

black sea bass, or 1,000 pound trip limit and a maximum of three days per week that a vessel may land black sea bass.

(5)-(6) (No change.)

iv.-x. (No change.)

9.-13. (No change.)

(i)-(l) (No change)

(m) The following provisions are applicable to the commercial harvest of tilefish:

1. A vessel shall not possess or land from the Exclusive Economic Zone (Federal waters) in any one day more than 300 pounds, whole weight, of blueline tilefish during the open season of January 1 to December 31. Any vessel landing blueline tilefish from the Exclusive Economic Zone (Federal waters) must hold a valid Northeast open access golden tilefish commercial vessel permit, issued by the NMFS.

Recodify existing (m)-(o) as **(n)-(p)** (No change in text.)

[(p)] (q) An applicant who is otherwise eligible for a license or permit under (c)2 and 5; (e)2 and 5; or (h)1 above, but who fails to apply prior to the application deadline, may request an extension of time to apply in accordance with this subsection and **[(q)] (r)** through **[(s)] (t)** below.

1.-2. (No change.)

[(q)] (r) The Department shall approve an extension request under **[(p)] (q)** above only if it determines that the request and documentation demonstrate that:

1.-2. (No change.)

3. The circumstances supporting **[(q)1] (r)1** and 2 above were not created by the applicant or persons under his or her control, and the approval of the extension will not unreasonably interfere with the orderly administration of the permitting program.

Recodify existing (r)-(t) as **(s)-(u)** (No change in text.)

HIGHER EDUCATION

(a)

HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

Primary Care Practitioner Loan Redemption Program Re-adoption with Amendments: N.J.A.C. 9A:16

Proposed: April 6, 2015, at 47 N.J.R. 686(a).

Adopted: July 23, 2015, by the Higher Education Student Assistance

Authority, Anthony Falcone, Chairperson.

Filed: August 4, 2015, as R.2015 d.143, **without change.**

Authority: N.J.S.A. 18A:71C-32 et seq.

Effective Dates: August 4, 2015, Re-adoption;

September 8, 2015, Amendments.

Expiration Date: August 4, 2022.

Summary of Public Comments and Agency Responses:

The Higher Education Student Assistance Authority (“Authority” or “HESAA”) received comments from Jean Public; Elaine Mahoney Kennedy, Director of Government Relations, Rowan University; Laurie A. Clark, Legislative Counsel, New Jersey Association of Osteopathic Physicians and Surgeons; Mishael Azam, Esq., Chief Operating Officer and Senior Manager, Legislative Affairs, Medical Society of New Jersey; Deborah S. Briggs, President and CEO, New Jersey Council of Teaching Hospitals; and Elizabeth A. Ryan, Esq., President and CEO, New Jersey Hospital Association. The comments are summarized below along with the Higher Education Student Assistance Authority’s responses.

1. COMMENT: Ms. Public does not believe that taxpayer dollars should be used for this program because she feels that the Authority will continue to unfairly tax New Jersey residents as a result.

RESPONSE: These rules are necessary to administer the Primary Care Practitioner Loan Redemption Program as established by statute. As the Authority does not have taxing authority, the Program is funded through a State appropriation, not through any tax implemented by the Higher Education Student Assistance Authority.

2. COMMENT: Ms. Public believes that those with jobs in healthcare have high enough salaries that they can afford to pay off their loans. She commented that there is no reason for a State program because there is a Federal program for these loan redemptions.

RESPONSE: The Primary Care Practitioner Loan Redemption Program was established to provide an incentive to primary care practitioners to practice in medically underserved areas. Pursuant to 42 U.S.C. 254q-1, in order for a state to receive Federal funds for a primary care loan redemption program, the state must administer the program and contribute matching funds in non-Federal dollars. The re-adopted rules with amendments are necessary to administer the program as statutorily created.

3. COMMENT: Ms. Kennedy, on behalf of Rowan University, “requests and recommends amending paragraph 4, which cites N.J.S.A. 18A:65-94 and transfers all rights of the schools of UMDNJ to Rutgers University. This language neglects to include Rowan which acquired the School of Osteopathic Medicine pursuant to the “New Jersey Medical and Health Sciences Restructuring Act,” and the Cooper Medical School of Rowan University. Rowan should, therefore, be included and reference throughout the Rule Proposal in all applicable sections of the Proposal/regulation.” Ms. Clark and Ms. Ryan also commented that Rowan University and Rutgers Biomedical and Health Sciences should be accurately referenced in all sections of the rule.

RESPONSE: The rules mirror N.J.S.A. 18A:71C-32 et seq. where only the dental school is referenced by name. Specifically, the rules have replaced reference to the New Jersey Dental School of the University of Medicine and Dentistry of New Jersey with The Rutgers School of Dental Medicine of the Rutgers Biomedical and Health Sciences to accurately reflect the language of the statute. As no dental schools were transferred to Rowan University pursuant to N.J.S.A. 18A:65-94, the rules as amended accurately reflect the amendments made to N.J.S.A. 18A:71C-32 et seq.

4. COMMENT: Ms. Azam and Ms. Briggs believe that the requirement for sites to provide universal access to populations served regardless of insurance coverage is unnecessarily onerous. They state that “a requirement that prohibits income limits the site selection too narrowly” and recommend amending N.J.A.C. 9A:16-1.2 to read “Site shall not discriminate against any patient in the provision of health care services on the basis of that person’s ability to pay or source of income.”

RESPONSE: The Authority believes the commenters are referring to the definition for “approved site” and disagrees with the assessment that this requirement is too onerous or that it limits the income of the provider. The definition requires sites to accept patients regardless of their insurance coverage. It does not limit the sites to only those without insurance. In addition, the existing rule has substantially the same meaning as the recommended amendment in that both versions prohibit discriminating against patients whose ability to pay is not based on insurance.

5. COMMENT: Ms. Azam and Ms. Briggs also find the requirement for sites to demonstrate that they provide services to an underserved population based on the percentage of medically underserved patients served in the county to be unnecessarily onerous. They state that sites do not have the statistics to perform this calculation and should only be required to show that they served an underserved population.

RESPONSE: The Authority disagrees that this requirement is onerous as the statistical information is available on the county websites or by contacting the administrators of the Primary Care Practitioner Loan Redemption Program. In addition, this requirement is necessary to ensure that a significant portion of the underserved population is being served as opposed to a perfunctory few.

6. COMMENT: Ms. Azam and Ms. Briggs recommend replacing the definition of “State designated underserved area” with the following: “‘State designated medically underserved area’ means a New Jersey municipality designated by the Commissioner of Health in consultation with the Commissioner of Human Services and the New Jersey Council of Teaching Hospitals.” They recommend that the Commissioner of Health include both health professional shortage areas and medically underserved populations to create and maintain this list, using the following criteria: the financial resources of the population under consideration; the population’s access to primary care through facilities

and private practices; and appropriate physician availability in State, county, municipal, and private nonprofit health care facilities. In addition, they suggest that a New Jersey municipality which has more than 20 percent of its households under 200 percent of the Federal poverty level should automatically be deemed a State designated medically underserved area. In addition, Ms. Ryan recommends expanding the program to increase eligibility and serve more patients across the State by designating additional underserved areas of the State as approved sites. She recommends adding municipalities with a high percentage of households below the Federal poverty level and believes this expansion would encourage more physicians to stay in the State.

RESPONSE: The rules use the term “State designated underserved area” because that is the term used in the statute, N.J.S.A. 18A:71C-32. In order to meet the statutory requirements of the definition, the rule references the criteria provided by N.J.S.A. 18A:71C-35. The statute specifically authorizes the Commissioner of Health, after consultation with the Commissioners of Corrections and Human Services, to designate and rank the State designated underserved areas. While input from other organizations, such as the New Jersey Council of Teaching Hospitals, is encouraged, it would be expanding the scope of the statute to require the Commissioner to consult with the Council.

7. COMMENT: Ms. Azam and Ms. Briggs recommend amending N.J.A.C. 9A:16-2.1(a)1 to read as follows: “Maintain residency in New Jersey throughout participation in the program” to allow a student from another state to apply to the program before moving to New Jersey.

RESPONSE: Potential participants may apply to the program before they move to New Jersey. HESAA agrees to amend N.J.A.C. 9A:16-2.1(a)1 to state this eligibility. HESSA intends to make these changes in the first available New Jersey Register, once the notice of proposal is prepared.

8. COMMENT: Ms. Azam and Ms. Briggs recommend amending N.J.A.C. 9A:16-2.1(a)2 to read as follows: “Maintain a license or certification to practice medicine in the State throughout participation in the program” to allow potential participants to apply for the program in anticipation of receiving their license.

RESPONSE: Potential participants may apply for the program in anticipation of receiving their license. HESAA agrees to amend N.J.A.C. 9A:16-2.1(a)2 to state this eligibility. HESSA intends to make these changes in the first available New Jersey Register, once the notice of proposal is prepared.

Federal Standards Statement

A Federal standards analysis is not required since the rules being readopted with amendments are not subject to any Federal requirements or standards, with the exception of those governing loan redemptions Federally funded through a matching grant pursuant to the Public Health Services Act, 42 U.S.C. § 254q-1. The rules governing the Primary Care Practitioner Loan Redemption Program are consistent with, but do not exceed, the terms and conditions of contracts under the Public Health Services Act, therefore, a Federal standards analysis is not applicable.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 9A:16.

Full text of the adopted amendments follows:

SUBCHAPTER 1. GENERAL PROVISIONS

9A:16-1.2 Definitions

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

“Approved site” means a site located within a State designated underserved area or a health professional shortage area, or a clinic which is part of the extramural network of dental clinics established by the Rutgers School of Dental Medicine of the Rutgers Biomedical and Health Sciences, or a site that has been determined by the Higher Education Student Assistance Authority, in consultation with the Department of Health, to serve medically underserved populations according to criteria determined by the Authority, including:

- 1.-6. (No change.)

...

“Commissioner” means the Commissioner of the New Jersey Department of Health or his or her designee.

...

“Primary care” means the practice of family medicine, general internal medicine, general pediatrics, general obstetrics, gynecology, pediatric dentistry, general dentistry, public health dentistry, and any other areas of medicine or dentistry defined as such by the Commissioner of Health. Primary care also includes the practice of a nurse-practitioner, certified nurse-midwife, and physician assistant as defined by the U.S. Department of Health and Human Services regulations at 42 CFR Part 62.

...

“State designated underserved area” means a geographic area in this State which has been ranked by the Commissioner of Health on the basis of health status and economic indicators as reflecting a health professional shortage pursuant to the criteria established in N.J.S.A. 18A:71C-35.

...

SUBCHAPTER 2. PROGRAM REQUIREMENTS

9A:16-2.1 Eligibility

(a) To be eligible for participation in the program, an applicant must:

1.-4. (No change.)

5. Adhere to the following performance standards:

i.-ii. (No change.)

iii. If the approved site is a clinic which is part of the extramural network of dental clinics established by the Rutgers School of Dental Medicine of the Rutgers Biomedical and Health Sciences, the program participant shall also meet performance standards set by the Rutgers School of Dental Medicine.

9A:16-2.2 Application and selection procedures

(a) (No change.)

(b) To receive consideration for participation in the program, an applicant must submit a completed program application to the Executive Director.

(c)-(e) (No change.)

(f) At the completion of each program participant’s probationary period, a primary care staff member at his or her approved site, or in the case of a clinic which is part of the extramural network of dental clinics established by the Rutgers School of Dental Medicine of the Rutgers Biomedical and Health Sciences, the director of the clinics and the vice-dean of the dental school, or whomever is serving in that capacity, shall submit to the Executive Director a recommendation of either the continuation of the program participant’s placement, a change of placement, or the program participant’s unsuitability for the program.

1.-2. (No change.)

(g)-(h) (No change.)

9A:16-2.4 Procedure for loan redemption

(a) Upon completion of each full year of service, each program participant shall submit a loan distribution form to the Executive Director for the earned amount of indebtedness redemption specified in his or her contract. At the time of submission, the participant shall submit to the Executive Director a Participation Performance Report, which shall include:

1. (No change.)

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