While air deposition is the primary source of mercury contamination on a Statewide basis, municipal and industrial discharges to surface water are point sources that must be addressed specifically in a TMDL and assigned a wasteload allocation. It is estimated that wastewater discharges to surface water account for approximately one percent of the overall load contributed to waterbodies and are considered *de minimus* sources when compared to air deposition. Dental facilities are believed to be the largest source of mercury reaching wastewater treatment plants. Through the New Jersey Pollutant Discharge Elimination System, Requirements for Indirect Users—Dental Facilities rules, N.J.A.C. 7:14A-21.12 (see http://www.nj.gov/dep/dwq/dap.htm) adopted on October 1, 2007, dental facilities that generate amalgam waste are required to comply with best management practices and install amalgam separators. The amalgam separators allow the mercury containing amalgam to be collected and recycled, thereby reducing the amount entering the environment primarily through sludge incineration. The Department required major wastewater treatment facilities to carry out baseline monitoring of their effluent to determine mercury levels prior to implementation of the dental rules. A second round of monitoring was performed in 2011, after rule implementation, to determine the impact on the mercury levels in the discharges. There was a reported decrease of about 36 percent in wastewater mercury effluent concentrations, and a 31 percent decrease in sewage sludge mercury concentration. By calendar year 2016, mercury concentration in sewage sludge have decreased by 48 percent since the inception of the dental BMPs (https://www.nj.gov/dep/dwq/dap.htm). The Department has been working to better control mercury emissions. A *Mercury Emission Trend Report* published in 2017 summarized the measurable reductions in mercury emissions and the declined mean wet deposition mercury concentration observed under National Mercury Deposition Network (https://www.nj.gov/dep/dsr/trends/mercury.pdf). The Department's *Air Deposition Reduction Strategy* is expected to be updated with new information and technology when it is available.

The Department is required to seek public comment on the proposed TMDLs prior to requesting approval from the USEPA. Interested persons may submit written comments on the proposed amendment by email to kimberly.cenno@dep.nj.gov or by regular mail to Kimberly Cenno, Bureau Chief, New Jersey Department of Environmental Protection, Division of Water Monitoring and Standards, Bureau of Environmental Analysis, Restoration and Standards, 401 East State Street, Mail Code 401-04I, PO Box 420, Trenton, New Jersey, 08625-0420. Comments must be submitted within 30 days of the date of this public notice or within 15 days of the public hearing, as described below. Each comment should identify the Assessment Unit ID and waterbody name to which the comment applies, with the commenter's name and affiliation following the comment. The Department is not seeking comment on the adopted 2010 TMDL, since it has already been the subject of public comment and a non-adversarial public hearing held on July 15, 2009 (see 41 N.J.R 2500(b)). Accordingly, comments on the proposed amendment should be limited to whether the additional 26 assessment units identified in this notice should be subject to the adopted TMDL.

Interested persons may request in writing that the Department hold a non-adversarial public hearing on the amendment or extend the public comment period in this notice. Such requests must demonstrate sufficient public interest for the public hearing or extension of the comment period, as defined at N.J.A.C. 7:15-5.2(d). The request must be submitted within 30 days of the date of this notice to the Department address cited above. Should the Department decide to hold a public hearing, additional notice will be published in a future issue of the New Jersey Register and the comment period will be extended for 15 days after the public hearing date. All comments submitted prior to the close of the comment period shall be considered by the Department before making a final decision on the proposed amendment.

After review and careful consideration of comments received, the Department will make any necessary revisions, finalize and establish the TMDLs, and submit the established TMDLs to the USEPA for approval. Upon receipt of approval from the USEPA, the Department will adopt the TMDL documents as an amendment to the areawide WQM plans cited earlier. A public notice announcing adoption of this amendment will be published in a subsequent issue of the New Jersey Register.

HEALTH

(a)

THE COMMISSIONER

Notice of Receipt of Petition for Rulemaking N.J.A.C. 8:43G-14.9 Sepsis Protocols

Petitioner: Cathleen D. Bennett, President and CEO, New Jersey Hospital Association, Princeton, New Jersey.

Take notice that on August 9, 2019, the Department of Health (Department) received a petition for rulemaking from Cathleen D. Bennett, President and CEO of New Jersey Hospital Association, Princeton, New Jersey.

Substance or Nature of the Requested Rulemaking Action

The petitioner requests that the Department make certain amendments to N.J.A.C. 8:43G Hospital Licensing Standards, Subchapter 14 Infection Control, N.J.A.C. 8:43G-14.9, Sepsis protocols.

Problem or Purpose of the Request

The Department adopted existing N.J.A.C. 8:43G-14.9 in January 2018. See 49 N.J.R. 1653(a); 50 N.J.R. 531(a). N.J.A.C. 8:43G-14.9 requires licensed hospitals in New Jersey to establish, implement, periodically update, and train clinical staff in evidence-based protocols for the early identification and treatment of patients with sepsis and septic shock (sepsis protocols). In adopting the rule, the Department noted, "Medical understanding of the diagnosis, path, and treatment of sepsis is continually evolving. The enhanced availability of evidence … [has] increased opportunities for study of the epidemiology of sepsis, resulting in emerging insights into the clinical criteria for sepsis diagnosis, the disease pathology, and best practices and protocols for treatment." 49 N.J.R. at 1654. Therefore, given "the evolving state of the medical knowledge of sepsis, rather than mandating a particular protocol to which hospitals must adhere, the Department" did not dictate the protocol that hospitals were to implement. *Ibid.* Instead, at N.J.A.C. 8:43G-14.9(f), the Department suggests, but does not require, that hospitals base their sepsis protocols on guidelines and best practices for sepsis identification and treatment of certain entities that are generally recognized as authoritative and responsible among the regulated community.

The petitioner requests that the Department amend N.J.A.C. 8:43G-14.9(f) to require hospitals to implement the protocol recommended by the Surviving Sepsis Campaign, known as Sepsis-1.

The petitioner states, "hospitals are facing retrospective downcoding of claims because a national payer has elected to require that the Sepsis-3 definitions be applied as part of [its] retrospective audit protocol. Sepsis-3 has not been adopted by the Centers for Medicare and Medicaid Services [(CMS)] and is not agreed upon by the experts in the field who have established guidelines for practitioners to follow. Three of the five major [United States] academic organizations with interest and involvement in sepsis, severe sepsis and septic shock did not endorse the proposed new definitions. Deviation from CMS' use of the Sepsis-1 definition would lead to confusion that will adversely impact care."

The petitioner states that the Centers for Medicare and Medicaid Services use the Sepsis-1 definition as a process measure related to quality of care incentives, known as the Early Management Bundle, Severe Sepsis, and Septic Shock (SEP-1 metric), that the SEP-1 metric uses the Sepsis-1 criteria to establish the presence of "severe sepsis," and that hospitals' use of criteria other than those in the Sepsis-1 definition "will result in the bundle not being implemented and will negatively impact performance under this measure." The commenter notes that the "Sepsis Learning Collaborative," of the New Jersey Hospital Association, and the New Jersey Hospital Improvement Innovation Network use the SEP-1 metric to produce "the desired result [of] reducing sepsis mortality."

The petitioner requests that the Department amend N.J.A.C. 8:43G-14.9 to establish definitions of the terms "sepsis," "severe sepsis," and "septic shock," to be consistent with the definitions of those terms as established by the Centers for Medicare and Medicaid Services in the

SEP-1 metric and the Surviving Sepsis Campaign, as amended and supplemented, to delete from existing subsection (d) references to compliance deadlines that have passed and are no longer meaningful, and to amend subsection (f) to remove hospitals' discretion in identifying the protocol to which it will adhere in the early identification and treatment of the various stages of sepsis.

The text of N.J.A.C. 8:43G-14.9, as the petitioner requests it be amended (with technical modifications to comport the text to New Jersey Register style and formatting conventions) follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

8:43G-14.9 Sepsis protocols

(a) A hospital shall establish, implement, and periodically update, evidence-based protocols **as defined by the Centers for Medicare and Medicaid Services (CMS)** for the early identification and treatment of patients with sepsis and septic shock (sepsis protocols).

(b) Severe sepsis and septic shock are life threatening medical emergencies that require early recognition and intervention. The following terms shall have the following meanings:

1. Sepsis shall mean a confirmed or suspected infection accompanied by two of the four systemic inflammatory response syndrome (SIRS) criteria;

2. Severe sepsis shall mean sepsis complicated by organ dysfunction; and

3. For adults, septic shock shall mean sepsis-induced hypotension persisting despite adequate IV fluid resuscitation and/or evidence of tissue hypoperfusion; for pediatrics, septic shock shall mean sepsis and cardiovascular organ dysfunction.

[(b)] **(c)** The sepsis protocols shall address, at a minimum:

1. [Screening patients for, and early recognition in patients] **A process for the screening and early recognition** of[,] healthcare-acquired and community-acquired sepsis**, severe sepsis,** and septic shock;

2. [Identification] **Rapid identification and documentation** of patients for whom treatment, using the sepsis protocols, is appropriate, and for whom treatment would be inappropriate based on patient-specific clinical and/or bioethical considerations[, and documentation of these patient identification activities];

3. Treatment guidelines **including monitoring, therapeutic endpoints, and timeframe goals**;

4.-5. (No change.)

[(c)] **(d)** (No change in text.)

[(d)] **(e)** A hospital shall ensure that clinical staff receive training in the sepsis protocols:

[1. By July 16, 2018, with respect to existing clinical staff;]

[2.] **1.** With respect to a person who becomes a member of a hospital's clinical staff [after January 16, 2018,] within six months of the first day on which that person becomes a member of the hospital's clinical staff; and

[3.] **2.** (No change in text.)

[(e)] **(f)** A hospital shall establish, maintain, and make available upon request to the Department, a record that identifies:

1. The name and position of each member of the hospital's clinical staff who is to receive training pursuant to [(d)] **(e)** above; and

2. The date on which each clinical staff member receives training pursuant to [(d)] **(e)** above.

[(f)] **(g)** [The Department suggests that hospitals consider basing] **Hospitals shall base** their sepsis protocols on **the most current CMS and Surviving Sepsis Campaign (http://www.survivingsepsis.org)** guidelines [issued by the following entities, as amended and supplemented:

1. The Surviving Sepsis Campaign, available at http://www.survivingsepsis.org;

2. The Hospital Improvement Innovation Network of the Health Research and Educational Trust, available at http://www.hret-hiin.org; and

3. The National Quality Forum, available at http://www.qualityforum.org.]

STATE

(a)

NEW JERSEY OFFICE OF FAITH BASED INITIATIVES

Notice of Availability of Funds for Fiscal Year 2020 Project Applied Training Lasting Solutions 2.0 (Project ATLAS 2.0)

A. Name of program: New Jersey Office of Faith Based Initiatives (OFBI), Fiscal Year 2020 (FY 20) Project ATLAS 2.0.

B. Purpose of funding: The New Jersey Office of Faith Based Initiatives will partner with faith- and community-based organizations to implement and enhance capacity and infrastructure development in faith- and community-based organizations that have an agency budget between $5,000 and $100,000. Faith- and community-based organizations that are currently receiving a grant under OFBI's FY 20 grant cycle cannot apply for Project ATLAS 2.0.

C. Objective: The grant is designed to support capacity and infrastructure development efforts in an effort to foster community and economic development projects.

D. Eligibility requirements (houses of worship are not eligible to apply):

a. Be a faith-based nonprofit and/or community-based organization;

b. Be incorporated in the State of New Jersey as a nonprofit corporation;

c. Be tax exempt by determination of the Internal Revenue Service in accordance with Section 501(c)3;

d. Be in good standing with the Department of the Treasury, Business Service Center; and

e. Be registered with the New Jersey Division of Consumer Affairs, Charitable Registration and Investigation Sections.

E. Decisions: All completed applications made by eligible applicants shall be evaluated on the published criteria by independent panels of reviewers who are experienced in the fields covered by this grant program.

F. Minimum/maximum awards: $10,000 - $15,000.

G. Grant period: January 1, 2020 through December 31, 2020.

H. Deadline by which completed applications must be submitted: Completed applications for FY 20 Project ATLAS 2.0 funding must be filed electronically through the System for Administering Grants Electronically (SAGE) by 4:59 P.M. on January 10, 2020.

I. Date by which information on approval or disapproval of funding is available: All applicants who applied for funding will be notified in March 2020.

J. Address for applications to be submitted: Applications will be filed electronically.

K. General information: Individuals and organizations who would like to obtain an application packet should go to https://www.nj.gov/state/ofbi.shtml. If you have additional questions you may contact the OFBI office via telephone at 609-984-6952 or via email at edward.laporte@sos.nj.gov.
