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STATE OF NEW JERSEY
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SYNOPSIS

Establishes New Jersey Caregiver Task Force to evaluate and provide recommendations on caregiver support services.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on June 11, 2018, with amendments.

(Sponsorship Updated As Of: 12/18/2018)

1 AN ACT concerning caregiver support services ¹[, and
2 supplementing Title 26 of the Revised Statutes]¹.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. The Legislature finds and declares that:

8 a. An estimated 1.75 million people in New Jersey provide
9 varying degrees of unreimbursed care to persons who are elderly or
10 disabled and limited in their daily activities.

11 b. Caregivers are often the immediate family members of the
12 individual being cared for, but may also be friends or community
13 members thereof.

14 c. Although caregivers may assist an individual with the basic
15 activities associated with daily living, including walking, eating,
16 and dressing, they may also be expected to perform more complex
17 daily tasks, such as administering multiple medications, providing
18 wound care, and operating medical equipment.

19 d. The provision of care to persons with cognitive or behavioral
20 health problems or disorders, such as persons with a mental illness,
21 disease, or disability, can be particularly challenging, since
22 cognitive or behavioral health issues may cause the person to resist
23 taking medications or reject assistance with daily activities.

24 e. The act of caregiving can take a serious emotional and
25 physical toll on the caregiver, and caregivers generally experience
26 more physical and mental health complications, higher mortality
27 risks, and suffer from an increased risk of depression, anxiety
28 disorders, diminished immune response, slower wound healing, and
29 a greater incidence of hospitalization than non-caregivers.

30 f. Many caregivers feel that they lack the necessary skill set or
31 institutional support, or both, to perform the various tasks required
32 of them.

33 g. Because of a lack of sufficient caregiver support services,
34 many caregivers either miss work or are forced to quit their jobs in
35 order to effectively provide caregiving services, and a caregiver
36 who provides intense personal care can lose as much as \$659,000 in
37 wages, pensions, and Social Security over the course of their
38 caregiving career.

39 h. By 2020, the number of adults in the State who need
40 assistance with daily living activities is expected to double.

41 i. In order to successfully address the challenges associated
42 with the rising number of persons with significant needs for long-
43 term services and care, and in order to ensure the provision of
44 sufficient institutional and financial supports to the caregiver
45 community that is engaged in the provision of essential home-based

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.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted June 11, 2018.

1 care to such persons, it is both reasonable and necessary for the
2 Legislature to establish a caregiver task force to identify, and
3 determine the support service needs of, caregivers in the State, and
4 to develop recommendations for the improvement and expansion of
5 caregiver support service programs and systems.

6
7 2. a. There is established the “New Jersey Caregiver Task
8 Force.” The purpose of the task force shall be to determine the
9 availability of caregiver support services in the State, and provide
10 recommendations for the improvement and expansion of such
11 services, in accordance with the provisions of this act.

12 b. The Caregiver Task Force shall consist of 11 members as
13 follows: the Commissioner of Human Services, the ¹ **President**
14 State Director¹ of the New Jersey chapter of the AARP ¹ or the State
15 Director’s designee¹, the Executive Director of Caregivers of New
16 Jersey, the Executive Director of the Arc of New Jersey, the
17 Executive Director of the National Alliance on Mental Illness New
18 Jersey, the President of the Home Care and Hospice Association of
19 New Jersey, the President of Leading Age New Jersey, and the
20 President of the Alzheimer’s Association Greater New Jersey
21 Chapter, or their designees; and three public members appointed by
22 the Governor. The public members shall include one person who is
23 a caregiver for a person with a disability, one person who is a
24 caregiver for a person with mental illness, and one person who is a
25 caregiver for an elderly person. Vacancies in the membership of
26 the task force shall be filled in the same manner provided for the
27 original appointments.

28 c. The task force shall organize as soon as practicable, but not
29 later than the 30th day following the appointment of its members,
30 and upon its organization, the task force shall elect a chairperson
31 from among its members. The task force may meet and hold
32 hearings at the times and places it may designate, but shall hold at
33 least one hearing in each of the northern, central, and southern
34 regions of the State. The task force may conduct business without a
35 quorum, but may only vote on a recommendation when a quorum is
36 present. The members of the task force shall serve without
37 compensation, but may be reimbursed for travel and other
38 miscellaneous expenses incurred in the necessary performance of
39 their duties, within the limits of funds made available to the task
40 force for its purposes.

41 d. The task force is entitled to receive assistance and services
42 from any State, county, or municipal department, board,
43 commission, or agency, as it may require, and as may be available
44 to it for its purposes. The task force is further authorized to consult
45 with any association, organization, or individual having knowledge
46 of, or experience with, caregiver issues. The Department of Human
47 Services shall provide professional and clerical staff to the task
48 force, as may be necessary to effectuate the purposes of this act.

1 e. The task force may solicit, receive, and expend any grant
2 moneys or other funds that may be made available, for the task
3 force's purposes, by any government agency or any private for-
4 profit or not-for-profit organization or entity.

5 f. As used in this act:

6 "Caregiver" means any person, regardless of age, who provides
7 assistance, in a non-medical setting, and without financial
8 compensation, to an elderly or functionally impaired individual, by
9 assisting the individual in the performance of their daily tasks, such
10 as walking, eating, dressing, administering medications, providing
11 wound care, or operating medical equipment.

12 "Caregiver support services" means any type of support or
13 assistance that is or may be made available to caregivers in the
14 State, including, but not limited to, financial support or assistance
15 from any source, and any other types of support or assistance
16 provided by public or private employers, hospitals, health care
17 providers or organizations, or government agencies.

18

19 3. a. The New Jersey Caregiver Task Force, established
20 pursuant to section 2 of this act, shall:

21 (1) Identify, and compile an inventory of, existing State
22 policies, resources, and programs that are available to support or
23 assist caregivers;

24 (2) Identify and survey caregivers in this State, in order to
25 develop an aggregate summary of caregiver characteristics, which
26 indicates ¹;

27 (a)¹ the total number of caregivers in the State;

28 (b)¹ the number of caregivers in each of the northern, central,
29 and southern regions of the State;

30 (c)¹ the average age of caregivers;

31 (d)¹ the average time spent per week engaged in caregiving
32 activities;

33 (e)¹ the average total period of time spent in the caregiver role;

34 (f)¹ the average amount of paid and unpaid leave time taken off
35 work to engage in caregiving activities;

36 (g)¹ the nature and severity of illnesses or conditions suffered
37 by the persons being cared for; and

38 (h)¹ the existing support services that are most commonly used
39 by caregivers; and

40 (3) Solicit and receive testimony from caregivers on the
41 following topics:

42 (a) the nature and type of simple and complex tasks undertaken
43 by caregivers, and the frequency of caregiver engagement therein;

44 (b) the feasibility of delegating certain tasks to other caregivers
45 or to medical or non-medical personnel;

1 (c) the availability and sufficiency of caregiver training
2 programs or opportunities, and the frequency of caregiver
3 engagement in such programs or opportunities;

4 (d) the costs associated with caregiving, including, but not
5 limited to, the loss or expenditure of caregiver income;

6 (e) the availability and sufficiency of financial support services,
7 and the frequency of caregiver use of such services;

8 (f) the availability and sufficiency of respite care services, and
9 the frequency of caregiver use of such services;

10 (g) the practical experiences of caregivers in relation to: (i) their
11 requests for, or receipt of, caregiver support services; (ii) their
12 interactions with government agencies, hospitals, health care
13 providers and organizations, and the employees or representatives
14 thereof, in association with caregiving matters; (iii) their
15 interactions with public and private employers in relation to
16 caregiving matters; and (iv) the use of medical leave for caregiving
17 purposes; and

18 (h) any other topic that is relevant to the determination of
19 caregiver support service needs.

20 b. Not later than 12 months after the task force is organized
21 pursuant to section 2 of this act, it shall prepare and submit a report
22 to the Governor and, pursuant to section 2 of P.L.1991, c.164
23 (C.52:14-19.1), to the Legislature, providing its findings and
24 recommendations in relation to the support of caregivers in the
25 State. The report shall include, at a minimum, the following
26 information:

27 (1) an abstract of caregiver characteristics, which summarizes
28 information that has been obtained by the task force under
29 paragraph (2) of subsection a. of ¹this¹ section ¹**3** of this act¹;

30 (2) a list of the caregiver support services that are currently
31 made available from all sources, including the federal government,
32 federal and State agencies, and public and private employers;

33 (3) a description of caregiver concerns elucidated in testimony
34 received under paragraph (3) of subsection a. of ¹this¹ section ¹**3**
35 of this act¹; and

36 (4) recommendations for legislation, or for regulatory or
37 programmatic changes, that would be necessary to supplement,
38 expand, or improve the existing caregiver support services available
39 in the State, in response to the concerns of caregivers.

40 ¹c.¹The task force shall dissolve ¹**on the 30th day following its**
41 **submission of** 30 days after the date it submits¹ the report ¹**in**
42 **accordance with** required pursuant to subsection b. of¹ this section.

43

44 4. This act shall take effect immediately, and shall expire on
45 the 30th day following the submission of a task force report to the
46 Governor and the Legislature, as provided by section 3 of this act.