SENATE, No. 2085

STATE OF NEW JERSEY

211th LEGISLATURE

INTRODUCED NOVEMBER 15, 2004

Sponsored by:
Senator JOSEPH F. VITALE
District 19 (Middlesex)
Senator LEONARD LANCE
District 23 (Warren and Hunterdon)

SYNOPSIS
"Emergency Health Powers Act."

CURRENT VERSION OF TEXT
As introduced.

(Sponsorship Updated As Of: 12/14/2004)
AN ACT concerning emergency health powers, supplementing Title 26
of the Revised Statutes and amending R.S.26:4-2, 26:8-62, 34:15-
43 and 34:15-75.

BE IT ENACTED by the Senate and General Assembly of the State
of New Jersey:

1. This act shall be known and may be cited as the "Emergency
Health Powers Act."

2. (New section) As used in this act:

"Biological agent" means any microorganism, virus, bacterium,
rickettsiae, fungus, toxin, infectious substance or biological product
that may be naturally occurring or engineered as a result of
biotechnology, or any naturally occurring or bioengineered component
of any such microorganism, virus, bacterium, rickettsiae, fungus,
infectious substance or biological product, capable of causing death,
disease, or other biological malfunction in a human, an animal, a plant,
or another living organism.

"Bioterrorism" means the intentional use or threat of use of any
biological agent, to cause death, disease or other biological
malfunction in a human, animal, plant or other living organism, or
degrade the quality and safety of the food, air or water supply.

"Chemical weapon" means a toxic chemical and its precursors,
except where intended for a lawful purpose as long as the type and
quantity is consistent with such a purpose. Chemical weapon includes,
but is not limited to: nerve agents, choking agents, blood agents and
incapacitating agents.

"Commissioner" means the Commissioner of Health and Senior
Services, or the commissioner's designee.

"Contagious disease" means an infectious disease that can be
transmitted from person to person.

"Department" means the Department of Health and Senior Services.

"Health care facility" means any non-federal institution, building or
agency, or portion thereof whether public or private for profit or
nonprofit that is used, operated or designed to provide health services,
medical or dental treatment or nursing, rehabilitative or preventive
care to any person. Health care facility includes, but is not limited to:
an ambulatory surgical facility, home health agency, hospice, hospital,
infirmary, intermediate care facility, dialysis center, long-term care
facility, medical assistance facility, mental health center, paid and
volunteer emergency medical services, outpatient facility, public health
center, rehabilitation facility, residential treatment facility, skilled

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not
enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
nursing facility and adult day care center. Health care facility also includes, but is not limited to, the following related property when used for or in connection with the foregoing: a laboratory, research facility, pharmacy, laundry facility, health personnel training and lodging facility, patient, guest and health personnel food service facility, and the portion of an office or office building used by persons engaged in health care professions or services.

"Health care provider" means any person or entity who provides health care services including, but not limited to: a health care facility, bioanalytical laboratory director, perfusionist, physician, physician assistant, pharmacist, dentist, nurse, paramedic, respiratory care practitioner, medical or laboratory technician, and ambulance and emergency medical workers.

"Infectious disease" means a disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, virus or prion. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

"Isolation" means the physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected, on the basis of signs, symptoms or laboratory analysis, with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

"Local Information Network and Communications System Agency" or "LINCS agency" means the lead local public health agency in each county or identified city, as designated and determined by the commissioner pursuant to section 21 of this act, responsible for providing central planning, coordination and delivery of specialized services within the designated county or city, in partnership with the other local health agencies within that jurisdiction, in order to prepare for and respond to acts of bioterrorism and other forms of terrorism or other public health emergencies or threats, and to discharge the activities as specified under this act.

"Nuclear or radiological device" means: any nuclear device which is an explosive device designed to cause a nuclear yield; an explosive radiological dispersal device used directly or indirectly to spread radioactive material; or a simple radiological dispersal device which is any act, container or any other device used to release radiological material for use as a weapon.

"Public health emergency" means an occurrence or imminent threat of an occurrence that:

a. is caused or is reasonably believed to be caused by any of the following: (1) biological or other form of terrorism; (2) the appearance of a novel or previously controlled or eradicated biological agent; (3) a natural disaster or accident; (4) a chemical attack or accidental release of toxic chemicals; (5) a nuclear attack or nuclear accident; or
(6) an explosion; and
b. poses a high probability of any of the following harms: (1) a large number of deaths, illness or injury in the affected population; (2) a large number of serious or long-term impairments in the affected population; or (3) exposure to a biological agent or chemical that poses a significant risk of substantial future harm to a large number of people in the affected population.

"Quarantine" means the physical separation and confinement of an individual or groups of individuals, who are or may have been exposed to a contagious or possibly contagious disease and who do not show signs or symptoms of a contagious disease, from non-quarantined individuals, to prevent or limit the transmission of the disease to non-quarantined individuals.

"Toxin" means the toxic material of plants, animals, microorganisms, viruses, fungi or infectious substances, or a recombinant molecule, whatever its origin or method of production, including:

a. any poisonous substance or biological product that may be engineered as a result of biotechnology or produced by a living organism; or
b. any poisonous isomer or biological product, homolog, or derivative of such a substance.

3. (New Section) a. The Governor, in consultation with the commissioner and the Director of the State Office of Emergency Management, may declare a public health emergency. In declaring a public health emergency, the Governor shall issue an order that specifies:

(1) the nature of the public health emergency;
(2) the geographic area subject to the declaration;
(3) the conditions that have brought about the public health emergency to the extent known; and
(4) the expected duration of the state of public health emergency, if less than 30 days. Such order may also prescribe necessary actions or countermeasures to protect the public’s health.

b. Any public health emergency declared pursuant to this act shall be terminated automatically after 30 days unless renewed by the Governor under the same standards and procedures set forth in subsection a. of this section.

c. The commissioner shall coordinate all matters pertaining to the public health response to a public health emergency, and shall have primary jurisdiction, responsibility and authority for:

(1) planning and executing public health emergency assessment, prevention, preparedness, response and recovery for the State;
(2) coordinating public health emergency response between State and local authorities;
(3) collaborating with relevant federal government authorities, elected officials and relevant agencies of other states, private organizations or companies;
(4) coordinating recovery operations and prevention initiatives subsequent to public health emergencies; and
(5) organizing public information activities regarding public health emergency response operations.
All such activities shall be taken in coordination with the State Office of Emergency Management, which shall provide the commissioner with all required assistance.

d. To the fullest extent practicable, the commissioner shall also promptly notify the elected municipal officials of the jurisdiction affected by the public health emergency of the nature and extent of the emergency.
e. All orders of the commissioner shall remain in effect during the period of the public health emergency until superseded by order of the Governor pursuant to P.L.1942, c.251 (C.App.A:9-33 et seq.). Upon the issuance of an order by the Governor pursuant to P.L.1942, c.251, the commissioner shall coordinate the public health emergency in accordance with the State Emergency Operations Plan. Upon declaration of a disaster pursuant to P.L.1942, c.251, the Governor may exercise the powers granted to the commissioner pursuant to this act.

4. (New Section) a. In order to detect the possible occurrence of a public health emergency as defined in this act, the commissioner may take reasonable steps to investigate any incident or imminent threat of any disease or health condition. Such investigation may include, and the commissioner may issue and enforce orders requiring, information from any health care provider or other person affected by, or having information related to, the incident or threat, inspections of buildings and conveyances and their contents, laboratory analysis of samples collected during the course of such inspection, and where the commissioner has reasonable grounds to believe a public health emergency exists, requiring a physical examination or the provision of specimens of body secretions, excretions, fluids and discharge for laboratory examination of any person suspected of having a disease or health condition that necessitates an investigation under this subsection, except where such action would be reasonably likely to lead to serious harm to the affected person.

b. A health care provider or medical examiner shall report to the department and to the local health official all cases of persons who harbor or are suspected of harboring any illness or health condition that may be reasonably believed to be potential causes of a public health emergency. Reportable illnesses and health conditions include, but are not limited to, any illnesses or health conditions identified by
the commissioner.

c. In addition to the foregoing requirements for health care providers, a pharmacist shall, at the direction of the commissioner, report:

(1) an unusual increase in the number or type of prescriptions to treat conditions that the commissioner identifies by regulation;
(2) an unusual increase in the number of prescriptions for antibiotics; and
(3) any prescription identified by the commissioner that treats a disease that is relatively uncommon or may be associated with terrorism.

d. The reports shall be made to such State and local officials in accordance with the method and time frame as specified by the commissioner. The reports shall include the specific illness or health condition that is the subject of the report and a case number assigned to the report that is linked to the patient file in possession of the health care provider or medical examiner, along with the name and address of the health care provider or medical examiner. Based on any such report, where the commissioner has reasonable grounds to believe that a public health emergency exists, the health care provider or medical examiner shall provide a supplemental report including the following information: the patient's name, date of birth, sex, race, occupation, current home and work addresses, including city and county, and relevant telephone contact numbers; the name and address of the health care provider or medical examiner and of the reporting individual, if different; designated emergency contact; and any other information needed to locate the patient for follow-up.

e. The provisions of this section shall not be deemed or construed to limit, alter or impair in any way the authority of the Department of Environmental Protection pursuant to "The Radiation Accident Response Act," P.L.1981, c.302 (C. 26:2D-37 et seq.), or of the State Office of Emergency Management in the Division of State Police, Department of Law and Public Safety. Any powers of inspection of buildings and conveyances for sources of radiation that are granted to the commissioner shall only be exercised upon the concurrence of the Commissioner of Environmental Protection.

5. (New Section) Where the commissioner has reasonable grounds to believe a public health emergency exists, the commissioner shall:

a. The commissioner shall identify individuals thought to have been
exposed to an illness or health condition that may be a potential cause of a public health emergency.

b. The commissioner shall counsel and interview such individuals where needed to assist in the positive identification of exposed individuals and develop information relating to the source and spread of the illness or health condition. The information shall include the name and address, including city and county, of any person from whom the illness or health condition may have been contracted and to whom the illness or health condition may have spread.

6. (New Section) The commissioner may establish a registry of health care providers, public health workers and support services personnel who voluntarily consent to provide health care, public health services and support logistics during a public health emergency. This registry shall be known as the Emergency Health Care Provider Registry.

The commissioner may require training related to the provision of health care, public health services and support services in an emergency or crisis as a condition of registration.

a. The commissioner may issue identification cards to health care providers, public health workers and support services personnel included in the registry established under this section that:

(1) Identify the health care provider, public health worker or support services personnel;

(2) Indicate that the individual is registered as a New Jersey emergency health care provider, public health worker or support services personnel;

(3) Identify the professional license or certification held by the individual; and

(4) Identify the individual's usual area of practice if that information is available and the commissioner determines that it is appropriate to provide that information.

b. The commissioner shall establish a form for identification cards issued under this section.

c. The commissioner may identify all or part of a health care facility or other location as an emergency health care center. Upon the declaration of a public health emergency, an emergency health care center may be used for:

(1) Evaluation and referral of individuals affected by the emergency or crisis;

(2) Provision of health care services, including vaccination, mass prophylaxis, isolation and quarantine; and

(3) Preparation of patients for transportation.

The commissioner may direct designated LINCS agencies, or their successors, and local public health authorities to identify emergency health care centers under this subsection.
d. In the event the Governor declares a public health emergency, the commissioner may direct health care providers, public health workers and support services personnel registered under this section who are willing to provide health care services on a voluntary basis to proceed to any place in this State where health care services or public health services are required by reason of the emergency or crisis.

e. An emergency health care provider, public health worker and support services personnel registered under this section may volunteer to perform health care or public health services at any emergency health care center.

f. In the event the Governor declares a public health emergency, the commissioner may waive health care facility medical staff privileging requirements for individuals registered as emergency health care providers, and hospitals shall permit registered emergency health care providers to exercise privileges at the hospital for the duration of the public health emergency.

g. An emergency health care provider, public health worker and support services personnel registered under this section who provides health care services on a voluntary basis shall not be liable for any civil damages as a result of the person’s acts or omissions in providing medical care or treatment related to the public health emergency in good faith and in accordance with the provisions of this act.

7. (New Section) a. During a state of public health emergency or in response to a public health emergency, the commissioner, State Medical Examiner and Commissioner of Environmental Protection shall coordinate and consult with each other on the performance of their respective functions regarding the safe disposal of human remains, to devise and implement measures which may include, but are not limited to, the following:

(1) To take actions or issue and enforce orders to provide for the safe disposition of human remains as may be reasonable and necessary to respond to the public health emergency. Such measures may include, but are not limited to, the temporary mass burial or other interment, cremation, disinterment, transportation and disposal of human remains. To the extent possible, religious, cultural, family, and individual beliefs of the deceased person or his family shall be considered when disposing of any human remains;

(2) To determine whether there is a need to investigate any human deaths related to the public health emergency, and take such steps as may be appropriate to enable the State Medical Examiner, or his designee, to take possession or control of any human remains and perform an autopsy of the body under protocols of the State Medical Examiner consistent with safety as the public health emergency may dictate;

(3) To direct or issue and enforce orders requiring any business or
facility authorized to hold, embalm, bury, cremate, inter, disinter, transport and dispose of human remains under the laws of this State to accept any human remains or provide the use of its business or facility if such actions are reasonable and necessary to respond to the public health emergency and are within the safety precaution capabilities of the business or facility; and

(4) To direct or issue and enforce orders requiring that every human remains prior to disposal be clearly labeled with all available information to identify the decedent, which shall include the requirement that any human remains of a deceased person with a contagious disease shall have an external, clearly visible tag indicating that the human remains are infected and, if known, the contagious disease.

b. The person in charge of disposing of any human remains shall maintain a written or electronic record of each human remains and all available information to identify the decedent and the circumstances of death and disposal. If human remains cannot be identified prior to disposal, a person authorized by the State Medical Examiner shall, to the extent possible, take fingerprints and photographs of the human remains, obtain identifying dental information, and collect a DNA specimen, under protocols of the State Medical Examiner consistent with safety as the public health emergency may dictate. All information gathered under this subsection shall be promptly forwarded to the State Medical Examiner who shall forward relevant information to the commissioner.

c. The commissioner and State Medical Examiner shall coordinate with the appropriate law enforcement agencies in any case where human remains may constitute evidence in a criminal investigation.

8. (New Section) During a state of public health emergency, the commissioner may exercise the following powers over facilities or property:

a. Facilities. To close, direct and compel the evacuation of, or to decontaminate or cause to be decontaminated, any facility of which there is reasonable cause to believe that it may endanger the public health.

b. Property. To decontaminate or cause to be decontaminated, or destroy, subject to the payment of reasonable costs, any material of which there is reasonable cause to believe that it may endanger the public health.

9. (New Section) During a state of public health emergency, the commissioner may exercise, for such period as the state of public health emergency exists, the following powers concerning health care and other facilities, property, roads, or public areas:

a. Use of property and facilities. To procure, by condemnation or
otherwise, subject to the payment of reasonable costs, construct, lease, transport, store, maintain, renovate or distribute property and facilities as may be reasonable and necessary to respond to the public health emergency, with the right to take immediate possession thereof. Such property and facilities include, but are not limited to, communication devices, carriers, real estate, fuels, food and clothing. This authority shall also include the ability to accept and manage those goods and services donated for the purpose of responding to a public health emergency.

b. Use of health care facilities. To require a health care facility to provide services or the use of its facility if such services or use are reasonable and necessary to respond to the public health emergency, as a condition of licensure, authorization or the ability to continue doing business in the State as a health care facility. The use of the health care facility may include transferring the management and supervision of the health care facility to the commissioner for a limited or unlimited period of time, but shall not exceed the duration of the public health emergency.

c. Control of property. To inspect, control, restrict, and regulate by rationing and using quotas, prohibitions on shipments, allocation or other means, the use, sale, dispensing, distribution or transportation of food, fuel, clothing and other commodities, as may be reasonable and necessary to respond to the public health emergency.

d. To identify areas that are or may be dangerous to the public health and to recommend to the Governor and the Attorney General that movement of persons within that area be restricted, if such action is reasonable and necessary to respond to the public health emergency.

10. (New Section) Notwithstanding the provisions of P.L.1989, c.34 (C.13:1E-48.1 et seq.) to the contrary, during a state of public health emergency the commissioner may exercise in consultation with, and upon the concurrence of, the Commissioner of Environmental Protection, for such period as the state of public health emergency exists, the following powers regarding the safe disposal of infectious waste including, but not limited to, regulated medical waste as defined under P.L.1989, c.34.

a. To issue and enforce orders to provide for the safe disposal of infectious waste as may be reasonable and necessary to respond to the public health emergency. Such orders may include, but are not limited to, the collection, storage, handling, destruction, treatment, transportation, and disposal of infectious waste, including specific wastes generated in a home setting or in isolation or quarantine facilities.

b. To require any business or facility authorized to collect, store, handle, destroy, treat, transport and dispose of infectious waste under the laws of this State, and any landfill business or other such property,
to accept infectious waste, or provide services or the use of the
business, facility or property if such action is reasonable and necessary
to respond to the public health emergency, as a condition of licensure,
authorization or the ability to continue doing business in the State as
such a business or facility. The use of the business, facility or property
may include transferring the management and supervision of such
business, facility or property to the department for a limited or
unlimited period of time, but shall not exceed the duration of the
public health emergency.

c. To procure, by condemnation or otherwise, subject to the
payment of reasonable costs, any business or facility authorized to
collect, store, handle, destroy, treat, transport and dispose of
infectious waste under the laws of this State and any landfill business
or other such property as may be reasonable and necessary to respond
to the public health emergency, with the right to take immediate
possession thereof.

d. To require that all bags, boxes or other containers for infectious
waste shall be clearly identified as containing infectious waste, and if
known, the type of infectious waste.

11. (New Section) a. During a state of public health emergency,
the commissioner may purchase, obtain, store, distribute or take for
priority redistribution any anti-toxins, serums, vaccines, immunizing
agents, antibiotics and other pharmaceutical agents or medical supplies
as may be reasonable and necessary to respond to the public health
emergency, with the right to take immediate possession thereof.

b. If a state of public health emergency results in a Statewide or
regional shortage or threatened shortage of any product under
subsection a. of this section, the commissioner may issue and enforce
orders to control, restrict and regulate by rationing and using quotas,
prohibitions on shipments, allocation or other means, the use, sale,
dispensing, distribution or transportation of the relevant product
necessary to protect the public health, safety and welfare of the people
of the State.

c. In making rationing or other supply and distribution decisions,
the commissioner may give preference to health care providers,
disaster response personnel, mortuary staff and such other persons as
the commissioner deems appropriate in order to respond to the public
health emergency.

12. (New Section) With respect to a declared state of public health
emergency, the commissioner may take all reasonable and necessary
measures to prevent the transmission of infectious disease or exposure
to toxins or chemicals and apply proper controls and treatment for
infectious disease or exposure to toxins or chemicals.
13. (New Section) a. During a state of public health emergency, the commissioner may issue and enforce orders to any person to submit a specimen for physical examinations or tests as may be necessary for the diagnosis or treatment of individuals to prevent the spread of a contagious or possibly contagious disease, except where such actions are reasonably likely to lead to serious harm to the affected person, and to conduct an investigation as authorized under section 5 of this act.

b. Any person subject to an order to submit a specimen or for physical examination may request a hearing in the Superior Court to contest such order. The commissioner shall provide notice of the right to contest the order. The court may proceed in a summary manner. At the hearing, the burden of proof shall be on the commissioner to prove by a preponderance of the evidence that the person poses a threat to the public health and that the order issued by the commissioner is warranted to address such threat.

c. The commissioner may issue and enforce orders for the isolation or quarantine, pursuant to section 15 of this act, of any person whose refusal of medical examination or testing, or the inability to conduct such medical examination or testing due to the reasonable likelihood of serious harm caused to the person thereby, results in uncertainty regarding whether the person has been exposed to or is infected with a contagious or possibly contagious disease or otherwise poses a danger to public health.

14. (New Section) During a state of public health emergency, the commissioner may exercise the following powers as necessary to address the public health:

a. Require the vaccination of persons as protection against infectious disease and to prevent the spread of a contagious or possibly contagious disease, except as provided in paragraph (3) of this subsection.

(1) Vaccination may be performed by any person authorized to do so under State law.

(2) No vaccine shall be administered without obtaining the informed consent of the person to be vaccinated.

(3) To prevent the spread of a contagious or possibly contagious disease, the commissioner may issue and enforce orders for the isolation or quarantine, pursuant to section 15 of this act, of persons who are unable or unwilling to undergo vaccination pursuant to this section.

b. Require and specify in consultation with and upon the concurrence of the Department of Environmental Protection and the State Office of Emergency Management, the procedures for the decontamination of persons, personal property, property and facilities exposed to or contaminated with biological agents, chemical weapons
or release of nuclear or radiological devices.

c. Require, direct, provide, specify or arrange for the treatment of persons exposed to or infected with disease.

(1) Treatment may be administered by any person authorized to do so under State law.

(2) To prevent the spread of a contagious or possibly contagious disease, the commissioner may issue and enforce orders for the isolation or quarantine, pursuant to section 15 of this act, of persons who are unable or unwilling for reasons of health, religion or conscience to undergo treatment pursuant to this section.

15. (New Section) The following isolation and quarantine procedures shall be in effect during a state of public health emergency:

a. The commissioner may exercise, for such period as the state of public health emergency exists, the following emergency powers over persons:

(1) to designate, including an individual’s home when appropriate, and establish and maintain suitable places of isolation and quarantine;

(2) to issue and enforce orders for the isolation or quarantine of individuals subject to the procedures specified in this section; and

(3) to require isolation or quarantine of any person by the least restrictive means necessary to protect the public health, subject to the other provisions of this section. All reasonable means shall be taken to prevent the transmission of infection among the isolated or quarantined individuals, as well as among the personnel maintaining and caring for individuals in isolation or quarantine.

b. The following standards shall apply for quarantine or isolation.

(1) Persons shall be isolated or quarantined if it is determined by a preponderance of the evidence that the person to be isolated or quarantined poses a risk of transmitting an infectious disease to others. A person’s refusal to accept medical examination, vaccination, or treatment pursuant to sections 13 or 14 of this act shall constitute prima facie evidence that the person should be quarantined or isolated.

(2) Isolation or quarantine of any person shall be terminated by the commissioner when the person no longer poses a risk of transmitting an infectious disease to others.

c. (1) To the extent possible, the premises in which persons are isolated or quarantined shall be maintained in a safe and hygienic manner, designed to minimize the likelihood of further transmission of infection or other harm to persons subject to isolation or quarantine. Adequate food, clothing, medication, means of communication, other necessities and competent medical care shall be provided.

(2) An isolated person shall be confined separately from a quarantined person, unless otherwise determined by the commissioner.

(3) The health status of isolated and quarantined persons shall be monitored regularly to determine if their status should change. If a
quarantined person subsequently becomes infected or is reasonably believed to have become infected with a contagious or possibly contagious disease, the person shall promptly be moved to isolation.

d. (1) A person subject to isolation or quarantine shall obey the commissioner’s orders, shall not go beyond the isolation or quarantine premises, and shall not put himself in contact with any person not subject to isolation or quarantine other than a physician or other health care provider, or person authorized to enter the isolation or quarantine premises by the commissioner.

(2) No person, other than a person authorized by the commissioner, may enter the isolation or quarantine premises. Any person entering an isolation or quarantine premises may be isolated or quarantined.

e. (1) Except as provided in paragraph (4) of this subsection, the commissioner shall petition the Superior Court for an order authorizing the isolation or quarantine of a person or groups of persons.

(2) A petition pursuant to paragraph (1) of this subsection shall specify the following:

(a) the identity of the person or group of persons, by name or shared characteristics, subject to isolation or quarantine;

(b) the premises designated for isolation or quarantine;

(c) the date and time at which the commissioner requests isolation or quarantine to commence;

(d) the suspected contagious disease, if known;

(e) a statement of the terms and conditions of isolation and quarantine;

(f) a statement of the basis upon which isolation or quarantine is justified; and

(g) a statement of what effort, if any, has been made to give notice of the hearing to the person or group of persons to be isolated or quarantined, or the reason supporting the claim that notice should not be required.

(3) Except as provided in paragraph (4) of this subsection, before isolating or quarantining a person, the commissioner shall obtain a written order, which may be an ex parte order, from the Superior Court authorizing such action. The order shall be requested as part of a petition filed in compliance with paragraphs (1) and (2) of this subsection. The court shall grant an order upon finding by a preponderance of the evidence that isolation or quarantine is warranted pursuant to the provisions of this section. A copy of the authorizing order shall be provided to the person ordered to be isolated or quarantined, along with notification that the person has a right to a hearing pursuant to paragraph (5) of this subsection.

(4) Notwithstanding the provisions of paragraphs (1) through (3) of this subsection to the contrary, the commissioner may issue a verbal order, to be followed by a written order requiring the immediate,
temporary isolation or quarantine of a person or group of persons,
including those persons who have entered an isolation or quarantine
premises, without first obtaining an order from the court if the
commissioner determines that any delay in the isolation or quarantine
of the person would significantly jeopardize the ability to prevent or
limit the transmission of infectious or possibly infectious disease to
others. The commissioner's written order shall specify:

(a) the identity of the person or group of persons, by name or
shared characteristics, subject to isolation or quarantine;
(b) the premises designated for isolation or quarantine;
(c) the date and time at which the isolation or quarantine
commences;
(d) the suspected contagious disease, if known;
(e) a statement of the terms and conditions of isolation and
quarantine;
(f) a statement of the basis upon which isolation or quarantine is
justified; and
(g) the availability of a hearing to contest the order.

The commissioner shall provide notice of the order for isolation or
quarantine upon the person or group of persons specified in the order.
If the commissioner determines that service of the notice required is
impractical because of the number of persons or geographical areas
affected, or other good cause, the commissioner shall ensure that the
affected persons are fully informed of the order using the best possible
means available. A copy of the order shall also be posted in a
conspicuous place in the isolation or quarantine premises.

Following the issuance of the commissioner's order directing
isolation or quarantine, the commissioner shall file a petition pursuant
to paragraphs (1) through (3) of this subsection as soon as possible,
but not later than 72 hours thereafter.

(5) The court shall grant a hearing within 72 hours of the filing of
a petition when a person has been isolated or quarantined pursuant to
paragraphs (3) or (4) of this subsection. In any proceedings brought
for relief under this subsection, the court may extend the time for a
hearing upon a showing by the commissioner that extraordinary
circumstances exist that justify the extension.

(6) The court may order consolidation of individual claims into a
group of claims where:
(a) the number of persons involved or to be affected is so large as
to render individual participation impractical;
(b) there are questions of law or fact common to the individual
claims or rights to be determined;
(c) the group claims or rights to be determined are typical of the
affected individuals' claims or rights; and
(d) the entire group will be adequately represented in the
consolidation, giving due regard to the rights of affected individuals.
f. (1) Following a hearing as provided for in paragraph (5) of subsection e. of this section, on or after a period of time of no less than 10 days but not more than 21 days, as determined by the commissioner based on the generally recognized incubation period of the infectious disease warranting the isolation or quarantine, a person isolated or quarantined pursuant to the provisions of this section may request a court hearing to contest his continued isolation or quarantine. The court may proceed in a summary manner. The hearing shall be held within 72 hours of receipt of the request, excluding Saturdays, Sundays and legal holidays. A request for a hearing shall not act to stay the order of isolation or quarantine. At the hearing, the commissioner must show by a preponderance of the evidence that continuation of the isolation or quarantine is warranted because the person poses a significant risk of transmitting a disease to others with serious consequences.

(2) A person isolated or quarantined pursuant to the provisions of this section may request at any time a hearing in the Superior Court for injunctive relief regarding his treatment and the terms and conditions of the quarantine or isolation. Upon receiving a request for either type of hearing described in this paragraph, the court shall fix a date for a hearing. The court may proceed in a summary manner. The hearing shall be held no later than 10 days after the receipt of the request by the court. A request for a hearing shall not act to stay the order of isolation or quarantine.

(3) If, upon a hearing, the court finds that the isolation or quarantine of the individual is not warranted under the provisions of this section, then the person shall be immediately released from isolation or quarantine. If the court finds that the isolation or quarantine of the person is not in compliance with the provisions of subsection c. of this section, the court may fashion remedies appropriate to the circumstances of the state of public health emergency and in keeping with the provisions of this section.

(4) If a certificate of completion of isolation or quarantine issued by the department or the authorized local health department;
(2) is still qualified to perform the duties of such position; and
(3) makes application for reemployment within 90 days after being
released from isolation or quarantine.

b. If a public or private employer fails or refuses to comply with
the provisions of this section, the Superior Court may, upon the filing
of a complaint by the person entitled to the benefits of this section,
specifically require the employer to comply with the provisions of this
section, and may, as an incident thereto, order the employer to
compensate the person for any loss of wages or benefits suffered by
reason of the employer's unlawful action. A person claiming to be
entitled to the benefits of this section may appear and be represented
by counsel, or, upon application to the Attorney General, request that
the Attorney General appear and act on his behalf. If the Attorney
General is reasonably satisfied that the person so applying is entitled
to the benefits, he shall appear and act as attorney for the person in the
amicable adjustment of the claim, or in the filing of any complaint and
the prosecution thereof. No fees or court costs shall be assessed
against a person so applying for the benefits under this section.
Attorney fees shall be awarded to the Attorney General or to the
counsel for a person entitled to benefits under this section, who
prevails in the proceeding.

c. The Attorney General may apply to the Superior Court and the
court may grant additional relief to persons placed in isolation or
quarantine under section 15 of this act, which relief may include, but
is not limited to, relief similar to that accorded to military personnel
under P.L.1979, c.317 (C.38:23C-1 et seq.).

17. (New Section) a. Access to medical information of individuals
who have participated in medical testing, treatment, vaccination,
isolation or quarantine programs or efforts by the commissioner
pursuant to this act shall be limited to those persons having a
legitimate need to acquire or use the information to:
(1) provide treatment to the individual who is the subject of the
health information;
(2) conduct epidemiologic research;
(3) investigate the causes of the transmission;
(4) assist law enforcement agencies in the identification and
location of victims of the public health emergency; or
(5) provide payment by a responsible party for treatment or
services rendered.

b. Medical information held by the commissioner shall not be
disclosed to others without individual written, specific informed
consent, except for disclosures made:
(1) directly to the individual;
(2) to the individual's immediate family members or personal
representative;
(3) to appropriate federal agencies or authorities pursuant to federal law;
(4) to local health departments assisting in the epidemiological investigation or disease containment countermeasures;
(5) to law enforcement agencies, including the State Medical Examiner, investigating the circumstances giving rise to the public health emergency, or in the identification and location of victims of the public health emergency;
(6) pursuant to a court order to avert a clear danger to an individual or the public health; or
(7) to identify a deceased individual or determine the manner or cause of death.

18. (New Section) During a state of public health emergency, the commissioner may exercise, for such period as the state of public health emergency exists, the following emergency powers regarding health care personnel:

a. To require in-State health care providers to assist in the performance of vaccination, treatment, examination or testing of any individual;

b. To appoint and prescribe the duties of such out-of-State emergency health care providers as may be reasonable and necessary to respond to the public health emergency, as provided in this subsection.

(1) The appointment of out-of-State emergency health care providers may be for such period of time as the commissioner deems appropriate, but shall not exceed the duration of the public health emergency. The commissioner may terminate the out-of-State appointments at any time or for any reason if the termination will not jeopardize the health, safety and welfare of the people of this State.

(2) The commissioner may waive any State licensing requirements, permits, fees, applicable orders, rules and regulations concerning professional practice in this State by health care providers from other jurisdictions; and

(1) The appointment of persons pursuant to this subsection may be for a limited or unlimited time, but shall not exceed the duration of the public health emergency. The State Medical Examiner may terminate the out-of-State appointments at any time or for any reason.

(2) The State Medical Examiner may waive any licensing requirements, permits or fees otherwise required for the performance
of these duties, so long as the appointed emergency assistant medical
examiner is competent to properly perform the duties of the office. In
addition, if from another jurisdiction, the appointee shall possess the
licensing, permit or fee requirement for medical examiners or assistant
medical examiners in that jurisdiction.

d. (1) An in-State health care provider required to assist pursuant
to subsection a. of this section and an out-of-State emergency health
care provider appointed pursuant to subsection b. of this section shall
not be liable for any civil damages as a result of the provider’s acts or
omissions in providing medical care or treatment related to the public
health emergency in good faith and in accordance with the provisions
of this act.

(2) An in-State health care provider required to assist pursuant to
subsection a. of this section and an out-of-State emergency health care
provider appointed pursuant to subsection b. of this section shall not
be liable for any civil damages as a result of the provider’s acts or
omissions in undertaking public health preparedness activities, which
activities shall include but not be limited to pre-event planning, drills
and other public health preparedness efforts, in good faith and in
accordance with the provisions of this act.

19. (New Section)  a. As used in this section:
"Injury" means death, injury to a person or damage to or loss of
property.
"Public entity" includes the State, and any county, municipality,
district, public authority, public agency, and any other political
subdivision or public body in the State. Public entity also includes any
foreign governmental body, which is acting in this State under the
authority of this act.
"State" means the State and any office, department, division,
bureau, board, commission or agency of the State.

b. (1) A public entity and the agents, officers, employees, servants
or representatives of a public entity, including volunteers, shall not be
liable for an injury caused by any act or omission in connection with
a public health emergency, or preparatory activities, that is within the
scope of the authority granted under this act, including any order, rule
or regulation adopted pursuant to this act. An agent, officer,
employee, servant, representative or volunteer is not immune under
this section, however, for an injury that results from an act that is
outside the scope of the authority granted by this act or for conduct
that constitutes a crime, actual fraud, actual malice, gross negligence
or willful misconduct.

(2) No public entity or agent, officer, employee, servant or
representative or volunteer, shall be liable for an injury arising out of
property of any kind that is donated or acquired according to the
provisions of this or any other act for use in connection with a public
health emergency. An agent, officer, employee, servant, representative
or volunteer is not immune under this section, however, for an injury
that results from an act that is outside the scope of the authority
granted by this act or for conduct that constitutes a crime, actual
fraud, actual malice, gross negligence or willful misconduct.

   c. (1) A person or entity who owns, manages or controls property
that is used in connection with a public health emergency shall be
immune from liability for an injury with respect to the property, unless
the injury is a result of gross negligence or willful misconduct. The
immunity applies whether the person or entity owning, managing or
controlling the property permits the use of the property voluntarily,
with or without compensation, or the State or another public entity
exercises the condemnation powers in this or any other act with
respect to the use of the property.

   (2) A person or entity who is acting in the performance of a
contract with a public entity in connection with a public health
emergency shall be immune from liability for an injury caused by the
person or entity's negligence in the course of performing the contract.

   (3) A person or entity who, in connection with a public health
emergency, renders assistance or advice to a public entity or public
employee or donates goods and services shall be immune from liability
for an injury arising out of the person or entity's assistance, advice or
services, or associated with the donated goods, unless the injury is a
result of gross negligence or willful misconduct.

   (4) The immunities established under this subsection shall not apply
to a person whose act or omission caused or contributed to the public
health emergency.

d. The immunities established under this section shall be liberally
construed to carry out the purposes of this act and shall apply to all
public health preparedness activities, including pre-event planning,
drills or other public health preparedness efforts. The immunities are
in addition to, and shall not limit or abrogate in any way, other
statutory immunities, common law immunities, statutory conditions on
maintaining a lawsuit such as the notice provisions of the "New Jersey
Tort Claims Act," N.J.S.59:1-1 et seq., or other defenses available to
those who participate in responding to, or preparing for, a public
health emergency.

20. (New Section) The commissioner may authorize any school,
health care facility, child care center or youth camp to provide
potassium iodide as a supplemental protective action during a
radiological emergency to residents, staff members, minors or other
persons present in such facility, if:

   a. prior written permission has been obtained from each resident or
representative of a resident, staff member, or parent or guardian of a
minor for providing the potassium iodide; and
b. each person providing permission has been advised, in writing:
(1) that the ingestion of potassium iodide is voluntary only, (2) about
the contraindications of taking potassium iodide and (3) about the
potential side effects of taking potassium iodide.

21. (New Section) a. In order to assist the department with
comprehensive Statewide planning and coordination of all activities
related to public health preparedness, LINCS agencies shall, at the
direction of the commissioner, serve as the planning and coordinating
agency for all municipalities and local health agencies within the
county or city, as applicable.

b. The commissioner, either directly or through the LINCS
agencies, shall direct the activities of all local health agencies in the
county with regard to public health protection related to preparing for
and responding to public health emergencies.

c. The LINCS agency and all other local health agencies within the
county shall be subject to the direction and authority of the
commissioner, and shall perform such activities as are directed by the
commissioner, in accordance with the provisions of this act.

d. The LINCS agencies shall be responsible for performing disease
surveillance, terrorism response and public health emergency
response-related activities in such a manner as the commissioner may
direct, and for reporting to the commissioner on the conduct of these
activities as performed in the county or city, as applicable.

e. The commissioner may utilize the LINCS agencies to disseminate
such information to the other local health agencies in the county, and
to collect such information from those agencies, as the commissioner
deems necessary; and the LINCS agencies shall transmit the
information to the commissioner or the other local health agencies as
directed by the commissioner.

f. The commissioner is authorized to use available federal funds
received by the State to offset the costs incurred by LINCS agencies
in implementing the provisions of this act, and shall reimburse local
health agencies, subject to the approval of the State Treasurer and in
accordance with the provisions of this act.

22. (New Section) a. As used in this section:
"Biological Agent" means:
(1) any select agent that is a microorganism, virus, bacterium,
fungus, rickettsia or toxin listed in Appendix A of Part 72 of Title 42
of the Code of Federal Regulations;
(2) any genetically modified microorganism or genetic element from
an organism listed in Appendix A of Part 72 of Title 42 of the Code of
Federal Regulations, shown to produce or encode for a factor
associated with a disease;
(3) any genetically modified microorganism or genetic element that
contains nucleic acid sequences coding for any of the toxins listed in
Appendix A of Part 72 of Title 42 of the Code of Federal Regulations,
or their toxic subunits;
(4) high consequence livestock pathogens and toxins as determined
by the U.S. Department of Agriculture;
(5) any agents defined pursuant to R.S. 4:5-107 et seq. and
N.J.A.C. 2:6-1.1 et seq. and the Secretary of Agriculture; and
(6) any other agent as determined by the commissioner to represent
a significant risk to human and animal health.
“Possess or maintain” includes, but is not limited to, any of the
following: development, production, acquisition, transfer, receipt,
stockpiling, retention, ownership or use of a biological agent.
“Registry” means the Biological Agent Registry established
pursuant to this section.
b. The commissioner shall establish a Biological Agent Registry
and administer a program for the registration of biological agents. The
registry shall identify the biological agents possessed or maintained by
any person in this State and shall contain such other information as
required by regulation of the commissioner pursuant to this section.
c. A person who possesses or maintains any biological agent
required to be registered under this section shall report the informa-
tion to the department in a form and manner required by the commissioner.
d. Except as otherwise provided in this section, information
prepared for or maintained in the registry shall be confidential.
(1) The commissioner may, in accordance with rules adopted by the
commissioner, release information contained in the registry for the
purpose of conducting or aiding in a communicable disease
investigation.
(2) The commissioner shall cooperate, and may share information
contained in the registry, with the United States Centers for Disease
Control and Prevention, the Department of Homeland Security and
State and federal law enforcement agencies pursuant to a
communicable disease investigation commenced or conducted by the
department, the New Jersey Domestic Security Preparedness Task
Force established pursuant to P.L.2001, c.246 (C.App. A:9-64 et
seq.), or other State or federal law enforcement agency having
investigatory authority, or in connection with any investigation
involving the release, theft or loss of a registered biological agent.
(3) Release of information from the registry as authorized under
this section shall not render the information released or information
prepared for or maintained in the registry a public or government
record under P.L.1963, c.73 (C. 47:1A-1 et seq.) and P.L.2001, c.404
(C.47:1A-5 et al.)
e. Any person who willfully or knowingly violates any provision of
this section is liable for a penalty not to exceed $10,000 per day of the
violation, and each day the violation continues shall constitute a
separate and distinct violation. A penalty imposed under this section may be recovered with costs in a summary proceeding before the Superior Court pursuant to the "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).

f. The commissioner shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to carry out the purposes of this section; except that, notwithstanding any provision of P.L.1968, c.410 to the contrary, the commissioner may adopt, immediately upon filing with the Office of Administrative Law, such regulations as he deems necessary to implement the provisions of this section, which shall be effective for a period not to exceed six months and thereafter be amended, adopted or readopted by the commissioner in accordance with the requirements of P.L.1968, c.410.

The regulations shall include, but not be limited to:

1. a list of the biological agents required to be registered pursuant to this section;
2. designation of the persons required to make reports, the specific information required to be reported, time limits for reporting, the form of the reports, and the person to whom the report shall be submitted;
3. provisions for the release of information in the registry to State and federal law enforcement agencies, the Centers for Disease Control and Prevention and the Department of Homeland Security pursuant to paragraph (2) of subsection d. of this section;
4. establishment of a system of safeguards that requires a person who possesses or maintains a biological agent required to be registered under this section to comply with the federal standards that apply to a person registered to possess or maintain the agent under federal law;
5. establishment of a process for a person that possesses or maintains a registered biological agent to alert appropriate authorities of unauthorized possession or attempted possession of a registered biological agent, and designation of appropriate authorities for receipt of the alerts; and
6. establishment of criteria and procedures for the commissioner to grant exemptions to the requirements if it is determined that the public benefit of such exemption outweighs the need for regulation.

23. (New section) a. The commissioner shall develop and implement a New Jersey Vaccine Education and Prioritization Plan, as provided in subsection b. of this section, when the commissioner determines that: (1) an emergent condition exists and there is clear evidence that adverse and avoidable health outcomes from a preventable and acute communicable disease are expected to affect identifiable categories of high-risk individuals throughout the State; and (2) in order to protect or treat such individuals, assistance with the administration of vaccine is warranted due to a vaccine shortage.
b. To protect the public health during a vaccine shortage, the commissioner shall issue an order to implement a New Jersey Vaccine Education and Prioritization Plan, which shall comprise:

(1) procedures for the assessment of available vaccine Statewide;
(2) procedures for the distribution and administration of vaccines that shall apply to physicians, nurses, health care facilities, pharmacies and others that dispense vaccines. The procedures shall include, but not be limited to, a definition of high-risk groups for priority protection or treatment in the event a vaccine shortage is imminent or existent; and
(3) procedures for: (a) mobilizing public and private health resources to assist in vaccine distribution and administration; and (b) reallocating available supplies of vaccine to most effectively meet the needs of the State's high-risk groups, if necessary.

c. As used in this section, "vaccine" includes vaccines, immune products and chemoprophylactic and treatment medications.

d. A person who willfully or knowingly violates the New Jersey Vaccine Education and Prioritization Plan or any procedures contained therein shall be liable for a civil penalty of $500 for each violation. The penalty shall be sued for and collected by the commissioner in a summary proceeding before the Superior Court pursuant to the "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).

e. The commissioner shall notify the appropriate professional or occupational licensing board or licensing authority, in the case of a facility, of repeated violations of the procedures by a health care professional or licensed facility.

24. (New Section) Any correspondence, records, reports and medical information made, maintained, received or filed pursuant to this act shall not be considered a public or government record under P.L.1963, c.73 (C. 47:1A-1 et seq.) and P.L.2001, c.404 (C.47:1A-5 et al.).

25. (New section) The commissioner shall have the power to enforce the provisions of this act through the issuance of orders and such other remedies as are provided by law.

26. (New Section) The provisions of this act do not explicitly preempt other laws or regulations that preserve to a greater degree the powers of the Governor or commissioner, provided such laws or regulations are consistent and do not otherwise restrict or interfere with the operation or enforcement of the provisions of this act.

27. (New Section) The powers granted in the act are in addition to, and not in derogation of, powers otherwise granted by law to the State
28. R.S.26:4-2 is amended to read as follows:

26:4-2. Powers of state department and local board

In order to prevent the spread of disease, the [state department of health] Department of Health and Senior Services, and the local boards of health within their respective jurisdictions and subject to the state sanitary code, shall have power to:

- [Defining communicable disease.] a. Declare what diseases are communicable.
- [Epidemics.] b. Declare when any communicable disease has become epidemic.
- [Reporting diseases.] c. Require the reporting of communicable diseases.
- [Isolation and quarantine.] d. Maintain and enforce proper and sufficient quarantine, wherever deemed necessary.
- [Removal of infected person.] e. Remove any person infected with a communicable disease to a suitable place, if in its judgment removal is necessary and can be accomplished without any undue risk to the person infected.
- [Disinfection.] f. Disinfect any premises when deemed necessary.
- [Removal and destruction of property.] g. Remove to a proper place to be designated by it all articles within its jurisdiction, which, in its opinion, shall be infected with any matter likely to communicate disease and to destroy such articles, when in its opinion the safety of the public health requires it.

In the event the Governor declares a public health emergency, the department shall oversee the uniform exercise of these powers in the State and the local board of health shall be subject to the department’s exercise of authority under this section.

(R.S.26:4-2)

29. R.S.26:8-62 is amended to read as follows:

26:8-62. a. The State registrar or local registrar shall, upon request, supply to a person who establishes himself as one of the following: the subject of the record of a birth, death, fetal death, certificate of birth resulting in stillbirth, domestic partnership or marriage, as applicable; the subject's parent, legal guardian or other legal representative; the subject's spouse, child, grandchild or sibling, if of legal age, or the subject's legal representative; an agency of State or federal government for official purposes; a person possessing an order of a court of competent jurisdiction; or a person who is authorized under other emergent circumstances as determined by the commissioner, a [certification of] certified copy, or release of the data and information of that record registered under the provisions of
R.S.26:8-1 et seq., or any domestic partnership registered under the provisions of P.L.2003, c.246 (C.26:8A-1 et al.), for any of which, except as provided by R.S.26:8-63, the State registrar shall be entitled to a search fee, if any, as provided by R.S.26:8-64, to be paid by the person. A certification may be issued in other circumstances and shall state that it is for informational purposes only, and is not to be used for identification purposes. The registrar shall authenticate the identity of the requestor and the requestor's relationship with the subject of the vital record. For the purposes of this subsection, any employee of a mortuary registered pursuant to P.L.1952, c.340 (C.45:7-32 et seq.), or a funeral director licensed pursuant to that act who is affiliated with a registered mortuary, if the mortuary was recorded on the original certificate of death, shall be construed to be the subject's legal representative and entitled to obtain full and complete copies of death certificates or certifications thereof.

b. The State registrar shall, upon request, supply to any applicant a certified transcript of any entry contained in the records of the New Jersey State census for which, except as provided by R.S.26:8-63, he shall be entitled to a search fee as provided by R.S.26:8-64, to be paid by the applicant.

c. For each death registration initiated on the NJ-EDRS on or after the first day of the first month following the date of enactment of P.L.2003, c.221 but before the first day of the thirty-seventh month following the date of enactment of P.L.2003, c.221, the State registrar shall be paid a recording fee for each record filed, whether by means of the current paper process or electronically, in an amount to be determined by the State registrar but not exceeding $10, from the account of the funeral home, which may include this amount in the funeral expenses charged to the estate or person accepting responsibility for the disposition of the deceased's human remains and the costs associated therewith; provided however, this fee shall not apply to the death registration of a person who died while in the military or naval or maritime or merchant marine service of the United States whose death is recorded pursuant to section 1 of P.L.1950, c.299 (C.26:6-5.2). The State registrar shall deposit the proceeds from the recording fee into the New Jersey Electronic Death Registration Support Fund established pursuant to section 17 of P.L.2003, c.221 (C.26:8-24.2).

d. Notwithstanding any other provision of this section to the contrary, the Commissioner of Health and Senior Services shall designate specifications for uniform forms for the issuance of all vital records, which shall be used by registrars beginning on a date established by the commissioner. The form designated for certified copies of vital records shall contain safety features for authentication purposes and to deter forgery, and shall be readily distinguishable from the form designated for certifications of vital records. Local registrars
may include in the fee for a certified copy the additional cost of the
form containing such safety features.

The commissioner may issue and enforce orders to implement the
provisions of this subsection.
(cf: P.L.2003, c.246, s.24)

30. R.S.34:15-43 is amended to read as follows:
34:15-43. Every officer, appointed or elected, and every employee
of the State, county, municipality or any board or commission, or any
other governing body, including boards of education, and governing
bodies of service districts, individuals who are under the general
supervision of the Palisades Interstate Park Commission and who work
in that part of the Palisades Interstate Park which is located in this
State, and also each and every member of a volunteer fire company
doing public fire duty and also each and every active volunteer, first
aid or rescue squad worker, including each and every authorized
worker who is not a member of the volunteer fire company within
which the first aid or rescue squad may have been created, doing
public first aid or rescue duty under the control or supervision of any
commission, council, or any other governing body of any municipality,
any board of fire commissioners of such municipality or of any fire
district within the State, or of the board of managers of any State
institution, every county fire marshal and assistant county fire marshal,
every special, reserve or auxiliary policeman doing volunteer public
police duty under the control or supervision of any commission,
council or any other governing body of any municipality, every
emergency management volunteer doing emergency management
service for the State, every health care provider, public health worker
and support services personnel, registered with the Emergency Health
Care Provider Registry pursuant to section 6 of P.L. , c.
(C. )(pending before the Legislature as this bill), and any person
doing volunteer work for the Division of Parks and Forestry, the
Division of Fish and Wildlife, or the New Jersey Natural Lands Trust,
as authorized by the Commissioner of Environmental Protection, or
for the New Jersey Historic Trust, who may be injured in line of duty
shall be compensated under and by virtue of the provisions of this
article and article 2 of this chapter (R.S.34:15-7 et seq.). No former
employee who has been retired on pension by reason of injury or
disability shall be entitled under this section to compensation for such
injury or disability; provided, however, that such employee, despite
retirement, shall, nevertheless, be entitled to the medical, surgical and
other treatment and hospital services as set forth in R.S.34:15-15.

Benefits available under this section to emergency management
volunteers and volunteers participating in activities of the Division of
Parks and Forestry, the Division of Fish and Wildlife, the New Jersey
Natural Lands Trust or the New Jersey Historic Trust, shall not be
paid to any claimant who has another single source of injury or death
benefits that provides the claimant with an amount of compensation
that exceeds the compensation available to the claimant under
R.S.34:15-1 et seq.

As used in this section, the terms "doing public fire duty" and "who
may be injured in line of duty," as applied to members of volunteer fire
companies, county fire marshals or assistant county fire marshals, and
the term "doing public first aid or rescue duty," as applied to active
volunteer first aid or rescue squad workers, shall be deemed to include
participation in any authorized construction, installation, alteration,
maintenance or repair work upon the premises, apparatus or other
equipment owned or used by the fire company or the first aid or rescue
squad, participation in any State, county, municipal or regional search
and rescue task force or team, participation in any authorized public
drill, showing, exhibition, fund raising activity or parade, and to
include also the rendering of assistance in case of fire and, when
authorized, in connection with other events affecting the public health
or safety, in any political subdivision or territory of another state of
the United States or on property ceded to the federal government
while such assistance is being rendered and while going to and
returning from the place in which it is rendered.

Also, as used in this section, "doing public police duty" and "who
may be injured in line of duty" as applied to special, reserve or
auxiliary policemen, shall be deemed to include participation in any
authorized public drill, showing, exhibition or parade, and to include
also the rendering of assistance in connection with other events
affecting the public health or safety in the municipality, and also, when
authorized, in connection with any such events in any political
subdivision or territory of this or any other state of the United States
or on property ceded to the federal government while such assistance
is being rendered and while going to and returning from the place in
which it is rendered.

As used in this section, the terms "doing emergency management
service" and "who may be injured in the line of duty," as applied to
emergency management volunteers and health care providers, public
health workers and support services personnel registered with the
Emergency Health Care Provider Registry pursuant to section 6 of
P.L. , c. (pending before the Legislature as this bill), mean
participation in any activities authorized pursuant to P.L. 1942, c.251
(C.App.A:9-33 et seq.), including participation in any State, county,
municipal or regional search and rescue task force or team, except that
the terms shall not include activities engaged in by a member of an
emergency management agency of the United States Government or
of another state, whether pursuant to a mutual aid compact or
otherwise.

Every member of a volunteer fire company shall be deemed to be
doing public fire duty under the control or supervision of any such commission, council, governing body, board of fire commissioners or fire district or board of managers of any State institution within the meaning of this section, if such control or supervision is provided for by statute or by rule or regulation of the board of managers or the superintendent of such State institution, or if the fire company of which he is a member receives contributions from, or a substantial part of its expenses or equipment are paid for by, the municipality, or board of fire commissioners of the fire district or if such fire company has been or hereafter shall be designated by ordinance as the fire department of the municipality.

Every active volunteer, first aid or rescue squad worker, including every authorized worker who is not a member of the volunteer fire company within which the first aid or rescue squad may have been created, shall be deemed to be doing public first aid or rescue duty under the control or supervision of any such commission, council, governing body, board of fire commissioners or fire district within the meaning of this section if such control or supervision is provided for by statute, or if the first aid or rescue squad of which he is a member or authorized worker receives or is eligible to receive contributions from, or a substantial part of its expenses or equipment are paid for by, the municipality, or board of fire commissioners of the fire district, or if such first aid or rescue squad has been or hereafter shall be designated by ordinance as the first aid or rescue squad of the municipality.

As used in this section and in R.S.34:15-74, the term "authorized worker" shall mean and include, in addition to an active volunteer fireman and an active volunteer first aid or rescue squad worker, any person performing any public fire duty or public first aid or rescue squad duty, as the same are defined in this section, at the request of the chief or acting chief of a fire company or the president or person in charge of a first aid or rescue squad for the time being.

A member of a volunteer fire company, active volunteer first aid or rescue squad worker, county fire marshal, assistant county fire marshal, special, reserve or auxiliary policeman or emergency management volunteer serving a volunteer organization duly created and under the control or supervision of any commission, council or any other governing body of any municipality, any board of fire commissioners of that municipality or of any fire district within the State, or of the board of managers of any State institution, who participated in a search and rescue task force or team in response to the terrorist attacks of September 11, 2001 without the authorization of that volunteer organization's governing body and who suffered injury or death as a result of participation in that search and rescue task force or team shall be deemed an employee of this State for the purpose of workers' compensation benefits as would have accrued if
the injury or death had occurred in the performance of the duties of
the volunteer company or squad of which he was a member.

Whenever a member of a volunteer fire company, active volunteer
first aid or rescue squad worker, county fire marshal, assistant county
fire marshal, special, reserve or auxiliary policeman or emergency
management volunteer serving a volunteer organization duly created
and under the control or supervision of any commission, council or any
other governing body of any municipality, any board of fire
commissioners of that municipality or of any fire district within the
State, or of the board of managers of any State institution, participates
in a national, multi-state, State, municipal or regional search and
rescue task force or team without the authorization of that volunteer
organization's governing body but pursuant to a Declaration of
Emergency by the Governor of the State of New Jersey specifically
authorizing volunteers to respond immediately to the emergency
without requiring the authorization of the volunteer company or
squad, and the member of the volunteer fire company, active volunteer
first aid or rescue squad worker, county fire marshal, assistant county
fire marshal, special, reserve or auxiliary policeman or emergency
management volunteer suffers injury or death as a result of
participation in that search and rescue task force or team, he shall be
deemed an employee of this State for the purpose of workers' compensations as would have accrued if the injury or death had
occurred in the performance of the duties of the volunteer company or
squad of which he was a member.

Nothing herein contained shall be construed as affecting or
changing in any way the provisions of any statute providing for sick,
disability, vacation or other leave for public employees or any
provision of any retirement or pension fund provided by law.

(cf: P.L.2001, c.325, s.1)

31. R.S. 34:15-75 is amended to read as follows:

34:15-75. Compensation for injury and death, either or both, of any
volunteer fireman, county fire marshal, assistant county fire marshal,
v olunteer first aid or rescue squad worker, volunteer driver of any
municipally-owned or operated ambulance, forest fire warden or forest
fire fighter employed by the State of New Jersey, member of a board
of education, special reserve or auxiliary policeman doing volunteer
public police duty under the control or supervision of any commission,
council or any other governing body of any municipality, emergency
management volunteer doing emergency management service, health
care providers, public health workers and support services personnel
registered with the Emergency Health Care Provider Registry pursuant
to section 6 of P.L. , c. (pending before the Legislature as this
bill) and doing emergency management service for the State, or any
volunteer worker for the Division of Parks and Forestry, the Division
of Fish and Wildlife, the New Jersey Natural Lands Trust or the New
Jersey Historic Trust, shall:

a. Be based upon a weekly salary or compensation conclusively
presumed to be received by such person in an amount sufficient to
title him, or, in the event of his death, his dependents, to receive the
maximum compensation by this chapter authorized; and

b. Not be subject to the seven-day waiting period provided in
R.S.34:15-14.

(cf: P.L.2001, c.328, s.2)

32. The commissioner shall adopt rules and regulations pursuant
to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) in order to carry out the purpose of this act.

33. This act shall take effect immediately.

STATEMENT

This bill provides the express authority to the Governor to declare
a public health emergency and augments the emergency authority of
the Commissioner of Health and Senior Services to detect, prevent,
prepare for and respond to public health emergencies, authority that
already exists in general form in Title 26 of the Revised Statutes. It
is also intended to specifically enumerate procedures that would be
used during a public health emergency to exercise those powers.

The bill: expands and clarifies the duties of health care providers to
report medical conditions that could lead to a public health emergency;
requires pharmacists to report prescription-related events that could
lead to a public health emergency; clarifies procedures for the
Department of Health and Senior Services to track potential public
health emergencies; and clarifies or expands the commissioner's
emergency powers in the event of a public health emergency, including
the safe and respectful disposal of human remains, managing the
availability of health care supplies, waiving health care facility medical
staff privileging requirements, and the ability to implement effective
vaccination, testing, and treatment programs.

The bill also authorizes the commissioner to establish an
"Emergency Health Care Provider Registry" of health care providers,
public health workers and support services personnel who are qualified
and willing to volunteer during a public health emergency, and affords
those individuals immunity and benefits and compensation in the event
of being injured in the line of duty.

The bill also establishes the procedures for quarantining and
isolating individuals, with appropriate due process protections, and
provides procedures for the protection of confidential health
information gathered during a public health emergency. It also
provides for increased security concerning certain vital statistics
records.

The bill amends R.S.26:4-2 by providing express language that after
the declaration of a public health emergency by the Governor, local
boards of health shall be subject to the department's exercise of
authority under the aforementioned section. Furthermore, under this
bill, the commissioner shall designate a local health agency in each
county or designated city to serve as the LINCS agency for that
county or city for the purpose of planning and coordination to prepare
for and respond to public health emergencies.

Under this bill, the commissioner shall also establish a "Biological
Agent Registry" and administer a program for the registration of
certain biological agents. The commissioner shall adopt rules and
regulations to include a list of biological agents required to be
reported, establish safeguards to ensure compliance with applicable
federal standards, and establish a process to alert appropriate
authorities of unauthorized possession or attempted position of
registered biological agents.

The bill also directs the commissioner to develop and implement a
New Jersey Vaccine Education and Prioritization Plan when the
commissioner determines that: (1) an emergent condition exists and
there is clear evidence that adverse and avoidable health outcomes
from a preventable and acute communicable disease are expected to
affect identifiable categories of high-risk individuals throughout the
State; and (2) in order to protect or treat such individuals, assistance
with the administration of vaccine is warranted due to a vaccine
shortage. The plan would comprise: procedures for the assessment of
available vaccine Statewide; procedures for the distribution and
administration of vaccines that would apply to physicians, nurses,
health care facilities, pharmacies and others that dispense vaccines (the
procedures would include a definition of high-risk groups for priority
protection or treatment in the event a vaccine shortage is imminent);
and procedures for mobilizing public and private health resources to
assist in vaccine distribution and administration, and reallocating
available supplies of vaccine to most effectively meet the needs of the
State's high-risk groups, if necessary.