of uncontrolled or controlled manufacturing and materials handling equipment each with a potential to emit (PTE) less than the reporting threshold for each air contaminant.

A general permit is a pre-approved permit to construct and certificate to operate, issued pursuant to N.J.A.C. 7:27-8.8, for one or more types of similar sources at a minor facility. A minor facility with a qualifying source may register for and operate under the conditions of the general permit, rather than submit a case-by-case permit application.

New features of revised GP:

• GP-016A Definitions section was updated to add the definition of fumigation as follows:
  “Fumigation operation” means a method of pest control that fills an area (enclosed) with a gaseous pesticide (fumigant) in order to eliminate (poison) the pests within it.

• GP-016A Exclusions section was updated to add exclusion number 18 as follows:
  Any fumigation operations.

The revised general permit is available for review at the Department’s website: www.state.nj.us/dep/aqpp. Copies of the proposed revised general permit may also be requested by contacting:
  Carrie Dooley
  Bureau of Stationary Sources
  Mail Code 401-02
  New Jersey Department of Environmental Protection
  Division of Air Quality
  PO Box 420
  Trenton, NJ 08625-0420
  carrie.dooley@dep.nj.gov

For technical questions on the proposed revised general permit, contact Michael Adhanom, (609) 633-8242 (mike.adhanom@dep.nj.gov).

Comments on the proposed revised general permit may be submitted to the following address until August 15, 2018:
  Michael Adhanom, Supervisor
  Bureau of Stationary Sources
  Mail Code 401-02
  New Jersey Department of Environmental Protection
  Division of Air Quality
  PO Box 420
  Trenton, NJ 08625-0420

After the Department reviews and evaluates the comments, the general permit will be revised where appropriate. A notice will then be published in a future issue of the New Jersey Register informing interested parties of the availability of the final general permit.

HEALTH

(a)

PUBLIC HEALTH SERVICES BRANCH
DIVISION OF MEDICINAL MARIJUANA

Medicinal Marijuana Request for Applications—Alternative Treatment Centers

Take notice that, in compliance with N.J.S.A. 24:6-1 et seq. and N.J.A.C. 8:64-6.1, the Department of Health (Department) hereby publishes notice of a request for applications for entities that seek authority to apply to the Department for a permit to operate an alternative treatment center. Copies of the request for applications, including eligibility criteria, a statement of general criteria by which the Department shall evaluate applications, weights for the criteria the Department shall use to evaluate applications and select successful applicants, deadlines, and the process for obtaining application materials, may be found online at http://www.nj.gov/health/medical-marijuana/ or obtained by contacting the Division of Medicinal Marijuana at 609-292-0424.

INSURANCE

(b)

BANKING AND INSURANCE
DIVISION OF INSURANCE
OFFICE OF CONSUMER PROTECTION SERVICES

Notice of Action on Petition for Rulemaking Consumer Complaints

Petitioner: Larry S. Loigman, Esq.

Take notice that on January 24, 2018, the Department of Banking and Insurance (Department) received a petition for rulemaking from the above petitioner (dated January 22, 2018) requesting that the Department promulgate rules governing the Department’s investigation and processing of consumer complaints. Specifically, the petitioner requested that the Department promulgate a rule that provides as follows:

1. Upon the receipt of a consumer complaint, the Division of Insurance shall promptly notify the complainant, in writing, of the date received; the name of the assigned investigator; and the complaint number;

2. At least monthly, the assigned investigator shall inform the complainant, in writing, of the status of the complaint and the investigation into the complaint;

3. Every paper, correspondence, record, file, or other document received from an insurance carrier in response to a complaint shall be forwarded immediately by the assigned investigator to the complainant. A document may be withheld from disclosure if, and only if, the Commissioner of the Department of Banking and Insurance finds by clear and convincing evidence that its disclosure would cause immediate and irreparable harm to the interests of the State;

4. The investigation shall be conducted with the objective of enhancing consumer protection from overreaching or other misconduct by insurance carriers, and promoting consumer confidence in the Department of Banking and Insurance; and

5. No consumer complaint shall be closed or otherwise disposed of unless and until:

a. The investigator has prepared a detailed proposed disposition, in which each finding is supported by specific references to evidence in the complaint file;

b. The complainant has received a copy of the proposed disposition and has been given an opportunity to respond;

c. The investigator’s supervisor has reviewed the proposed disposition, as well as the complainant’s response, and concurs with the proposed disposition; and

d. The complainant shall be informed of an administrative appeal process to address any unsatisfied issues. Such process may include, but not limited to, a referral to the Office of Administrative Law for resolution of any factual disputes.

The petitioner requested this rule because, according to the petition he was not satisfied with the handling of his complaint by the Department and that he believes that the Department is biased in favor of insurance companies.

In accordance with N.J.A.C. 11:1-15.3(b), the Department mailed to the petitioner, and filed with the Office of Administrative Law, a notice of action on the petitioner’s request. Notice of the Department’s receipt of the petition was published in the March 19, 2018 issue of the New Jersey Register at page 1065(a).

The Department published a notice of action on the petition in the May 7, 2018 issue of the New Jersey Register at page 1231(a), indicating that the Department was still reviewing the merits of the petitioner’s suggested amendments.

Take further notice that the Department has conducted a review of the petitioner’s suggested new rules pursuant to N.J.S.A. 52:14B-4(f) and N.J.A.C. 1:30-4.2. Based upon its review, the Department has determined to deny the petition. The Department notes at the outset that the education and protection of consumers is a primary function of the
Department, and that it takes this function seriously. The Department obtains remediation for consumers when the circumstances of a complaint warrant such action. The Department takes enforcement action against licensees and insurers for violations of applicable insurance laws, and the Department proactively monitors and examines the market conduct of insurer licensees. These are primary functions of the Department that are of the utmost priority.

However, the Department does not believe that the rules suggested by the petitioner are necessary in that many of the suggested items are already done by the Department, reflect a misunderstanding of the consumer assistance function, would not be feasible or could unnecessarily constrain the Department’s ability to effectively prioritize and respond to consumer complaints, and, in fact, may limit the ability to assist the greatest number of consumers in an expeditious manner.

Specifically, upon receipt of a consumer complaint, the Department currently promptly notifies the complainant in writing of the date the complaint was received, the name of the assigned investigator, with phone number and e-mail address, and the complaint number. Further, upon disposition of a consumer complaint, the Department sends the complainant a notice in writing explaining such disposition. The Department’s consumer assistance function is not an adjudicatory process. Rather, the Department forwards the complaint to the licensee for a response. The Department is not empowered to act against the licensee unless the Department obtains information during this process that demonstrates a statutory or regulatory violation or action inconsistent with policy provisions. Where there is a dispute of fact, the Department attempts to assist the complainant and advises the complainant that he or she may pursue their remedies under the policy, which could include legal remedies, to resolve such dispute.

Regarding the other suggested procedures, the Department receives six to seven thousand complaints each year. The benchmark for resolution of complaints is approximately 30 days. During that time, the complainant may reach out to the investigator to provide information or request updates on the complaint, and the Department may provide a status update depending upon the nature of the complaint. The scope and volume of such communications need to vary based upon the nature and exigency of the complaint and the flow of information from both the complainant and insurer, producer, and/or public adjuster. The Department does not believe that it is prudent to establish strict standards for such communications. Certain complaints may require more frequent updates or less frequent updates depending upon the unique circumstances of each complaint, the information provided, the workload of the assigned investigator, and a myriad of other factors.

Further, information received by the Department during pending investigations is confidential unless formal disciplinary action is taken against a licensee. N.J.A.C. 11:17-2.16(b)(6).

Many of the suggested procedures appear to provide for a formal, quasi-judicial proceeding within the Department for complaints. The Department notes that it maintains an Office of Consumer Protection Services within the Department, and within that Office is a Division of Consumer Complaints, with expertise in the handling of such complaints. The Department reviews complaints/inquiries to determine whether the complained of action/inaction is violative of a complainant’s insurance policy or the insurance statutes and rules of this State. This process does not supplant a complainant’s right to seek redress through the courts.

Lastly, some of the suggested procedures for handling of complaints and inquiries are not appropriate for a rulemaking. It would constrain the ability of the Department to prioritize and to respond timely and appropriately to consumer complaints and inquiries based upon the unique nature and circumstance of each. Similarly, the Department’s intake, assignment processes, and supervisory protocols are inappropriate for rulemaking, which generally establish requirements for licensees and regulated entities to operate in accordance with State insurance laws.

A copy of this public notice has been mailed to the petitioner.