

CHAPTER 16

HEALTH SERVICES

Authority

N.J.S.A. 30:1B-6 and 30:1B-10.

Source and Effective Date

R.2010 d.056, effective March 19, 2010.
See: 41 N.J.R. 4397(a), 42 N.J.R. 793(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 16, Health Services, expires on March 19, 2017. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 16, Medical and Health Services, was adopted as R.1987 d.160, effective April 6, 1987. See: 18 N.J.R. 1662(a), 19 N.J.R. 535(a).

Subchapter 6, Pregnant Inmates, was repealed and Subchapter 6, Pregnant Inmates, was adopted as new rules by R.1987 d.305, effective July 20, 1987. See: 19 N.J.R. 503(a), 19 N.J.R. 1318(b).

Subchapter 11, Medical Unit Annex, was renamed "Special Medical Unit", by R.1988 d.142, effective April 4, 1988. See: 20 N.J.R. 163(b), 20 N.J.R. 810(a).

Subchapter 11, Special Medical Unit, was repealed and Subchapter 11, Special Medical Units, was adopted as new rules by R.1990 d.249, effective May 21, 1990 (operative May 29, 1990). See: 22 N.J.R. 310(c), 22 N.J.R. 1606(a).

Subchapter 12, Suicide, was adopted as R.1991 d.439, effective August 19, 1991. See: 23 N.J.R. 1756(a), 23 N.J.R. 2510(a).

Subchapter 13, Commitment for Psychiatric Treatment, was adopted as R.1992 d.23, effective January 6, 1992. See: 23 N.J.R. 1890(a), 24 N.J.R. 104(a).

Pursuant to Executive Order No. 66(1978), Chapter 16, Medical and Health Services, expired on April 6, 1992.

Chapter 16, Medical and Health Services, was adopted as new rules and Subchapter 10, Lethal Injection, of former Chapter 16 was recodified as N.J.A.C. 10A:23-2 by R.1992 d.283, effective July 6, 1992. See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).

Subchapter 11, Special Medical Units, was repealed by R.1995 d.525, effective September 18, 1995. See: 27 N.J.R. 2675(a), 27 N.J.R. 3613(a).

Pursuant to Executive Order No. 66(1978), Chapter 16, Medical and Health Services, expired on July 6, 1997.

Chapter 16, Medical and Health Services, was adopted as new rules by R.1999 d.426, effective December 6, 1999. See: 31 N.J.R. 2531(a), 31 N.J.R. 4045(b).

Chapter 16, Medical and Health Services, was readopted as R.2005 d.179, effective May 11, 2005. See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

Subchapter 15, Keep On Person (KOP) Medication, was adopted as new rules by R.2007 d.217, effective July 16, 2007. See: 39 N.J.R. 749(a), 39 N.J.R. 2650(a).

Chapter 16, Medical and Health Services, was readopted as R.2010 d.056, effective March 19, 2010. As a part of R.2010 d.056, Chapter 16 was renamed Health Services, effective April 19, 2010. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. GENERAL PROVISIONS

10A:16-1.1 Purpose

(a) The purpose of this chapter is to establish guidelines for:

1. Providing medical services for inmates;
2. Providing dental services for inmates;
3. Providing mental health services for inmates;
4. Obtaining informed consent from an inmate to perform certain medical, dental or surgical procedures;
5. Providing assistance to pregnant inmates and placement of their newborn;
6. Providing notification to next of kin in the event of an inmate's critical illness or death;
7. Providing for burial or cremation of unclaimed inmate bodies;
8. Applying for executive clemency;
9. Providing provisions for inmate co-payment for health and dental services, ancillary services and treatment;
10. Donation of blood, tissue(s) and organ(s) by inmates;

11. Involuntary psychotropic medications;
12. Advance directives;
13. Keep on person (KOP) medication;
14. Maintaining inmate records;
15. Medical transfer; and
16. The identification, placement and monitoring of inmates who are deemed to be at risk for suicide.

Amended by R.2005 d.179, effective June 6, 2005.

See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

In (a), inserted “, dental or surgical” preceding “procedures” in 4, inserted “, tissues(s) and organs(s)” preceding “by inmates” in 10, added new 12, recodified former 12 and 13 as 13 and 14.

Amended by R.2010 d.056, effective April 19, 2010.

See: 41 N.J.R. 4397(a), 42 N.J.R. 793(a).

In (a)9, substituted “Providing provisions for” for “Establishing policies and procedures regarding”, deleted “eligible” preceding “health” and inserted “, ancillary services”; added new (a)13 and (a)14; and recodified former (a)13 and (a)14 as (a)15 and (a)16.

10A:16-1.2 Scope

This chapter shall be applicable to all correctional facilities within the Department of Corrections unless the context clearly indicates otherwise.

10A:16-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

“Advance directive” means a document that declares the wishes of a person to prolong or not prolong life under certain conditions if that person faces certain death from illness or injury and can only survive with the use of extraordinary or extensive medical means.

“Co-payment” means a nominal fee paid by an inmate.

“Department of Human Services” means the New Jersey Department of Human Services.

“Directly observed therapy” or “DOT” means the procedure in which an inmate receives each dose of medication directly administered and observed by the health care provider.

“Electronic medical record” hereafter referred to as “EMR” means the primary healthcare record of an inmate in an electronic format that contains recorded information concerning the medical, dental and mental health history and related health activities of the inmate.

“Executive clemency” means the exclusive power of the Governor to commute the sentence of an inmate making the inmate eligible for parole consideration.

“Forensic psychiatric hospital” means the forensic psychiatric hospital that is administered by the New Jersey Department of Human Services.

“Health care provider” means the entity which is providing the medical, dental and/or mental health services to inmates.

“Health Services Unit” means the unit administered by the Assistant Commissioner, Division of Operations, responsible for auditing the provision of medical, dental and mental health services to inmates under the jurisdiction of the Department of Corrections.

“Keep on person” or “KOP” means the procedure in which an inmate is authorized to keep in his or her possession certain medication for purposes of independent self-administration in accordance with Departmental rules at N.J.A.C. 10A:16 and related internal management procedures.

“Medical reference file” hereafter referred to as “MRF” means the paper, written or printed record that contains information concerning the medical, dental and mental health history and related health activities of an inmate.

“Responsible health authority” means a designated person within a correctional facility who shall be a physician, advanced practice nurse or health administrator responsible for arranging health services to all inmates. When this authority is other than a physician, medical judgments rest with a designated licensed responsible physician.

“Screening service” means a public or private ambulatory service which provides mental health services including assessment, emergency and referral services to mentally ill persons in a specified geographic area (see N.J.S.A. 30:4-27.2).

“St. Francis Unit” means a unit within the St. Francis Hospital that is designated for the treatment of inmates who need hospitalization.

Amended by R.2001 d.292, effective August 20, 2001.

See: 33 N.J.R. 1494(a), 33 N.J.R. 2814(a).

Rewrote “Constant observation”.

Amended by R.2005 d.179, effective June 6, 2005.

See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

Deleted “Close observation”, “Constant observation” and “Suicide watch”; added “Electronic medical record” and “Medical reference file”.

Amended by R.2006 d.151, effective May 1, 2006.

See: 38 N.J.R. 96(a), 38 N.J.R. 1836(a).

In the introductory paragraph, added “unless the context clearly indicates otherwise”; and deleted the definition of “Staff”.

Amended by R.2007 d.217, effective July 16, 2007.

See: 39 N.J.R. 749(a), 39 N.J.R. 2650(a).

Added definitions “Directly observed therapy” and “Keep on person”.

Amended by R.2010 d.056, effective April 19, 2010.

See: 41 N.J.R. 4397(a), 42 N.J.R. 793(a).

In definition “Health Services Unit”, substituted “auditing” for “managing”; and in definition “Responsible health authority”, inserted “, advanced practice nurse” and deleted “/clinical” following “medical”.

10A:16-1.4 Forms

(a) The following forms referenced in this chapter are related to, and available through, the Health Services Unit:

1. EMR Dental Intake Encounter form;
2. EMR MH Suicide Watch Notice form;

3. EMR MH Daily Suicide Monitoring form;
4. EMR MH Suicide Status Change form;
5. MR-013 Daily Correction Officer Suicide Watch Report;
6. EMR MH Suicide Release form; and
7. EMR Consent for Treatment form.

(b) The following form related to Health Services is available by accessing the Department of Corrections computer network (DOCNet). Interested individuals who do not have access to DOCNet may obtain copies of forms by contacting the Administrative Rules Unit, New Jersey Department of Corrections:

1. 520-I Inmate Therapist Confidentiality.

(c) The following form related to executive clemency is printed by the New Jersey State Parole Board and is available by contacting the State Parole Board:

1. Petition For Executive Clemency.

(d) The following forms related to psychiatric transfers shall be reproduced by each correctional facility from originals that are available by contacting the New Jersey Department of Human Services, Division of Mental Health and Hospitals, or the Division of Operations, Health Services Unit, New Jersey Department of Corrections.

1. DHS-C4 Application for Temporary Commitment;
2. Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults; and
3. Temporary Order for Commitment.

(e) Except as otherwise agreed to by the Department of Corrections and its health care provider, no forms other than those set forth in this section shall be used for documentation of health care.

Administrative change.

See: 35 N.J.R. 1137(a).

Amended by R.2005 d.179, effective June 6, 2005.

See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

Rewrote (a); in (e), substituted "for documentation of health care" for "in an inmate's Medical Dental Record".

Amended by R.2006 d.419, effective December 4, 2006.

See: 38 N.J.R. 3226(a), 38 N.J.R. 5161(a).

In the introductory paragraph of (b), deleted "shall be reproduced by each correctional facility from originals that" preceding "are available" and inserted "by accessing the Department of Corrections computer network (DOCNet). Interested individuals who do not have access to DOCNet may obtain copies of forms" and ", New Jersey Department of Corrections".

Amended by R.2007 d.226, effective August 6, 2007.

See: 39 N.J.R. 836(a), 39 N.J.R. 3383(a).

In the introductory paragraph of (b), substituted "form" for "forms"; in (b)1, substituted a period for "; and" at the end; and deleted (b)2.

Amended by R.2010 d.056, effective April 19, 2010.

See: 41 N.J.R. 4397(a), 42 N.J.R. 793(a).

In the introductory paragraph of (a), substituted "the" for "Medical and" and inserted "Unit"; in the introductory paragraph of (b), deleted "Medical and" preceding "Health" and substituted "is" for "are".

10A:16-1.5 Medical co-payment

(a) Pursuant to N.J.S.A. 30:7E-1 et seq., inmates shall be liable for the cost of, and charged a nominal co-payment as determined by the State Treasurer for health care to include surgery, dental care, hospitalization or treatment; and medication to include prescription or nonprescription drugs, medicine or dietary supplements. The medical co-payment shall be \$5.00 and the medication co-payment shall be \$1.00. If fees for inmate co-payment change in accordance with N.J.S.A. 30:7E-1 et seq., these changes shall be published as a notice of administrative change in the New Jersey Register.

(b) No inmate shall be denied medical services, surgery, dental services, hospitalization, medication or treatment due to an inmate's inability to pay the co-payment fee.

(c) Payment for health services and medication shall be deducted from the inmate's account in accordance with N.J.A.C. 10A:2-2.2.

(d) The following services are excluded from the co-payment requirement:

1. Initial assessments during the reception and classification process, classification physicals and transfer evaluations and discharge physical examinations;
2. Prescribed laboratory work to include inmate requests for HIV testing;
3. Prescribed x-rays;
4. Immunizations and other treatments mandated for public health reasons such as, but not limited to, tuberculosis (TB) testing and hepatitis B vaccine;
5. Psychiatric, psychological, substance abuse and social work treatment including medication prescribed by the psychiatrist for mental health purposes;
6. Treatment that is prescribed over the course of several days or weeks, such as, electrocardiograms, dressing changes, and other ongoing treatments ordered by health care staff;
7. Health care visits initiated by health care staff to comply with internal management procedures;
8. Follow-up visits scheduled by the health care provider;
9. Written referrals from one provider to another;
10. Dental referrals made by health care staff;
11. Infirmiry care;
12. Emergency care requiring transport via an emergency response unit to a hospital; and
13. Medication provided immediately during a medical visit.

(e) All medications shall be ordered by qualified health care professionals in the largest quantities and longest durations that are medically appropriate and in accordance with all applicable laws and pharmaceutical regulations. The inmate is charged for a prescription when a health care professional writes an initial order and is then required to rewrite the medication order; therefore, for maintenance medications, prescriptions shall be written for as long a period of time as is medically acceptable.

(f) New and amended regulations regarding medical co-payment shall be posted in each housing area, other appropriate areas of the correctional facility and incorporated into the next revision of the correctional facility Inmate Handbook.

Amended by R.2010 d.056, effective April 19, 2010.
See: 41 N.J.R. 4397(a), 42 N.J.R. 793(a).

In the introductory paragraph of (d), substituted "co-payment" for "copayment"; in (d)7, substituted "Health care" for "Medical", deleted "medical/mental" preceding and inserted "care" following "health"; in (d)11, deleted "and" at the end; added new (d)12; and recodified former (d)12 as (d)13.

10A:16-1.6 Quality Assurance Program

(a) The Department of Corrections shall maintain a Quality Assurance Program related to the provision of health services to include medical, dental, mental health and ancillary services.

(b) The purpose of the Quality Assurance Program shall be to analyze and evaluate the adequacy of health services provided to inmates and to identify any deficiencies in the provision of health services that require intervention, improvement or resolution.

(c) Quality Assurance Program staff shall be responsible for the physical inspection and evaluation of all areas related to the provision of health services, which shall include, but not be limited to:

1. Conducting formal audits of internal management procedures related to the provision of health services to inmates;
2. Monitoring inmate complaints related to the provision of health services;
3. Monitoring issues related to the provision of health services by external providers;
4. Reviewing all records, files, reports and documents related to the provision of health services; and
5. Participating in activities including, but not limited to, writing policy and internal management procedure, audit development and maintenance of essential records and files.

New Rule, R.2005 d.179, effective June 6, 2005.
See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).
Amended by R.2010 d.056, effective April 19, 2010.
See: 41 N.J.R. 4397(a), 42 N.J.R. 793(a).

In (a), substituted a comma for "and" following "dental" and inserted "and ancillary"; in (b), inserted "intervention,"; added new (c)3; recodified former (c)3 as new (c)4; in (c)4, deleted "EMRs, MRFs, and" preceding "all", and inserted "records, files," and the second occurrence of "and"; deleted former (c)4; and in (c)5, deleted "Health Services Unit" preceding "activities", substituted "including" for "such as" and deleted a comma following "development".

10A:16-1.7 Health services research or experimentation prohibited

(a) No medical, dental, mental health, pharmaceutical or cosmetic experiments shall be conducted involving the use of inmates or employees in the Department of Corrections.

(b) This prohibition does not preclude individual treatment of an inmate based on need for a specific medical procedure that is not generally available.

(c) Any person or agency who wishes to conduct academic research projects not precluded by this section, shall complete and submit the research request application package to the Departmental Research Review Board (DRRB) in accordance with N.J.A.C. 10A:1-10, Research.

(d) The Commissioner shall retain the final review and approval/disapproval authority on all academic research projects.

New Rule, R.2010 d.056, effective April 19, 2010.
See: 41 N.J.R. 4397(a), 42 N.J.R. 793(a).

10A:16-1.8 Reporting responsibilities of health services staff

(a) Monthly and annual reports shall be prepared by the responsible health authority and submitted to the correctional facility Administrator and to the Director of Health Services.

(b) The monthly and annual reports shall include medical, dental and mental health services statistical and/or narrative data as defined by the Director of Health Services in related internal management procedures.

New Rule, R.2010 d.056, effective April 19, 2010.
See: 41 N.J.R. 4397(a), 42 N.J.R. 793(a).

10A:16-1.9 Comprehensive health internal management procedures

(a) The responsible health authority in collaboration with the medical care, dental care and mental health services provider shall develop and maintain comprehensive site-specific health care procedures. Such procedures shall provide medical, dental and mental health services goals, objectives and internal management policies and procedures for correctional facility infirmaries and related satellite units, correctional facilities housing female inmates, correctional community-based facilities and home confinement cases that are consistent with the requirements of this chapter, contractual stipulations and State and Federal regulations.

(b) The internal management procedures shall be reviewed at least annually, updated, as needed and be immediately

available to all health care staff on each shift. Internal management procedures shall bear the date of the most recent review or revision and signature of the reviewer and shall be approved in writing by the Administrator and the Director of Health Services.

New Rule, R.2010 d.056, effective April 19, 2010.
See: 41 N.J.R. 4397(a), 42 N.J.R. 793(a).

10A:16-1.10 Inspection

(a) The Division of Operations, Director of Health Services shall visit and inspect medical programs, dental clinics and mental health services programs that are provided at all correctional facilities on a regular basis.

(b) A written report of the findings shall be prepared by the Division of Operations, Director of Health Services and submitted electronically/manually within the time periods indicated in internal management procedures to the:

1. Commissioner or designee;
2. Assistant Commissioner, Division of Operations;
3. Appropriate Division Director;
4. Administrator;
5. Responsible health authority; and
6. Correctional facility chief physician, dental health care provider and/or Director of Psychiatry.

(c) The responsible health authority shall respond through the correctional facility Administrator within 15 business days of receipt of the written inspection report to the Director of Health Services with a written action plan for correcting any deficiencies.

New Rule, R.2010 d.056, effective April 19, 2010.
See: 41 N.J.R. 4397(a), 42 N.J.R. 793(a).

SUBCHAPTER 2. MEDICAL SERVICES

10A:16-2.1 Medical services provided

(a) Medical services shall be provided for the following:

1. Emergency and life threatening/limb threatening conditions;
2. Accidental or traumatic injuries occurring while incarcerated;
3. Acute illness;
4. Chronic conditions that are considered life threatening or if untreated would likely lead to a significant loss of function; and

5. Any other medical condition that the treating physician believes will cause deterioration of the inmate's health or uncontrolled suffering.

(b) The health care provider shall be responsible for notifying inmates in a timely manner of any serious medical condition that requires treatment along with an explanation of the condition and treatment.

(c) Primary care shall be provided by physicians, nurses, technicians, and other support staff of the health care provider operating in compliance with the appropriate regulations of their respective licensing boards. Specialty care may be arranged and provided according to community medical standards, in accordance with N.J.A.C. 10A:16-2.6 and when deemed medically appropriate by the health care provider.

(d) There shall be no cosmetic or elective surgery provided.

Amended by R.2005 d.179, effective June 6, 2005.

See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

Amended by R.2008 d.48, effective April 7, 2008.

See: 39 N.J.R. 2583(c), 40 N.J.R. 1869(a).

Added new (b); and recodified former (b) and (c) as (c) and (d).

Amended by R.2010 d.056, effective April 19, 2010.

See: 41 N.J.R. 4397(a), 42 N.J.R. 793(a).

In (a)4 and (a)5, substituted "that" for "which".

10A:16-2.2 Director of Health Services, Department of Corrections

(a) The Director of Health Services of the Department of Corrections serving under the Assistant Commissioner, Division of Operations shall:

1. Be a plenary licensed physician in the State of New Jersey;
2. Have formal training in internal medicine, family practice, psychiatry or other primary care field;
3. Have experience and knowledge in the field of correctional medicine;
4. Oversee the provision of medical, dental and mental health services to inmates within the Department of Corrections;
5. Advise the administrative staff of the Department of Corrections in the formulation of directives and policies for the provision of health services within the Department;
6. Be responsible for the development of internal management procedures describing and directing the delivery of health care services;
7. Direct continuous quality improvement activities;
8. Conduct peer reviews; and
9. Be responsible for ensuring that all licensed staff maintain professional credentialing.