled to its satisfaction the requirements set forth in section 9 of this act shall appear at such time and place to be examined by written and practical tests in order to demonstrate that he is qualified to practice dispensing and fitting hearing aids. The committee shall give at least one examination of the type prescribed in this act each year, and such additional examinations as the volume of applications therefor may make appropriate. The committee shall give due public notice of the date, time and place of said examinations.

L.1973, c. 19, s. 10, eff. Jan. 31, 1973.

45:9A-11. Contents of examination

The examination provided in this act shall consist of:

a. Tests of knowledge in the following areas as they pertain to the fitting of hearing aids:

(1) Basic physics of sound.

(2) The human hearing mechanism, including the science of hearing and the causes and rehabilitation of abnormal hearing and hearing disorders.

(3) Structure and function of hearing aids.

b. Tests of proficiency in the following techniques as they pertain to the fitting of hearing aids:

(1) Pure tone audiometry, including air conduction testing and bone conduction testing.

(2) Live voice or recorded voice speech audiometry, including speech reception threshold testing and speech discrimination testing.

(3) Effective masking.

(4) Recording and evaluation of audiograms and speech audiometry to determine hearing aid candidacy.

(5) Selection and adaptation of hearing aids and testing of hearing aids.

(6) Taking earmold impressions.

(7) Other skills as may be required for the fitting of hearing aids.

The tests under this section shall not include questions requiring a medical or surgical education.

L.1973, c. 19, s. 11, eff. Jan. 31, 1973.

45:9A-12. Certificate of registration; issuance; conditions; duration of license

Upon payment of $25.00 the committee shall register each applicant who satisfactorily passes the examination. Thereupon the board shall issue to the applicant a certificate of registration. The license shall be effective for 1 year.

L.1973, c. 19, s. 12, eff. Jan. 31, 1973.

45:9A-13. Reciprocity with other states; certificates of endorsement

Whenever the committee determines that another state or jurisdiction has requirements equivalent to or higher than those in effect pursuant to this act for the practice of fitting and dispensing hearing aids, and that such state or jurisdiction has a program equivalent to or stricter than the program for determining whether applicants pursuant to this act are qualified to dispense and fit hearing aids, the committee may issue certificates of endorsement to applicants therefor who hold current, unsuspended and unrevoked certificates or licenses to dispense and fit hearing aids in such other state or jurisdiction. No such applicant for a certificate of endorsement pursuant to this subsection shall be required to submit to or undergo any examination, investigation or other procedure, other than the payment of fees, pursuant to this act. The holder of a certificate of endorsement shall be registered in the same manner as holders of a license. The fee for an initial certificate of endorsement shall be the same as the fee for an initial license. Fees, grounds for renewal and procedures therefor, suspension and revocation of certificates of endorsement shall be the same as for renewal, suspension and revocation of a license.

L.1973, c. 19, s. 13, eff. Jan. 31, 1973.

45:9A-14. Holder of certificate of endorsement; place of practice; notice to committee; record

A person who holds a certificate of endorsement shall notify the committee in writing of the address of the place or places where he engages or intends to engage in the practice of fitting or dispensing of hearing aids.

The committee shall keep a record of the places of practices of persons who hold licenses or certificates of endorsements. Any notice required to be given by the committee to a person who holds a license or certificate of endorsement may be given by mailing it to him at the address given by him to the committee.

L.1973, c. 19, s. 14, eff. Jan. 31, 1973.

45:9A-15. Renewal fee; suspension of license or certificate for failure to renew

A person except a medical physician or osteopath who practices the dispensing and fitting of hearing aids shall annually pay to the committee a fee of $25.00 for a renewal of his license or certificate of endorsement. The committee may suspend the license or certificate of any person who fails to have his license or certificate renewed.

L.1973, c. 19, s. 15, eff. Jan. 31, 1973.

45:9A-16. Temporary licenses

a. An applicant who fulfills the requirements of section 9 of this act who has not previously applied to take the examination provided under section 10 of this act may apply to the board for a temporary license.

Upon receiving an application for said temporary license, accompanied by a fee of $5.00, the committee shall issue a temporary license which shall entitle the applicant to practice the dispensing and fitting of hearing aids for a period ending 30 days after the conclusion of the next examination given after the date of issue.

No temporary license shall be issued by the committee unless the applicant shows to the satisfaction of the committee that he is or will be supervised and trained by a person who holds a valid license or certificate of endorsement issued pursuant to this act.

If a person who holds a temporary license issued under this section does not take the next examination given after the date of issue, the temporary license shall not be renewed, except for good cause shown to the satisfaction of the committee.

If a person who holds a temporary license issued under this section takes and fails to pass the next examination given after the date of issue, the committee may renew the temporary license for a period ending 30 days after the results of the next examination given after the date of renewal are announced. In no event shall more than one renewal be permitted. The fee for renewal shall be $20.00.

b. An applicant who meets the requirements of section 9 of this act except with respect to training and experience and is desirous of obtaining the requisite training and experience in order to qualify for a license and who proves to the satisfaction of the committee that he will be directly supervised and trained by a person who holds a valid license or certificate of endorsement issued pursuant to this act, may have a temporary license issued to him which shall entitle him to be engaged, under such direct supervision, in the fitting and selling of hearing aids for a period ending 30 days after the results of the next examination are announced. Such a temporary license may be renewed from period to period not to exceed 2 consecutive years.

L.1973, c. 19, s. 16, eff. Jan. 31, 1973.

45:9A-17. Revocation, suspension, refusal to renew of license, certificate of endorsement

The Director of the Division of Consumer Affairs shall have the power after notice and opportunity for a hearing to revoke, suspend, or refuse to renew any license, temporary license or certificate of endorsement issued pursuant to this act as provided by section 8 of P.L.1978, c.73 (C.45:1-21).

L.1973,c.19,s.17; amended 1999, c.403, s.10.

45:9A-18. Fees; disposition; expenditures of committee

All fees coming into the custody of the committee, including examination fees, license fees, renewal fees, fines, penalties and other payment, shall be paid by the board to the State Treasurer and become a part of the general fund.

All expenditures deemed necessary to carry out the provisions of this act shall be paid by the State Treasurer from the license fees and other sources of income of the committee, within the limits of

available appropriations according to law, but in no event shall expenditures exceed the revenues of the committee during any fiscal year.

L.1973, c. 19, s. 18, eff. Jan. 31, 1973.

45:9A-22. Exemptions

This act shall not apply to any person while he is engaged in the practice of fitting hearing aids if his practice is part of the academic curriculum of an accredited institution of higher education or part of a program conducted by a public, charitable institution or nonprofit organization, which is primarily supported by voluntary contributions unless they sell hearing aids.

This act shall not be construed to prevent any person who is a medical or osteopathic physician licensed to practice by the board from treating, or fitting hearing aids to, the human ear.

L.1973, c. 19, s. 22, eff. Jan. 31, 1973.

45:9A-23. Purchasers; statements by licensee; receipt; contents

a. A licensee shall advise a prospective hearing aid user at the outset of their relationship that any examination or representation made by the licensed hearing aid dispenser in connection with the practice of fitting and selling of a hearing aid is not an examination, diagnosis or prescription by a person licensed to practice medicine in this State or by a certified audiologist and, therefore, must not be regarded as medical opinion.

b. A licensee shall, upon the consummation of a sale of a hearing aid, deliver to the purchaser a written receipt, signed by or on behalf of the licensee, containing all of the following:

(1) the date of consummation of the sale,

(2) specifications as to the make, serial number, and model number of the hearing aid or aids sold,

(3) the address of the principal place of business of the licensee,

(4) a statement to the effect that the aid or aids delivered to the purchaser are used or reconditioned, as the case may be, if that is the fact,

(5) the number of the licensee's license,

(6) the terms of any guarantee or express warranty, if any, made to the purchaser with respect to such hearing aid or hearing aids,

(7) such receipt shall bear, or have attached to it in no smaller type than the largest used in the body copy portion, the following: The purchaser has been advised at the outset of his relationship with the hearing aid dispenser that any examination or representation made by a licensed hearing aid dispenser in connection with the practice of fitting and selling of this hearing aid, or hearing aids, is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this State, or by certified audiologists and therefore must not be regarded as medical opinion.

L.1973, c. 19, s. 23, eff. Jan. 31, 1973.

45:9A-24. Written recommendation to consult licensed physician; conditions; signature for receipt; list of physicians

Whenever any of the following conditions are found to exist either from observations by the licensee or on the basis of information furnished by the prospective hearing aid user, a licensee shall, prior to fitting and selling a hearing aid to any individual, suggest to that individual in writing that his best interests would be served if he would consult a licensed physician specializing in diseases of the ear or if no such licensed physician is available in the community then to a duly licensed physician:

(a) visible congenital or traumatic deformity of the ear,

(b) history of, or active drainage from the ear within the previous 90 days,

(c) history of sudden or rapidly progressive hearing loss within the previous 90 days,

(d) acute or chronic dizziness,

(e) unilateral hearing loss of sudden or recent onset within the previous 90 days,

(f) significant air-bone gap.

A person receiving the written recommendation to purchase a hearing aid shall sign a receipt for the same.

The licensee shall provide the prospective hearing aid user with a list of at least three physicians specializing in diseases of the ear, practicing in the area, and their addresses or if none are practicing in the area, then a list of at least three physicians and their addresses.

L.1973, c. 19, s. 24, eff. Jan. 31, 1973.

45:9A-25. Sale of hearing aid to person under 18

No hearing aid shall be sold by an individual licensed under this chapter, to a person less than 18 years of age unless within the preceding 6 months a recommendation for a hearing aid has been made by a board-certified, or a board-eligible physician specializing in otolaryngology, or by an audiologist certified by the American Speech and Hearing Association after examination and diagnosis by a board-certified or board-eligible otolaryngologist. A replacement of an identical hearing aid within 1 year shall be an exception to this requirement.

L.1973, c. 19, s. 25, eff. Jan. 31, 1973.

45:9A-26. Records to be maintained by licensee

A licensee shall keep and maintain in his office or place of business the following records:

(a) results of tests as they pertain to the fitting of the hearing aid,

(b) a copy of the written receipt required by section 23 and a copy of the written recommendation and receipt required by section 24, and

(c) copies of such other records as the committee or the director shall reasonably require.

All such records shall be kept and maintained by the licensee for a period of 7 years.

L.1973, c. 19, s. 26, eff. Jan. 31, 1973.

45:9A-27. Unlawful practice or advertisement of fitting and selling of hearing aids

It is unlawful for an individual to engage in the practice of fitting and selling of hearing aids or to display a sign or in any other way to advertise or hold himself out as being so engaged without having at the time of so doing a valid unsuspended, unrevoked and unexpired license, temporary license or certificate of endorsement. Such license, temporary license or certificate of endorsement shall be conspicuously posted in the licensee's office or place of business at all times.

L.1973, c. 19, s. 27, eff. Jan. 31, 1973.

CHAPTER 9B ACUPUNCTURE

45:9B-1. Research programs; establishment and administration by board of medical examiners

The State Board of Medical Examiners in the Division of Consumer Affairs of the Department of Law and Public Safety is hereby authorized to establish and administer acupuncture research programs in research institutions or hospitals affiliated with duly recognized medical schools.

L.1975, c. 358, s. 1, eff. March 3, 1976.

45:9B-2. Duration of research programs; report by board

The research programs established by the board pursuant to this act shall remain operative until December 31, 1978. On or before December 31, 1978, the board shall report to the Governor and the Legislature its evaluation of the acupuncture research program and shall include therewith its recommendations with respect to the future prohibition or authorization of acupuncture treatment outside of a controlled research environment.

L.1975, c. 358, s. 2, eff. March 3, 1976.

45:9B-3. Rules and regulations

For purposes of establishing and administering acupuncture research programs, the board is empowered to promulgate, amend, and rescind rules and regulations deemed necessary and proper.

L.1975, c. 358, s. 3, eff. March 3, 1976.

45:9B-4. Licenses

Persons designated by the board to participate in acupuncture research shall be licensed pursuant to this act.

L.1975, c. 358, s. 4, eff. March 3, 1976.

45:9B-5. Definition of practice of acupuncture research

a. The practice of acupuncture research is defined as studying treatment by means of mechanical, thermal or electrical stimulation effected by the insertion of solid needles or the application of heat or electrical stimulation at a point or combination of points on the surface of the body predetermined on the basis of the theory of the physiological interrelationship of body organs with an associated point or combination of points for diseases, disorders and dysfunctions of the body for the purpose of achieving a regular therapeutic or prophylactic effect.

b. A license to practice acupuncture research shall not permit the holder thereof to use radiotherapy, fluoroscopy, or any form of ionizing radiation, to operate, to reduce fractures or dislocations, or to use diagnostic or therapeutic methods involving chemical or biological means.

c. A license to practice acupuncture research shall permit the holder thereof to treat any human disease, pain, injury, deformity or physical condition not prohibited by the provision of this section provided the person volunteering for research treatment presents a prior referral obtained from a licensed physician after appropriate medical examination.

L.1975, c. 358, s. 5, eff. March 3, 1976.

45:9B-6. Practice of acupuncture research and use of title

No person, unless licensed or exempt under this act, shall participate in acupuncture research or use a title or description including the term "acupuncture" or any of its derivatives in a manner which would imply that he is licensed under this act.

L.1975, c. 358, s. 6, eff. March 3, 1976.

45:9B-7. Acupuncture Advisory Committee

a. An Acupuncture Advisory Committee is hereby created in the Division of Consumer Affairs of the Department of Law and Public Safety, under the State Board of Medical Examiners.

Within 30 days after this act takes effect, the members of the Acupuncture Advisory Committee shall be appointed by the Governor with the advice and consent of the Senate for the purpose of assisting the board on matters of professional licensing and professional conduct. The committee shall be composed of seven members, including three licensed practitioners of acupuncture research, two licensed physicians, and two members of the general public.

Each member of the committee shall serve until December 31, 1978. Vacancies shall be filled for the unexpired term only.

b. Each member of the committee shall serve without compensation, but shall be entitled to be reimbursed for his necessary travel expenses in connection with the business of the board.

The three acupuncturists appointed to the committee need not be licensed to practice acupuncture research at the time of their appointment, provided, however, they satisfy the requirements for licensure within a reasonable time after such requirements are established by the board.

c. In accordance with the provisions of this act the committee shall, within 6 months following their appointment and after appropriate hearings and investigation, transmit their initial recommendations for the establishment of acupuncture research programs and standards for

professional education, experience and licensing examinations to the board. Based upon the recommendations and subject to the approval of the committee, the State Board of Medical Examiners shall establish, by rules or regulations adopted in accordance with the "Administrative Procedure Act," P.L.1968, c. 410 (C. 52:14B-1 et seq.), the education, experience and examination requirements for a license to practice acupuncture research, and such other requirements with respect to the practice of acupuncture research and the conduct of practitioners thereof as the board may deem advisable to effectuate the provisions of this act.

L.1975, c. 358, s. 7, eff. March 3, 1976.

45:9B-8. Requirements for a research license

To qualify for a license to practice acupuncture research an applicant shall fulfill the following requirements:

a. Application: file an application with the board;

b. Education: have received an education satisfactory to the board and in accordance with its regulations;

c. Experience: have experience satisfactory to the board and in accordance with its regulations;

d. Examination: pass examination satisfactory to the board and in accordance with its regulations, in the theory and practice of acupuncture;

e. Character: be of good moral character as determined by the board; and

f. Fees: pay a fee to the board for admission to the examination and for initial license of $40.00, for each reexamination $15.00, and for each biennial registration $15.00.

No license to practice acupuncture shall be issued pursuant to this act unless the applicant therefor shall submit proof satisfactory to the board that he has or will have on the effective date of his license a professional liability insurance policy with coverage of not less than $100,000.00 for any one claimant.

L.1975, c. 358, s. 8, eff. March 3, 1976.

45:9B-9. Waiver of requirements for licensure; qualifications

The board may waive the education, experience and examination requirements for licensure hereunder and issue a license to practice acupuncture research by endorsement to any applicant who holds a current license or certificate to practice acupuncture issued by the licensing agency of another state or country which, in the opinion of the board, has licensure requirements for the practice of acupuncture equivalent to or higher than those required to practice acupuncture research pursuant to this act.

L.1975, c. 358, s. 9, eff. March 3, 1976.

45:9B-10. Licensed doctor or registered physical therapist; practice of acupuncture research; qualifications

Any person licensed to practice medicine and surgery or registered to practice physical therapy in this State may engage in the practice of acupuncture research, provided said person shall have passed the examination provided for in subsection 8d. of this act and shall have received such training in the practice of acupuncture research as the board shall require in its rules or regulations.

L.1975, c. 358, s. 10, eff. March 3, 1976.

45:9B-11. Licensed doctor; continuation of acupuncture research for six months after passage of act

Any person licensed to practice medicine and surgery in this State who is engaged in the practice of acupuncture research on the effective date of this act may continue to engage in such practice and shall not be in violation of this act thereby for a period not to exceed 6 months from the effective date of the rules or regulations prescribing examination and training requirements for any such person.

L.1975, c. 358, s. 11, eff. March 3, 1976.

45:9B-13. Exempt persons

Nothing in this act shall be construed to affect or prevent a student from engaging in clinical practice under the supervision of a licensed acupuncture researcher in an educational or research institution or hospital in this State registered by the State.

L.1975, c. 358, s. 13, eff. March 3, 1976.

CHAPTER 10 MIDWIFERY

45:10-1. "Midwifery" defined

A person shall be regarded as practicing midwifery within the meaning of this chapter who attends a woman in childbirth as a midwife, or advertises as such, by signs, printed cards or otherwise, but nothing in this chapter shall be construed to prohibit gratuitous service in case of emergency, nor the service of any legally qualified physician or surgeon of this state.

45:10-2. License to practice midwifery; examinations

A person desiring to begin the practice of midwifery in this state shall first obtain from the state board of medical examiners, hereinafter in this chapter designated as the "board", a license so to do, as hereinafter provided. The board shall execute the provisions of this chapter, and shall hold examinations in midwifery in the state house at Trenton annually on the third Tuesday in June and October from ten A.M. to five P.M., or at such other place and times as it may deem expedient.

45:10-3. Applications for examination

Candidates for examination shall present to the board, at least ten days before the examination, a written application on a form provided by the board, setting forth under affidavit the name, age, nativity, residence, moral character and time spent in obtaining a common school education, or its

equivalent; and that the candidate has received a certificate or diploma from a legally incorporated school of midwifery, or maternity hospital, in good standing in the opinion of the board at the time of issuing the certificate or diploma, granted after at least eighteen hundred hours' instruction within a period of not less than nine months, or a certificate or diploma from a foreign institution of midwifery of equal requirements as determined by the board, conferring the full right to practice midwifery in the country in which it was issued. The application must bear the seal of the institution from which the applicant was graduated. Foreign graduates must present with the application a translation of their foreign certificate or diploma, made by and under the seal of the consulate of the country in which the certificate or diploma was issued. Applications must be indorsed by a registered physician of this state.

45:10-4. Examination fee; re-examinations

If the application is approved and the sum of twenty-five dollars shall have been deposited as an examination fee with the secretary of the board, the candidate shall be admitted to the examination, and in case of failure to pass, may be re-examined at any regular examination within one year, without the payment of an additional fee, and thereafter may be examined upon payment of said fee for each examination.

45:10-5. Character and subjects of examination

The examination may be oral or written, or both, and shall be in the English language and shall be held on the following subjects:

a. Anatomy of the pelvis and female generative organs.

b. Physiology of menstruation.

c. Diagnosis and management of pregnancy.

d. Diagnosis of fetal presentation and position.

e. Mechanism and management of normal labor.

f. Management of the puerperium.

g. Injuries to the genital organs following labor.

h. Sepsis and antisepsis in relation to labor.

i. Special care of the bed and lying-in room.

j. Hygiene of the mother and infant.

k. Asphyxiation, convulsions, malformation and infectious diseases of the newborn.

l. Cause and effects of ophthalmia neonatorum.

m. Abnormal condition requiring attendance of a physician.

The examination shall be sufficient to test the scientific and practical fitness of candidates to practice midwifery, and the board may require examination on other subjects relating to midwifery from time to time.

45:10-6. Issuance of licenses; limitation of authority thereunder; records

If the examination is satisfactory, the board shall issue a license, signed by its president and secretary and attested by its seal, entitling the candidate to practice midwifery, but the license shall not authorize the holder to prescribe any drug or medicine, except a preparation of ergot after the birth of the head of the infant, or household remedies, or to attend other than cases of labor. All application papers shall be deposited in the state library for at least two years, when they may be destroyed. Their contents shall be recorded in the official register of the board kept for this purpose which, or a certified copy thereof, shall be prima facie evidence of all matters therein contained.

45:10-7. Annual registration; fee; lists of licensees; penalty

Every licensed midwife shall procure from the secretary of the board annually on or before November first, a certificate of registration. The certificate shall be issued by said secretary upon the payment of a fee to be fixed by the board, not to exceed the sum of five dollars. The secretary shall mail annually, on or before October first, to each licensed midwife a printed blank form to be properly filled in and returned by such licensed person on or before the succeeding November first to the secretary of the board. Upon the receipt of the form properly filled in, and such fee, the annual certificate of registration shall be issued and transmitted. Said secretary shall annually, on or before the first day of January, mail to each licensed midwife who has registered for the preceding year a list containing the names and post-office addresses of all licensed midwives who have registered under this chapter for said year. Every licensed midwife who continues the practice of midwifery after having failed to secure any annual certificate of registration at the time and in the manner required by this section shall be subject to a penalty of twenty-five dollars for each such failure, which penalty shall be sued for and recovered by the board in the manner hereinafter provided for the recovery of penalties.

45:10-8. When midwives required to call physician

Midwives shall always secure the immediate services of a reputable registered physician whenever any abnormal signs or symptoms appear in either mother or infant.

45:10-16. Clerks of courts to report to board convictions of licensed midwives

The clerks of every court wherein any person licensed to practice midwifery is convicted of a crime, shall make a report of such conviction in writing to the board upon blanks provided by it, and such report shall state the name and address of such person so convicted, the date thereof, the nature of the crime of which the person was convicted and the sentence imposed by the court.

45:10-17. Definitions

As used in this act:

"Board" means the State Board of Medical Examiners.

"Certified nurse midwife" means a certified nurse midwife registered with the board.

"Drug" means drugs, medicine and devices, as determined by the board.

L.1991,c.97,s.1.

45:10-18. Certified nurse midwife may prescribe drugs

A certified nurse midwife who meets the qualifications pursuant to section 3 of this act may prescribe drugs, as delineated in standing orders and practice protocols developed in agreement between a certified nurse midwife and a collaborative physician. The practice protocols shall be established in accordance with standards adopted by the board.

L.1991,c.97,s.2.

45:10-19 Qualifications for nurse midwife to prescribe drugs.

To qualify to prescribe drugs pursuant to section 2 of P.L.1991, c.97 (C.45:10-18), a certified nurse midwife shall have completed 30 contact hours, as defined by the National Task Force on the Continuing Education Unit, in pharmacology or a pharmacology course, acceptable to the board, in an accredited institution of higher education approved by the Department of Higher Education or the board. Such contact hours shall include one credit of educational programs or topics on issues concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion.

L.1991, c.97, s.3; amended 2017, c.28, s.14.

45:10-20. Application for authority to prescribe drugs

A certified nurse midwife shall apply on a form prescribed by the board to obtain the authority to prescribe drugs pursuant to section 2 of this act and shall present evidence acceptable to the board of meeting the requirements of section 3 of this act.

L.1991,c.97,s.4.

45:10-21. Board may prohibit nurse midwife from prescribing drugs

If the board determines that a certified nurse midwife who is permitted to prescribe drugs pursuant to this act has violated any provisions of this act or any provision of a regulation pertaining to certified nurse midwives or violated any State or federal law or regulation applicable to the prescription of drugs, the board shall prohibit that certified nurse midwife from prescribing any drugs.

L.1991,c.97,s.5.

45:10-22. Rules, regulations

The board shall promulgate rules and regulations in accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) necessary to effectuate the purposes of this act.

L.1991,c.97,s.6.