

mucopolysaccharidosis II (MPS II), also called Hunter syndrome. The Department has already added some of these conditions to the newborn screening panel, and is adding the remaining conditions to the panel, as “reliable and efficient testing techniques [become] available” to screen for these conditions, by the acquisition and installation of necessary equipment, technology, and staff, the implementation of pilot testing, and the performance of other requisites. See N.J.S.A. 26:2-111.

The readopted rules set forth the following: N.J.A.C. 8:18-1.1 establishes the purpose and scope of the chapter; 1.2 defines words and terms used in the chapter; 1.3 identifies disorders and conditions for which the NBS Laboratory performs testing of specimens for biochemical and genetic disorders in accordance with recognized clinical laboratory procedures; 1.4 through 1.8, respectively, establish the responsibilities of chief executive officers, birth attendants, responsible physicians, home health agencies, and public health officers, to implement the State NBS system; 1.9 establishes the responsibilities of the testing laboratory; 1.10 establishes the responsibilities of the NBS Follow-up Program and the process to assist families of children with abnormal test results to obtain access to health care and other services as indicated; 1.11 reiterates the Commissioner’s statutory responsibility pursuant to N.J.S.A. 26:2-111.1 to determine adequate laboratory fees and appropriate funding for testing, follow-up, and treatment services (N.J.A.C. 8:45-2.1 establishes the applicable fee schedule); 1.12 establishes the standard for exemption from testing; 1.13 lists the conditions that necessitate a report, identifies the entities that can use the report, and establishes the parameters of the confidentiality of the report; and 1.14 implements N.J.S.A. 26:2-111(b)1, by establishing procedures by which health care providers are to provide notice of the availability of supplemental newborn screening to parents, obtain parental acknowledgment of receipt of notice, retain proof of acknowledgment in the medical record, and permit parents to retain the notice.

The Department has reviewed N.J.A.C. 8:18 in consultation with the Newborn Screening Annual Review Committee (Committee), which consists of parents, family members, nurses, physicians, specialists, scientists, health care organization representatives, attorneys, advocates, and others, all having the common goal of collaborating to ensure that the New Jersey NBS Program conforms to the state-of-the-art and remains responsive to the needs of New Jersey’s newborns and their families. For additional background on the Committee, see 37 N.J.R. 1661(a), 1662. In addition to working with the Committee, the NBS Program consults on an ongoing basis with specialists in the areas of metabolic and genetic medicine, hematology, endocrinology, and pulmonology, to continually evaluate the quality, appropriateness, and effectiveness of State NBS system procedures and technology, and to update the list of screened-for conditions.

As a result of these consultations, the Department is developing rulemaking to amend N.J.A.C. 8:18 to make it more user-friendly, articulate updated specimen collection and submission procedures, list additional conditions for which the Department has commenced or will commence screening, including those that N.J.S.A. 26:2-111.5, 111.6, and 111.7 identify and the dates upon which the Department added or is adding these conditions to the State NBS panel, and ensure conformity with national standards, recommendations, and best practices for NBS. The Department anticipates filing this rulemaking with the Office of Administrative Law for processing in the ordinary course. However, this rulemaking will not be concluded prior to the expiration of existing N.J.A.C. 8:18. The Acting Commissioner has reviewed existing N.J.A.C. 8:18 and determined that, pending the conclusion of the anticipated rulemaking process described above, the existing chapter remains necessary, proper, reasonable, efficient, understandable, and responsive to the purposes for which the Department originally promulgated it and should be readopted. Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), N.J.A.C. 8:18 is readopted and shall continue in effect for seven years.

INSURANCE

(a)

DEPARTMENT OF BANKING AND INSURANCE DIVISION OF INSURANCE

Notice of Readoption

Health Care Quality Act Application to Insurance Companies, Health Service Corporations, Hospital Service Corporations and Medical Service Corporations

Readoption with Technical Changes: N.J.A.C. 11:24A

Authority: N.J.S.A. 17:1-8.1, 17:1-15.e, and 26:2S-1 et seq.

Authorized By: Marlene Caride, Acting Commissioner, Department of Banking and Insurance.

Effective Dates: January 30, 2018, Readoption;
March 5, 2018, Technical Changes.

New Expiration Date: January 30, 2025.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 11:24A were scheduled to expire on March 1, 2018. The rules set forth in this chapter implement the provisions of the Health Care Quality Act, P.L. 1997, c. 192, substantially codified at N.J.S.A. 26:2S-1 et seq. (HCQA). The HCQA establishes certain standards that must be met by various classes of carriers (insurers doing health insurance business, hospital service corporations, medical service corporations, health service corporations, and health maintenance organizations (HMOs) offering health benefits plans in New Jersey), but is primarily focused upon carriers offering managed care plans or other health benefits plans with utilization management (UM) features.

N.J.A.C. 11:24A-1 sets forth the minimum standards which carriers, as defined at N.J.A.C. 11:24A-1.2, must meet in order to be in compliance with the requirements of the HCQA, enacted on August 8, 1997.

N.J.A.C. 11:24A-2 sets forth the provisions that apply to all carriers that have delivered any inforce, or are offering for delivery, health benefits plans in this State.

N.J.A.C. 11:24A-3 sets forth the standards that apply to all carriers that incorporate utilization management in the administration of one or more of their health benefits plans that have been or will be delivered or offered for delivery in this State.

N.J.A.C. 11:24A-4 sets forth the standards that shall apply to all carriers that have delivered, will deliver, or offer for delivery in this State a health benefits plan that is a managed care plan.

N.J.A.C. 11:24A-5 sets forth general requirements for the Independent Health Care Appeals Program (IHCAP), focusing on the Department’s Operation of the IHCAP.

The Department has reviewed N.J.A.C. 11:24A and has determined the existing rules continue to be necessary, reasonable, and proper for the purpose for which they were originally promulgated. Accordingly, pursuant to N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period, with the following technical changes: N.J.A.C. 11:24A-2.1(a): to correct a typographical error contained therein from “and” to “any”; N.J.A.C. 11:24A-2.2(a)3: to provide the updated address to which a carrier shall file a copy of the HCQA Registration Form with the Department; N.J.A.C. 11:24A-3.8(f): to remove the cross-reference to N.J.A.C. 11:4-37.4(c)11, 12, and 13 and replace same with the correct regulatory citation of N.J.A.C. 11:4-37.4(c)6 and 7, as N.J.A.C. 11:4-37.4(c)11 and 12 have been recodified as N.J.A.C. 11:4-37.4(c)6 and 7 and N.J.A.C. 11:4-37.4(c)13 has been deleted; N.J.A.C. 11:24A-4.5(c)4iv(2): to replace an incorrect reference to the Health Care Quality Improvement Act, Pub. L. 99-660 with the correct statutory citation; and N.J.A.C. 11:24A-4.8(b)2: to delete the reference to N.J.S.A. 45:9-19.5, as this statute was repealed.

Full text of the technical changes follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 2. PROVISIONS APPLICABLE TO ALL CARRIERS

11:24A-2.1 Scope and applicability

(a) This subchapter shall apply to all carriers that have delivered [and] **any** inforce, or are offering for delivery, health benefits plans in this State.

(b) (No change.)

11:24A-2.2 HCQA Registration Form

(a) Carriers shall complete and submit to the Department the HCQA Registration Form, available from the Department upon request, describing, if required, the carrier's internal appeal process, by which covered persons, or a provider on behalf of a covered person (with the covered person's consent), may appeal a carrier's UM decision, and the carrier's notice to covered persons of the right to appeal a carrier's final UM decision to the Independent Health Care Appeals Program. A carrier's Selective Contracting Arrangement (SCA) application filed with the Department pursuant to N.J.A.C. 11:4-37 shall meet the requirements of this section.

1.-2. (No change.)

3. Carriers shall file a copy of the HCQA Registration Form with the Department at the following address:

[New Jersey] Department of Banking and Insurance

[Valuations Bureau

Life and Health Division]

Consumer Protection Services

Office of Managed Care

PO Box [325] **329**

Trenton, NJ 08625-[0325]**0329**

(888) 393-1062

(b)-(c) (No change.)

SUBCHAPTER 3. UTILIZATION MANAGEMENT

11:24A-3.8 Continuous quality improvement

(a)-(e) (No change.)

(f) The Department's review of a carrier's health benefits plan that has been approved as a selective contracting arrangement is not intended to be duplicative of, but complementary to, the review of the carrier's utilization review program and quality assurance program made pursuant to N.J.A.C. 11:4-37.4(c)[11, 12 and 13]**6 and 7**.

SUBCHAPTER 4. PROVISIONS APPLICABLE TO CARRIERS OFFERING ONE OR MORE HEALTH BENEFITS PLANS THAT ARE MANAGED CARE PLANS

11:24A-4.5 Designation of a medical director

(a)-(b) (No change.)

(c) In addition to (b) above, the medical director shall be responsible for:

1.-3. (No change.)

4. Establishing and overseeing a committee to perform the following functions:

i.-iii. (No change.)

iv. Establishment of a mechanism for:

(1) (No change.)

(2) Obtaining information regarding any disciplinary action against a provider available from the New Jersey Board of Medical Examiners or any other state licensing board applicable to the provider, or from the Federal Clearinghouse established pursuant to the Health Care Quality Improvement Act, Pub. L. 99-660 (42 U.S.C. §§ [1101] **11101** et seq.);

5.-7. (No change.)

11:24A-4.8 Termination of providers from a network

(a) (No change.)

(b) A carrier shall not be required to provide [90-days] **90 days** prior written notice and the opportunity for a hearing for terminations of health care professionals based on: nonrenewal of the contract, a determination of fraud, breach of contract by the health care professional, or the opinion of the carrier's medical director that the

health care professional represents an imminent danger to a covered person or the public health, safety, and welfare.

1. (No change.)

2. A carrier that terminates a contract based on a determination that the health care professional represents an imminent danger to the patient or the public health, safety, and welfare shall report the determination to the appropriate State licensing board[, and reports to the State Board of Medical Examiners shall be subject to N.J.S.A. 45:9-19.5].

(c)-(f) (No change.)

LAW AND PUBLIC SAFETY

(a)

DIVISION OF CONSUMER AFFAIRS

STATE BOARD OF ACCOUNTANCY

Notice of Redoption

State Board of Accountancy

Redoption: N.J.A.C. 13:29

Authority: N.J.S.A. 45:1-15.1, 45:2B-48, 45:2B-68, and 45:2B-73.

Authorized By: The New Jersey State Board of Accountancy, Sara DeSmith, CPA, President.

Effective Date: February 7, 2018.

New Expiration Date: February 7, 2025.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 13:29 were scheduled to expire on April 11, 2018. The rules at N.J.A.C. 13:29 establish standards for the licensing and regulation of accountants and for the practice of public accountancy.

Subchapter 1 sets forth provisions of general applicability, including the fee schedule. Subchapter 1A concerns the examination and licensure requirements for certified public accountants and the licensure requirements for public school accountants. Subchapter 2 outlines the requirements applicable to municipal public accountants. Subchapter 3 sets forth the rules of professional conduct. Subchapter 4 concerns practice privilege for individuals and firms without a New Jersey office. Subchapter 5 outlines the State Board of Accountancy's (Board) Peer Review Program requirements. Subchapter 6 establishes the Board's continuing professional education requirements.

The Board has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated, as required by Executive Order No. 66 (1978). Pursuant to N.J.S.A. 45:1-15.1, 45:2B-48, 45:2B-68, and 45:2B-73, and in accordance with N.J.S.A. 52:14B-5.1.c(1), the rules are readopted and shall continue in effect for a seven-year period.

(b)

DIVISION OF CONSUMER AFFAIRS

OFFICE OF WEIGHTS AND MEASURES

Notice of Redoption

Standard Containers for Farm Products; Weights and Measures

Redoption: N.J.A.C. 13:47G

Authority: N.J.S.A. 51:1-61.

Authorized By: David Freed, Acting State Superintendent, Office of Weights and Measures.

Effective Date: January 30, 2018.

New Expiration Date: January 30, 2025.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 13:47G were scheduled to expire on April 21, 2018. The rules set the standards for containers carrying fruits and vegetables. The rules state that all standard containers for fruits and vegetables must have the