

(c) The following chapters, sections or pages of “ANSI A119.5 Standard for Park Model Recreational Vehicles, 2015 Edition” are amended as follows:

1. (No change.)
2. Chapter 3, Health, Fire and Life Safety Special Provisions, shall be amended as follows:
 - i. Delete text of section 3-6 entitled “Carbon Monoxide” and insert the following in its place. “Single station carbon monoxide alarms shall be installed and maintained in full operating condition in the immediate vicinity of each sleeping area in any dwelling unit if the dwelling unit contains a fuel-burning appliance or has an attached garage. Carbon monoxide alarms shall be manufactured, listed and labeled in accordance with UL 2034 and shall be installed in accordance with the requirements of this section and NFPA 720. Carbon monoxide alarms shall be battery operated, hard-wired or of the plug-in type.”
3. Chapter 5, Construction Requirements, shall be amended as follows:
 - i. Delete the text of section 5-1 entitled “General Requirements” and insert the following in its place: “Park model recreational vehicles shall be constructed in accordance with the requirements of this chapter.”
 - ii.-xi. (No change.)
 - xii. Delete the text of Section 5-8.4 and insert the following: “The park model recreational vehicle shall be anchored to withstand the design wind load for the location.”
 - xiii. (No change.)
4. (No change.)

5:23-4D.4 Certification

(a) A Recreational Vehicle Industry Association (RVIA) label or an approved equivalent label or certification for each recreational park trailer indicating that the unit has been manufactured in compliance with the adopted recreational park trailer subcode shall be permanently attached thereto in an accessible and visible location. The location of the label shall be indicated on the approved building system documentation.

(b) An approved label for a recreational park trailer shall bear the following information:

1. The name and seal of the Recreational Vehicle Industry Association or such other organization with a quality assurance program as may be approved by the Department; and
2. (No change.)

SUBCHAPTER 6. REHABILITATION SUBCODE

5:23-6.2 Applicability and compliance

- (a)-(f) (No change.)
- (g) Relationship of this subcode to other codes, rules, and ordinances, shall be as follows:
 - 1.-5. (No change.)
 6. The repair, renovation, alteration, reconstruction or change of use of health care facilities shall be in accordance with this code and with the “Guidelines for Design and Construction of Health Care Facilities,” Facilities Guidelines Institute, current edition. All health care facilities shall comply with National Fire Protection Association (NFPA) 101, the Life Safety Code, as referenced in the rules promulgated by the Centers for Medicare and Medicaid Services. In the event of any conflict, the more restrictive code provision shall govern.
 - (h)-(j) (No change.)

SUBCHAPTER 7. BARRIER FREE SUBCODE

5:23-7.1 Barrier Free Subcode

The accessibility regulations, other than recreation, shall be found in Chapter 11 of the building subcode, as amended at N.J.A.C. 5:23-3.14(b).

HEALTH

(a)

PUBLIC HEALTH SERVICES BRANCH DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH CANCER EPIDEMIOLOGY SERVICES

Cancer Registry

Readoption with Amendments: N.J.A.C. 8:57A

Adopted Repeals: N.J.A.C. 8:57A Appendices A through M

Proposed: April 16, 2018, at 50 N.J.R. 1131(a).

Adopted: July 17, 2018, by Shereef Elnahal, MD, MBA, Commissioner, Department of Health (in consultation with the Public Health Council).

Filed: July 17, 2018, as R.2018 d.154, **with non-substantial changes** not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 26:2-104 et seq., particularly 26:2-106.

Effective Dates: July 17, 2018, Readoption;
August 20, 2018, Amendments and Repeals.

Expiration Date: July 17, 2025.

Summary of Public Comment and Agency Response:

No comments were received.

Summary of Agency-Initiated Changes:

The Department of Health (Department) is making changes on adoption at N.J.A.C. 8:57A-1.3 and 1.5 to reflect that, since 1983, the “Certified Tumor Registrar (CTR[®])” credential is a registered trademark of the Council on Certification of the National Cancer Registrars Association (NCRA) (see <http://www.ncra-usa.org/About/Cancer-Registry-Profession> at “Cancer Registry Timeline”); to delete from within the definition of the term “Certified Tumor Registrar” or “CTR[®]” an inappropriate cross-reference to deleted contact information for the NCRA, and to indicate in that definition that the person is to hold the credential in the present tense, to indicate that the credential is to be current and in good standing.

Federal Standards Analysis

The Department readopts the rules at N.J.A.C. 8:57A and adopts the amendments and repeals pursuant to the authority of N.J.S.A. 26:2-104 et seq., particularly 26:2-106b. Federal laws and standards apply to cancer registries and the rules at N.J.A.C. 8:57A.

The Cancer Registries Amendment Act (Pub. L. 102-515, enacted October 24, 1992) authorizes the Secretary of the United States Department of Health and Human Services to make grants to states to support the collection of cancer data by the operation of statewide cancer registries. Section 3 of the Act, codified at 42 U.S.C. § 280e, specifically conditions grant eligibility on a state’s promulgation of statutes and regulations implementing its cancer registry. 42 U.S.C. § 280e(c)(2)(D) provides a state’s regulations must: 1) require reporting of newly diagnosed cancer cases by hospitals and other health-care facilities; 2) require reporting of cancer cases by physicians and other health-care practitioners; 3) guarantee access by the statewide cancer registry to all records of medical status of persons with cancer; 4) require the use of standardized reporting formats; 5) ensure confidentiality of cancer case data; 6) allow use of confidential case data by certain researchers; 7) authorize the conduct of studies using cancer registry data; and 8) ensure protection of persons complying with the law from liability.

The readopted rules and the adopted amendments and repeals meet and do not exceed these requirements, thereby making the Cancer Registry eligible for Federal funding under the National Program of Cancer Registries (NPCR) funded by the Centers for Disease Control and Prevention. The NPCR Program Standards, 2017 to 2022, require the NJSCR, as a recipient of Federal funding, to increase the percentage of non-hospital facilities reporting electronically to the NJSCR to at least 80 percent by 2022.

The Benign Brain Tumor Cancer Registries Amendment Act, Pub. L. 107-260, signed on October 29, 2002, requires state cancer registries participating in the NPCR to collect data on benign and borderline tumors of the central nervous system in addition to the previously required data on malignant tumors. The readopted rules and adopted amendments meet, but do not exceed, this Federal standard.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 8:57A.

Full text of the adopted amendments follows (additions to proposal indicated in boldface with asterisks ***thus***; deletions from proposal indicated in brackets with asterisks ***[thus]***):

SUBCHAPTER 1. CANCER REGISTRY

8:57A-1.1 Purpose and scope

(a) The purpose of this subchapter is to:

1. Implement N.J.S.A. 26:2-104 through 109, which authorizes the Department of Health to establish and maintain the New Jersey State Cancer Registry (NJSCR) as the Statewide repository of records of cases of cancer and specified cases of tumorous or precancerous disease that occur in New Jersey;

2.-3. (No change.)

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

8:57A-1.2 Incorporated and referenced documents

(a) The Department incorporates by reference, as amended and supplemented, the following documents in this subchapter:

1. Artificial Intelligence in Medicine Incorporated. “The e-path Reporting Site Information Checklist,” which is based on the National Cancer Institute’s Surveillance Epidemiology End Results (SEER) Program Case Finding List, effective January 2010, and will be used by pathology laboratories to send site information in order to implement electronic cancer case-finding and pathology data gathering for the NJSCR, and is available through request to the NJSCR, and for which the contact information is Artificial Intelligence in Medicine Incorporated, 2 Berkeley Street, Suite 403, Toronto, Ontario, Canada M5A 2W3;

2. The National Cancer Institute, Division of Cancer Control and Population Sciences, Surveillance Research Program, Cancer Statistics Branch/SEER Program. “The SEER Program Coding and Staging Manual 2016, updated January 4, 2017,” which is used for abstracting and coding cancer data, and is available online at: <http://seer.cancer.gov>, and for which the contact information is NCI, 9609 Medical Center Drive, MSC 97608, Bethesda, MD 20892-9760, Telephone: 1-800-4-CANCER (1-800-422-6237) in English and Spanish languages;

3. The North American Association of Central Cancer Registries (NAACCR), Inc. “The NAACCR Data Standards for Cancer Registries — Data Standards and Data Dictionary (Volume II-Version 16),” which is used by health care facilities, physicians, dentists, and other health care providers to electronically submit data to the NJSCR, and is available online at: <http://www.naacccr.org/StandardsandRegistryOperations/VolumelI.aspx>, and for which the contact information is NAACCR, 2050 W. Iles, Suite A, Springfield, IL 62704-4194, Telephone: (217) 698-0800;

4. The North American Association of Central Cancer Registries (NAACCR), Inc. “The NAACCR Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting, Version 4.0 (effective April 1, 2011), including Chapter 3: “Implementation guidelines with rules for formatting messages carrying synoptic reports,” which sets forth the Health Level 7 (HL-7) Version 2.5.1 standard protocol that clinical laboratories may use to make reports to the Department electronically and is available online at: <http://www.naacccr.org/StandardsandRegistryOperations/VolumeV.aspx>, and for which the contact information is NAACCR, 2050 W. Iles, Suite A, Springfield, IL 62704-4194, Telephone: (217) 698-0800; and

5. World Health Organization. “International classification of diseases for oncology (ICD-O)—3rd edition, 1st revision, 2013,” which is used to classify oncologic conditions for inclusion in cancer registry data, and which is available online at http://apps.who.int/iris/bitstream/10665/96612/1/9789241548496_eng.pdf.

(b) The Department references the following documents, as amended and supplemented, as guidance in this subchapter:

1. New Jersey State Cancer Registry (NJSCR), Cancer Epidemiology Services, New Jersey Department of Health. “The NJSCR 2017 Program Manual: Instructions For Health Care Facilities,” which provides guidance to health care facilities on the electronic transmission of data to the Department and information from Federal programs that establish guidance for cancer registries and which is available online at: <http://www.nj.gov/health/ces/reporting-entities/registrars/index.shtml>; and

2. New Jersey State Cancer Registry (NJSCR), Cancer Epidemiology Services, New Jersey Department of Health. “The NJSCR Abstract Instruction Manual For Physicians, Ambulatory Care Centers and Radiation Treatment Facilities 2017,” which provides guidance to physicians, ambulatory care centers (ACCs), and radiation treatment facilities (RTFs) on the electronic transmission of data to the Department and which is available online at: <http://www.nj.gov/health/ces/reporting-entities/non-hospital/>.

8:57A-1.3 Definitions

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

“Certified ***[tumor registrar]*** ***Tumor Registrar***” or “**CTR[®]***” means a person who ***[has been certified]*** ***holds certification*** as such, or ***[certified with]*** an equivalent credential, ***[by]*** ***from*** the ***Council on Certification of the*** National Cancer Registrars ***[Association’s]*** ***Association*** (NCRA) ***[Council on Certification, pursuant to N.J.A.C. 8:57A-1.5(b)]***, for which the contact information is NCRA, 13340 Braddock Place, Suite 520, Alexandria, VA 22314, telephone: (703) 299-6640, telefacsimile: (703) 299-6620, e-mail: ctr_exam@ncra-usa.org, website: <http://www.ctrexam.org>.

“Clinical laboratory” means a facility that conducts tests on tissue or cellular specimens and/or hematologic examinations in order to diagnose or otherwise characterize a disease.

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

“Department” means the New Jersey Department of Health.

“NJSCR mailing address” means the mailing address of the New Jersey State Cancer Registry, which is: Cancer Epidemiology Services, New Jersey State Cancer Registry, New Jersey Department of Health, PO Box 369, Trenton, New Jersey 08625-0369.

“NJSCR webpage” means the webpage of the New Jersey State Cancer Registry available at www.nj.gov/health/ces.

8:57A-1.4 Reporting of cancer; general requirements

(a) Every New Jersey health care facility, physician, dentist, other health care provider, and clinical laboratory shall report to the Department the reportable diseases and conditions established at N.J.A.C. 8:57A-1.11.

(b) Every New Jersey health care facility, physician, dentist, other health care provider, and clinical laboratory shall submit all case reports within six months of the date of first contact with the patient for the reportable condition as defined by the NAACCR Data Standards for Cancer Registries—Data Standards and Data Dictionary (Volume II—Version 16).

(c) Every New Jersey health care facility shall submit follow-up data on each cancer case, as requested and in the format specified by the Department, to confirm the patient’s vital status until the patient’s death.

(d) Every New Jersey health care facility, physician, dentist, and other health care provider shall use the SEER Program Coding and Staging Manual 2016 when abstracting and coding cancer data.

(e) A health care facility, physician, dentist, other health care provider, or clinical laboratory may apply for a no-cost software program to report information on cases of cancer electronically to the NJSCR by contacting the NJSCR at njscrdat@doh.nj.gov.

8:57A-1.5 Health care facility reporting

(a) The administrative officer of every health care facility shall report to the Department every case of cancer or other specified tumorous and precancerous disease when it is initially diagnosed, when the patient is

first admitted or treated for any reason in that facility, including admissions and discharges to inpatient or outpatient services, and when subsequent primary cancer is diagnosed in that patient.

(b) A *[certified tumor registrar]* *CTR[®]* shall perform all abstracting work and oversee all case-finding for a health care facility that diagnoses and/or treats 100 or more cancer cases per year.

1. Either the health care facility or an abstract-coding service under contract with the health care facility shall employ the *[certified tumor registrar]* *CTR[®]*; and

2. A health care facility shall notify the NJSCR by e-mail to ops.njscr@doh.nj.gov of the name and contact information for the *[certified tumor registrar]* *CTR[®]*, and of any changes to registry staff or contact information; and

3. A health care facility that contracts with an abstract-coding service shall be responsible for ensuring the abstract-coding service complies with the provisions of this chapter.

(c) The administrative officer of every health care facility shall ensure that the information to be reported, as set forth in (a) above, is submitted electronically using the NAACCR Data Standards for Cancer Registries — Data Standards and Data Dictionary (Volume II — Version 16), as amended and supplemented, and includes all required data elements set forth in the NAACCR Data Standards for Cancer Registries—Data Standards and Data Dictionary (Volume II), such as patient identifying information, medical history, cancer treatment, and cancer stage at diagnosis.

(d) Health care facilities may use the NJSCR 2017 Program Manual: Instructions For Health Care Facilities, incorporated herein by reference, as amended and supplemented, for guidance in abstracting and reporting.

(e) Health care facilities that lack adequate internal capabilities to report cases in accordance with the requirements of (b) and (c) above shall contract with the Department or its designee to provide abstracting services.

(f) The Department or its designee shall charge a fee, based upon the fair market value of services, to health care facilities for the provision of services set forth at (e) above.

(g) A health care facility that fails to comply with the provisions of this subchapter shall be liable for a penalty of up to \$500.00 per unreported case of cancer or other specified tumorous and precancerous disease.

(h) A health care facility that fails to report cases of cancer or other specified tumorous and precancerous diseases electronically shall be liable for a penalty not to exceed \$1,000 per business day.

8:57A-1.6 Physician, dentist, and other health care provider reporting

(a) Every physician, dentist, or other health care provider who diagnoses or provides treatment for cancer patients shall submit an electronic report to the Department with an initial diagnosis of each case of cancer or other specified tumorous and precancerous disease and for each subsequent primary cancer diagnosed in that person, using either the NAACCR Data Standards for Cancer Registries — Data Standards and Data Dictionary (Volume II — Version 16) or another standard electronic reporting format approved by the Department that includes all required data elements set forth in the “NAACCR Data Standards for Cancer Registries—Data Standards and Dictionary (Volume II),” such as patient identifying information, medical history, cancer treatment, and cancer stage.

(b) The physician, dentist, or other health care provider may use the “NJSCR Abstract Instruction Manual For Physicians, Ambulatory Care Centers and Radiation Treatment Facilities 2017,” incorporated herein by reference, as amended and supplemented, as guidance when reporting.

(c) A physician, dentist, or other health care provider who fails to report cases of cancer or other specified tumorous and precancerous diseases shall be liable for a penalty of up to \$500.00 per unreported case for violation of the Cancer Registry Act.

8:57A-1.7 Clinical laboratory reporting

(a) The director of every clinical laboratory shall report electronically to the Department the results of examinations of tissue specimens and/or hematology examinations that are positive for the existence of cancer or other specified tumorous and precancerous disease using the HL-7

standard protocol set forth in the NAACCR Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting or the NAACCR Data Standards for Cancer Registries—Data Standards and Data Dictionary (Volume II—Version 16), which includes all available patient identifying information, the tissue examined, and the results of the pathologic examination, and the name, address and/or telephone number of the referring physician.

(b) A clinical laboratory that fails to report cases of cancer or other specified tumorous and precancerous diseases shall be liable for a penalty of up to \$500.00 per unreported case.

8:57A-1.8 Health care insurer reporting

Health care insurers and other third-party health care payers providing benefit plans to residents of the State shall report electronically to the Department information on cases of cancer or other specified tumorous and precancerous diseases based upon selection criteria, established at N.J.A.C. 8:57A-1.11, upon request of the Department in the format specified by the Department in the request set forth in this section; and that includes patient identifying information and medical information, such as medical history, cancer treatment, cancer stage at diagnosis information, and co-morbid conditions.

8:57A-1.9 Supplemental information

(a) Every New Jersey health care facility, physician, dentist, other health care provider, and clinical laboratory shall report supplemental information necessary to clarify medical or demographic data upon request of the Department, such as copies of pathology and/or hematology reports, operative reports, treatment information, history and physical sections of the medical records and discharge summaries, and other information as deemed necessary by the NJSCR.

(b) If the NJSCR determines that more information is needed, NJSCR staff will contact, as appropriate, the health care facility physician, dentist, other health care provider, and clinical laboratory, to obtain this information in the form and manner specified by the NJSCR at that time of the request.

8:57A-1.10 Access to information and records

(a) Every health care facility, clinical laboratory, physician, dentist, and other health care provider diagnosing or providing treatment for cancer patients and health care insurers and other third-party health care payers providing benefit plans to residents of the State shall allow representatives of the Department, or its designee, to obtain information from all medical, pathological, and other pertinent records and logs related to cancer cases, as necessary for fulfilling the functions of the NJSCR.

1. Access to records set forth in (a) above shall be given through secure, electronic remote means where requested and where available.

(b) Every health care facility, clinical laboratory, physician, dentist, and other health care provider diagnosing or providing treatment for cancer patients and health care insurers and other third-party health care payers providing benefit plans to residents of the State shall permit representatives of the Department access to information or provide necessary information on specified cancer patients and other patients specified by characteristics for research studies related to cancer etiology, prevention, and control, which are conducted by the Department subject to the following:

1.-2. (No change.)

(c) Representatives of the Department shall:

1. (No change.)

2. Present valid identification at the time of access, including, Department or designee issued identification, if on-site access to patient records is necessary.

(d)-(e) (No change.)

(f) The Department shall not make public any information reported to the NJSCR that discloses the identity of any person to whom the information relates.

1. (No change.)

2. A patient who was diagnosed with, or treated for, cancer, or, if the patient is deceased, that patient's next-of-kin may request that the Department release summary information about that patient with a signed Authorization to Release Health Information form.

3. A patient's physician who, or licensed facility that, diagnosed that patient with, or is treating that patient for, cancer may submit a request in writing to the Department for a release of that patient's diagnostic, treatment, and follow-up information.

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

8:57A-1.11 Reportable diseases and conditions

(a) Every New Jersey health care facility, physician, dentist, other health care provider, and clinical laboratory shall report to the Department, in accordance with this chapter, any case having a diagnosis meeting the criteria at (b) below that contains any of the following terms in the final diagnosis:

Apparent(ly);
Appears;
Compatible/Compatible with;
Consistent with;
Favors;
Malignant appearing;
Most likely;
Presumed;
Probable;
Suspect(ed);
Suspicious (for); and/or
Typical (of).

(b) Subject to (c) below, every New Jersey health care facility, physician, dentist, other health care provider, and clinical laboratory shall report to the Department, in accordance with this chapter, all cases having the following diagnoses:

1. All *in situ* or invasive neoplasms that have behavior codes "2" or "3" in the ICD-O; or

2. All solid tumors of the brain and the central nervous system, including the meninges and intracranial endocrine structures, that have the following behavior codes in the ICD-O:

i. "0" benign disease;
ii. "1" disease of uncertain malignant potential;
iii. "2" *in situ* disease; or
iv. "3" malignant disease.

(c) The following diagnoses are not to be reported to the Department:

1. Basal cell carcinomas of the skin, except when they are diagnosed in the labia, clitoris, vulva, prepuce, penis, or scrotum; or

2. Carcinoma *in situ* of the cervix and/or cervical squamous intraepithelial neoplasia III (CIN III).

(d) (No change in text.)

(e) If any uncertainty regarding the reporting of a particular case exists, the health care facility, physician, dentist, other health care provider, or clinical laboratory shall contact the Department for guidance at (609) 633-0500 or view information on the following website: <http://www.nj.gov/health/ces/njscr.shtml>.

8:57A-1.12 Audit, Letter, and notice of violations and enforcement actions

(a) A health care facility, physician's, dentist's, other health care provider's office, and clinical laboratory shall be subject to audit at the discretion of the Commissioner by authorized representatives of the Department.

(b) The Department, or its designee, shall evaluate completeness and timeliness of reporting as specified by this subchapter by reviewing documents, such as medical records, diagnostic indices of radiation, laboratory, cytology and/or pathology reports, and discharge records.

(c) (No change.)

(d) The Department's authorized representatives may cite a deficiency upon a determination that the health care facility, physician's, dentist's, other health care provider's office, and clinical laboratory does not comply with the reporting requirements established in this subchapter.

(e) (No change.)

(f) A health care facility, physician, dentist, other health care provider, and clinical laboratory shall have 30 business days after receipt of the Letter by certified mail or personal service in which to correct all

deficiencies in its reporting that were discovered during the audit and cited in the Letter.

1. If a health care facility, physician, dentist, other health care provider, and clinical laboratory fails to correct deficiencies in its reporting that were discovered during the audit and cited in the Letter within 30 days, the Department, or its designee, will act as registrar and shall charge the facility, physician, dentist, other health care provider, and clinical laboratory for all costs related to these services, such as the retrieval of case information and the cost of the audit.

i. (No change.)

ii. All checks for fees for the Department's services shall be made payable to "Treasurer, State of New Jersey" or its designee, as provided in the Letter and forwarded to:

Office of Cancer Epidemiology
New Jersey State Cancer Registry
New Jersey Department of Health
PO Box 369
Trenton, New Jersey 08625-0369

2. (No change.)

3. If a health care facility licensed by the Department pursuant to N.J.S.A. 26:2H-1 et seq., fails to correct deficiencies in its reporting that were discovered during the audit and cited in the Letter within 30 days, the Department, or its designee, shall report the facility to the Division of Health Facilities Evaluation and Licensing for non-compliance with these rules.

4. If a physician, dentist, and other health care provider fails to correct deficiencies in its reporting that were discovered during the audit and cited in the Letter within 30 days, the Department, or its designee, shall report the provider to the appropriate New Jersey licensing board for non-compliance with this chapter.

5. If a clinical laboratory fails to correct deficiencies in its reporting that were discovered during the audit and cited in the Letter within 30 days, the Department, or its designee, shall report the clinical laboratory to the Clinical Laboratory Improvement Service in the Division of Public Health and Environmental Laboratories for non-compliance with this chapter.

(a)

HEALTH SYSTEMS BRANCH

DIVISION OF CERTIFICATE OF NEED AND LICENSING

OFFICE OF CERTIFICATE OF NEED AND HEALTHCARE FACILITY LICENSURE

Notice of Administrative Correction

Rules Implementing the Health Care Professional Responsibility and Reporting Enhancement Act Appendix Instructions

Adopted New Rules: N.J.A.C. 8:30 Appendix Instructions

Take notice that the Department of Health (Department) noticed an error in the notice of adopted new rules, published in the New Jersey Register, effective May 15, 2017 (see 49 N.J.R. 1214(a)). In the notice of adoption, the Department made several changes upon adoption, including changes to the chapter appendix and the instructions to the appendix. Through an inadvertent error, the instructions that were published in the New Jersey Register, and subsequently codified as part of the chapter appendix, were not correct. That inadvertent error is now being corrected.

This notice of administrative correction is published pursuant to N.J.A.C. 1:30-2.7.

Full text of the corrected rule follows without boldface symbolizing additions, those portions appearing in boldface are intended to be so permanently: