

CHAPTER 52

**PUBLIC HEALTH PRACTICE STANDARDS OF
PERFORMANCE FOR LOCAL BOARDS OF
HEALTH IN NEW JERSEY**

Authority

N.J.S.A. 26:1A-15 and 26:3A2-1 et seq.

Source and Effective Date

R.2008 d.268, effective August 11, 2008.
See: 40 N.J.R. 967(a), 40 N.J.R. 5227(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, expires on August 11, 2015. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey was adopted and became effective prior to September 1, 1969, as Chapter 51.

Chapter 51 was repealed and new rules were adopted as Chapter 52, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, by R.1986 d.476, effective December 15, 1986 (operative January 1, 1987). See: 18 N.J.R. 1690(a), 18 N.J.R. 2448(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, was readopted as R.1992 d.24, effective December 11, 1991. See: 23 N.J.R. 2825(a), 24 N.J.R. 144(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, was readopted as R.1997 d.6, effective December 10, 1996. See: 28 N.J.R. 4200(a), 29 N.J.R. 129(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, expired on December 10, 2001.

Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, was adopted as R.2003 d.51, effective February 18, 2003. See: 34 N.J.R. 241(a), 35 N.J.R. 1083(a).

Subchapter 7A, Environmental Health, was adopted as new rules by R.2004 d.434, effective December 6, 2004. See: 35 N.J.R. 4972(a), 36 N.J.R. 5347(a).

Petition for Rulemaking. See: 40 N.J.R. 4245(a).

Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, was readopted as R.2008 d.268, effective August 11, 2008. See: Source and Effective Date.

Petition for Rulemaking. See: 41 N.J.R. 317(a).

Petition for Rulemaking. See: 44 N.J.R. 1920(a).

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SUBCHAPTER 1. GENERAL PROVISIONS

8:52-1.1 Purpose

(a) The purpose of this chapter is to:

1. Establish standards of performance for public health services that meet the legislative intent as set forth in the Local Health Services Act, N.J.S.A. 26:3A2-1 et seq. and Local Boards of Health, N.J.S.A. 26:3-1 et seq.;
2. Assure the provision of a modern and manageable array of public health services to all citizens of New Jersey;
3. Designate activities which are required by all local boards of health which shall build local public health capacity and encourage the development of an integrated systems approach for local public health;
4. Encourage cooperation among community partners to protect and improve the health of New Jersey residents;
5. Align local boards' of health and local health agency's performance standards with National Public Health Performance Standards and National Model Community Standards as described in "National Public Health Performance Standards Program Local Public Health System Performance Assessment Instrument";
6. Build a reliable and cost-effective public health system;
7. Protect and promote physical and mental health and prevent disease, injury, and disability, thereby assuring the health of the citizens of New Jersey; and

8. Support the goals of "Healthy New Jersey 2010: A Health Agenda for the First Decade of the New Millennium" to increase the quality and years of life of New Jersey residents and to eliminate health disparities.

8:52-1.2 Scope

Each local board of health shall establish and maintain the standards of performance as set forth in this chapter. No standard shall be construed to authorize a lesser standard than that prescribed by statute or rule or to empower or require a local health agency to act in matters solely under the jurisdiction of a State, county, or municipal government.

8:52-1.3 Compliance

(a) Each local board of health and local health agency shall be accountable for their adherence to standards of performance to the Public Health Council and to the Department pursuant to the provisions of N.J.S.A. 26:3A-2 et seq.

(b) Each local health agency shall make available to the Office of Local Health, within 10 business days of the request, source data and information used for evaluation and determining adherence to standards of performance as set forth at N.J.A.C. 8:52-1.4.

(c) If a local board of health is found to be deficient in meeting the standards of performance as set forth in this chapter, the local board of health shall be required to submit a corrective action plan within 30 calendar days to the Office of Local Health. Regardless of this corrective action plan, the Department may take action at the expense of the non-compliant municipality in accordance with the provisions set forth at N.J.S.A. 26:3A2-11 and 26:2F-13.

8:52-1.4 Performance monitoring and evaluation

A method for evaluation and determining adherence to standards of performance shall be developed by the Office of Local Health as set forth at N.J.A.C. 8:52-16. The information and data may be used by the Office of Local Health for compliance purposes, publication, and research.

8:52-1.5 Registration

(a) Each board of health shall register annually with the Office of Local Health.

(b) Registration information shall be made in a format determined by the Office of Local Health and shall include:

1. Identification of membership of the local board of health;
2. Experience, education and training relevant to public policy development;
3. The type of local governance;
4. The type of authority exercised (governing body, autonomous or advisory);

5. Jurisdictional areas by municipal code;
6. The annual public health budget;
7. A schedule of meetings of the local board of health;
8. Identification of the local health agency and any other providers contracted to deliver public health services; and
9. The names, addresses, telephone numbers, fax numbers, and e-mail addresses of the leadership personnel of the local board of health.

8:52-1.6 Contractual services

A recognized public health activity which meets the standards of performance prescribed in this chapter may be planned and offered directly by the local board of health or by any person or agency under contract to the board, provided that the contract specifies that the services to be provided shall be consistent with the provisions set forth in this chapter and shall not violate any State statute or rule.