

[Fifth Reprint]

ASSEMBLY, No. 4004

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED MAY 4, 2020

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SYNOPSIS

Establishes Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities.

CURRENT VERSION OF TEXT

As amended on May 17, 2021 by the General Assembly pursuant to the Governor's recommendations.

(Sponsorship Updated As Of: 5/20/2021)

1 AN ACT establishing the Coronavirus Disease 2019 (COVID-19)
2 Pandemic Task Force on Racial and Health Disparities.

3

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

6

7 1. There is established the Coronavirus Disease 2019 (COVID-
8 19) Pandemic Task Force on Racial and Health Disparities in the
9 Department of Health.

10 a. The task force shall consist of ¹[15] ⁵[21¹] 23⁵ members as
11 follows:

12 (1) the Chief Diversity Officer ³[of New Jersey]³; a
13 representative of the Department of Health whose duties or
14 expertise includes expanding access by minority populations to
15 clinically appropriate healthcare services or eliminating
16 discrimination in the implementation of healthcare programs,
17 policies, or initiatives; ¹a representative of the Department of
18 Community Affairs; a representative of the Department of Human
19 Services; a representative of the Department of Children and
20 Families; a representative of the Housing and Mortgage Financing
21 Agency; ¹ ⁵a representative of the Division of Consumer Affairs in
22 the Department of Law and Public Safety; a representative of the
23 Division on Civil Rights in the Department of Law and Public
24 Safety; ⁵ and a representative of the Office of Emergency
25 Management;

26 (2) two ⁴public⁴ members ⁴[of] appointed by⁴ the ⁵Governor,
27 upon recommendation by the⁵ Senate ⁴President⁴, one of whom
28 shall be ⁴[a member] ⁵[appointed] recommended⁵ based on the
29 recommendation⁴ of the New Jersey Black Legislative Caucus, and
30 one of whom shall be ⁴[a member] ⁵[appointed] recommended⁵
31 based on the recommendation⁴ of the New Jersey Latino Caucus ⁴[,
32 appointed by the Senate President]⁴;

33 (3) two ⁴public⁴ members ⁴appointed by the ⁵Governor, upon
34 recommendation by the⁵ Speaker⁴ of the General Assembly, one of
35 whom shall be ⁴[a member] ⁵[appointed] recommended⁵ based on
36 the recommendation⁴ of the New Jersey Black Legislative Caucus,
37 and one whom shall be ⁴[a member] ⁵[appointed] recommended⁵
38 based on the recommendation⁴ of the New Jersey Latino Caucus ⁴[,
39 appointed by the Speaker of the General Assembly]⁴; and

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:

¹Assembly AHE committee amendments adopted June 22, 2020.

²Senate SHH committee amendments adopted October 8, 2020.

³Senate floor amendments adopted October 29, 2020.

⁴Senate floor amendments adopted January 28, 2021.

⁵Assembly amendments adopted in accordance with Governor's recommendations May 17, 2021.

1 (4) ¹~~【8】~~ ten¹ public members appointed by the Governor, who
2 shall include: a representative of the New Jersey Institute for Social
3 Justice; a representative of a federally qualified health center; a
4 physician licensed to practice in this State who specializes in
5 providing care to patients in the State's minority and vulnerable
6 communities; a nurse licensed to practice in this State who
7 specializes in providing care to patients in the State's minority and
8 vulnerable communities who may be a school nurse; a
9 representative of a general hospital located in the State's minority
10 and vulnerable communities ¹with direct experience working with
11 minority and vulnerable communities; a representative of the
12 Maternal and Child Health Consortia¹; a representative of the New
13 Jersey Urban Mayor's Association; and ¹~~【two】~~ three¹
14 representatives of ¹~~【two】~~ three¹ different non-profit organizations
15 that conduct research, education, and training on, and develop
16 policy initiatives to ¹~~【,】~~ ¹address¹ health equity in this State.

17 b. Vacancies in the membership of the task force shall be filled
18 in the same manner provided for the original appointments. The
19 public members of the task force shall serve without compensation
20 but may be reimbursed for traveling and other miscellaneous
21 expenses necessary to perform their duties within the limits of funds
22 made available to the task force for its purposes.

23 c. The task force shall organize as soon as practicable after the
24 appointment of its members and shall select a chairperson and vice-
25 chairperson from among its members. The chairperson shall
26 appoint a secretary who need not be a member of the task force.

27 d. The task force may meet at the call of its chairperson and
28 hold ²at a minimum, three public² hearings, ²with at least one
29 hearing to be held in each of the northern, southern, and central
30 regions of the State, which hearings shall be conducted² remotely,
31 as appropriate, by telephone, computer, or other means of live audio
32 or video communication, at the times and in the places it deems
33 appropriate and necessary to fulfill its charge. The task force shall
34 be entitled to call to its assistance, and avail itself of the services of
35 the employees of, any State, county, or municipal department,
36 board, bureau, commission, or agency as it may require and as may
37 be available to it for its purposes.

38 e. ³~~【The Chief Diversity Officer of New Jersey shall consult~~
39 ~~with members of the Governor's cabinet on matters related to the~~
40 ~~functions of the task force, and shall invite representatives of any~~
41 ~~State department to attend hearings called by the chairperson of the~~
42 ~~task force, as appropriate.~~

43 f. ³~~】~~ The Department of Health shall provide staff services to
44 the task force.

45
46 2. The purpose of the task force shall be to:

47 a. conduct a thorough and comprehensive study on the ²ways
48 in which, and the² reasons ²~~【how】~~ why² the ²~~【COVID-19】~~

1 coronavirus disease 2019 (COVID-19)² pandemic has
2 disproportionately affected the State's minority and vulnerable
3 communities, and the short-term and long-term consequences of the
4 pandemic on these communities;

5 b. ⁵study and make recommendations to⁵ improve existing data
6 systems to ensure that the health information that is collected
7 relating to COVID-19 infections and deaths, ¹[include] includes¹
8 specific race, ethnicity, and demographic identifiers to develop a
9 better statistical understanding of how the COVID-19 pandemic has
10 affected the State's minority and vulnerable communities;

11 c. evaluate the issues relating to the quality of, and access to,
12 ¹physical and mental¹ ²health² treatment and services provided to
13 various racial and ethnic populations in the State during the
14 COVID-19 pandemic; ²[and]²

15 d. ²solicit and receive testimony from members of the State's
16 minority and vulnerable communities based on their experiences
17 during the COVID-19 pandemic;

18 e.² develop effective strategies to:

19 (1) address the racial, ethnic, and health disparities, and
20 historical and systematic inequalities pertaining to race and
21 ethnicity that have amplified the death rate in the State's minority
22 and vulnerable communities during the COVID-19 pandemic;
23 ¹[and]¹ ²and²

24 (2) reduce and eliminate disparities among the various racial
25 and ethnic populations within the State's minority and vulnerable
26 communities with respect to health status, access to high-quality
27 health care, and utilization of health care services ¹;

28 ²[e. hold a minimum of three public hearings, either in-person
29 or remotely, as appropriate, by telephone, computer, or other means
30 of live audio or video communication, with at least one hearing to
31 be held in the northern, southern, and central regions of the State, to
32 solicit and receive testimony from community members based on
33 their experiences during the COVID-19 pandemic;]²

34 f. evaluate ²[communications, messages, and modes of] the
35 communication, messaging, and² dissemination ²of information²
36 regarding testing, contact tracing, and other related public health
37 ²[matters] approaches necessary² to achieve health care equity and
38 cultural competence ²in the provision of physical and mental health
39 treatment and services to the State's minority and vulnerable
40 communities during the COVID-19 pandemic² ;

41 g. evaluate impediments that may interfere with an individual's
42 ability to quarantine or isolate ²during the COVID-19 pandemic²;

43 h. analyze the distribution of resources, including personal
44 protective equipment and food, in the State's minority and
45 vulnerable communities;

- 1 i. examine the impact of the COVID-19 pandemic on the
2 physical and mental health of essential employees ²from the State’s
3 minority and vulnerable communities² ;
4 j. examine the impact of the COVID-19 pandemic on access to
5 child care services ²in the State’s minority and vulnerable
6 communities² ;
7 k. investigate the prevalence of intimate partner violence ²in
8 the State’s minority and vulnerable communities² during the
9 COVID-19 pandemic; and
10 l. identify best practices, opportunities for shared services, or
11 potential partnerships that would increase the communication of
12 health care information and materials in multiple languages for
13 ²[individuals] members of the State’s minority and vulnerable
14 communities² , including persons with developmental disabilities
15 and senior citizens¹ .
16
17 3. a. No later than one year after the public health emergency
18 declared ²[pursuant to P.L.2005, c.222 (C.26:13-1 et seq.)]² in
19 response to the coronavirus disease 2019 (COVID-19) is lifted, the
20 task force shall report to the Governor and, pursuant to section 2 of
21 P.L.1991, c.164 (C.52:14-19.1), to the Legislature, on the activities
22 of the task force and its findings and recommendations on strategies
23 to:
24 (1) address the racial, ethnic, and health disparities and
25 historical and systematic inequalities pertaining to race and
26 ethnicity that have amplified the death rate in the State’s minority
27 and vulnerable communities during the COVID-19 pandemic;
28 (2) address the short- and long-term consequences of the
29 COVID-19 pandemic on the State’s minority and vulnerable
30 communities; and
31 (3) reduce and eliminate disparities among the various racial
32 and ethnic populations within the State’s minority and vulnerable
33 communities with respect to health status, access to high-quality
34 health care, and utilization of health care services.
35 b. The task force shall expire 30 days after the issuance of its
36 report.
37
38 4. This act shall take effect immediately.