

[Second Reprint]

ASSEMBLY, No. 4476

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED JULY 30, 2020

Sponsored by:

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SYNOPSIS

Establishes certain requirements concerning State's preparedness and response to infectious disease outbreaks, including coronavirus disease 2019 (COVID-19) pandemic.

CURRENT VERSION OF TEXT

As reported by the Assembly Appropriations Committee on August 24, 2020, with amendments.

(Sponsorship Updated As Of: 8/27/2020)

1 AN ACT concerning the State's response to outbreaks, epidemics,
2 and pandemics involving infectious diseases and supplementing
3 Title 26 of the Revised Statutes and P.L.2005, c.222 (C.26:13-1
4 et seq.).

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

8
9 1. ²(New section)² a. There is established in the Department
10 of Health the Long-Term Care Emergency Operations Center
11 (LTCEOC), which shall serve as the centralized command and
12 resource center for long-term care facility response efforts and
13 communications during ²any hazardous event, including, but not
14 limited to,¹ infectious disease outbreaks, epidemics, and
15 pandemics] a declared public health emergency² affecting or likely
16 to affect one or more long-term care facilities. The LTCEOC shall
17 ¹build off enhance¹ and integrate with existing State, county, and
18 local emergency response systems. ²The LTCEOC shall be
19 established and operational within 30 days after the effective date of
20 this act.²

21 b. The Department of Health shall have primary responsibility
22 for the operations of the LTCEOC, but the Department of Human
23 Services and other appropriate State agencies shall provide any staff
24 support as shall be requested by the Commissioner of Health. The
25 Commissioner of Health may additionally contract with a third
26 party entity to provide staffing services as needed. At a minimum,
27 the Commissioner of Health shall ensure that the LTCEOC has on
28 call at all times such appropriate staff and consultants as are needed
29 to respond to ²an emerging or ongoing infectious disease outbreak,
30 epidemic, or pandemic] a declared public health emergency²
31 affecting or likely to affect one or more long-term care facilities,
32 including representatives from ²nursing homes, long-term care
33 facilities, nursing home and long-term care facility staff, ¹general
34 acute care hospitals, long-term care hospitals, psychiatric hospitals,
35 home health and hospice agencies, Programs of All-Inclusive Care
36 for the Elderly (PACE) organizations, ¹² county and local boards of
37 health, the Office of the New Jersey Long-Term Care Ombudsman,
38 and the Office of Emergency Management in the New Jersey State
39 Police, ²the acute and post-acute health care industry,² as well as
40 experts in public health, infection control, elder affairs, disability
41 services, emergency response, and medical transportation.

42 c. The ²primary responsibilities of the² LTCEOC shall
43 ²establish] include, but shall not be limited to:

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 ASE committee amendments adopted August 24, 2020.

²Assembly AAP committee amendments adopted August 24, 2020.

1 (1) establishing² ongoing, direct communication ²[mechanisms
2 and feedback loops, including an advisory council, to obtain real-
3 time input from] with² the owners and staff of long-term care
4 facilities, unions, advocates representing residents of long-term care
5 facilities and their families, individuals with expertise in the needs
6 of people with specialized health care needs, and such other
7 stakeholders as the Commissioner of Health deems necessary and
8 appropriate during ²[an infectious disease outbreak, epidemic, or
9 pandemic] a public health emergency² affecting or likely to affect
10 one or more long-term care facilities ², which may include the use
11 of existing communication mechanisms and feedback loops in the
12 Department of Health's Office of Disaster Resilience or Health
13 Systems branch, as appropriate;

14 (2) providing technical assistance to the long-term care industry
15 during the public health emergency, which may be facilitated
16 through local health departments;

17 (3) ensuring supplies and equipment needed to respond to the
18 public health emergency are acquired and distributed in an effective
19 and efficient manner among long-term care facilities;

20 (4) utilizing the National Healthcare Safety Network database
21 managed by the federal Centers for Disease Control and Prevention
22 to:

23 (a) identify and respond to critical staffing shortages in long-
24 term care facilities;

25 (b) if applicable, identify and respond to critical personal
26 protective equipment or ventilator shortages in long-term care
27 facilities;

28 (c) monitor facility capacity; and

29 (d) if applicable, monitor infectious disease case counts and
30 deaths by facility; and

31 (5) ensuring all policies and guidance developed by the
32 Department of Health in response to the public health emergency
33 are effectively communicated to all long-term care industry
34 stakeholders² .

35 d. ²[The LTCEOC shall designate a staff person from the
36 Department of Health who shall serve as the designated liaison to
37 the long-term care industry during an infectious disease outbreak,
38 epidemic, or pandemic affecting or likely to affect one or more long
39 term care facilities.

40 e. The LTCEOC shall provide guidance to the State and to the
41 Office of Emergency Management to ensure that: supplies needed
42 to respond to an outbreak, epidemic, or pandemic involving an
43 infectious disease are acquired and distributed in an effective and
44 efficient manner among long-term care facilities; critical staffing
45 shortages in long-term care facilities are identified and resolved
46 quickly and effectively; issues that would jeopardize the health or
47 safety of staff or residents of a long-term care facility, or that would

1 impede or disrupt efforts to respond to an outbreak, epidemic, or
2 pandemic involving an infectious disease, are promptly identified
3 and addressed in an appropriate manner; and all policies and
4 guidance are effectively communicated to all long-term care
5 industry stakeholders to maximize the coordination and
6 effectiveness of the State's response to an outbreak, epidemic, or
7 pandemic involving an infectious disease affecting one or more
8 long-term care facilities.

9 f. The LTCEOC may develop a data dashboard to collect and
10 analyze real-time issues and challenges occurring in long-term care
11 facilities during an outbreak, epidemic, or pandemic involving an
12 infectious disease, as well as emerging issue areas and items of
13 concern, so as to enable the appropriate authorities to direct a
14 proactive response to those challenges and issues before the
15 challenges and issues develop into matters of critical concern. Any
16 dashboard developed by the LTCEOC may build from or
17 incorporate materials from other data dashboards or similar features
18 developed and maintained by any other entity of State, county, or
19 local government, to the extent necessary to avoid duplication of
20 work, facilitate communications and data sharing, and ensure the
21 integrity, comprehensiveness, and utility of information included in
22 the LTCEOC data dashboard.

23 g. The LTCEOC shall develop guidance and best practices in
24 response to an outbreak, epidemic, or pandemic involving an
25 infectious disease concerning, as appropriate, infection control,
26 symptom monitoring, and the use of telemedicine and telehealth to
27 provide contactless health care services. ¹【The guidance and best
28 practices shall be transmitted to appropriate State, county, and local
29 departments and agencies for dissemination to industry and to
30 providers. The guidance and best practices may additionally be
31 transmitted to federal agencies coordinating the national response to
32 the outbreak, epidemic, or pandemic, if any, including, but not
33 limited to, the federal Centers for Disease Control and Prevention,
34 the federal Centers for Medicare and Medicaid Services, and the
35 U.S. Department of Health and Human Services, as well as such
36 international bodies, including the World Health Organization, as
37 may be involved with the response to the outbreak, epidemic, or
38 pandemic.】¹

39 h.】 In the event of a public health emergency declared in
40 response to an infectious disease outbreak, epidemic, or pandemic
41 affecting or likely to affect one or more long-term care facilities,
42 the LTCEOC, in consultation with other offices within the
43 Department of Health and the Office of Emergency Management in
44 the New Jersey Division of State Police, shall determine the need
45 for the establishment of regional hubs capable of accepting patients
46 who have, and are capable of transmitting, the infectious disease
47 and who do not require hospitalization, which hubs shall comply
48 with State and federal guidance regarding infection control

1 practices related to the infectious disease. In the event of a surge in
2 number of identified cases of the infectious disease, the LTCEOC
3 shall actively monitor capacity levels at long-term care facilities
4 and at regional hubs established pursuant to this subsection, if any,
5 using the National Healthcare Safety Network database managed by
6 the federal Centers for Disease Control and Prevention, and shall
7 take steps to direct patient placements as necessary to manage
8 capacity levels and ensure, to the extent possible, that no regional
9 hub or long-term care facility exceeds safe capacity levels.

10 e.² As used in sections 1 through ²**[3]** ⁵5² of P.L. ,
11 c. (C.) (pending before the Legislature as this bill),
12 “infectious disease” means a disease caused by a living organism or
13 other pathogen, including a fungus, bacteria, parasite, protozoan,
14 virus, or prion. An infectious disease may, or may not, be
15 transmissible from person to person, animal to person, or insect to
16 person.

17
18 2. ²(New section)² a. No later than ²**[90]** ¹⁸⁰180² days after the
19 effective date of this act, the Department of Health shall ¹, in
20 consultation with the Emergency Medical Services Task Force ²and
21 the Office of Emergency Management in the New Jersey Division
22 of State Police² ,¹ institute a regional medical coordination center
23 model for disaster response to facilitate regional capacity
24 coordination and communication across county and local boards of
25 health, hospitals, long-term care facilities, emergency medical
26 services providers and other first responders, and entities providing
27 medical transportation services, in the event of a public health
28 emergency involving an outbreak, epidemic, or pandemic involving
29 an infectious disease. At a minimum, the model shall include a
30 system for ¹**[pairing]** engaging the Level 1 trauma center in the
31 region with¹ long-term care facilities, ¹federally qualified healthcare
32 centers, home health agencies, hospice providers, medical
33 transportation providers,¹ emergency medical services providers
34 and other first responders, and entities providing medical
35 transportation services ¹**[with a hospital located in the same region**
36 **for the purpose of providing the long-term care facility, emergency**
37 **medical services provider or other first responder, and medical**
38 **transportation provider with consultative services regarding**
39 **infectious diseases, infection control, and emergency resource**
40 **coordination, as well as support testing as may be needed]** in its
41 associated region. The Regional Level 1 Trauma Center and its
42 associated regional medical coordination center shall make
43 available their various clinical and non-clinical content experts and
44 services are available for consultation and support to facilitate the
45 implementation of evidence-based best practices and informed
46 decision making¹.

1 b. The department shall identify appropriate sources of State,
2 federal, and private funding to facilitate the implementation of this
3 section, including, but not limited to, any funding or other support
4 as may be available through the Federal Emergency Management
5 Agency.

6
7 ²3. a. No later than 60 days after the effective date of this act,
8 each long-term care facility shall develop plans, in coordination
9 with the LTCEOC established pursuant to section 1 of this act, to
10 maintain mandatory long-term care facility staffing levels by
11 replacing facility staff members who are required to isolate or
12 quarantine because of exposure to or infection with an infectious
13 disease, particularly during periods when there is an outbreak,
14 epidemic, or pandemic involving the infectious disease. ¹Long-
15 term care facility plans may include, but shall not be limited to:

16 (1) establishing staffing teams to provide temporary interim
17 support in the event of staff shortages at the facility, which teams
18 may be developed and operated in coordination with a general acute
19 care hospital;

20 (2) executing contracts with other long-term care facilities and
21 with general acute care hospitals located in the same region to
22 provide staff support on an as-needed basis;

23 (3) utilizing the National Guard or other resources as may be
24 deployed or otherwise made available to respond to an outbreak,
25 epidemic, or pandemic involving the infectious disease; and

26 (4) utilizing the services of qualified volunteers, within the
27 scope of the volunteers' training and experience, which volunteer
28 services are coordinated through the LTCEOC. ¹

29 b. During an outbreak, epidemic, or pandemic of an infectious
30 disease affecting or likely to affect long-term care facilities, the
31 Department of Health shall require long-term care facilities to
32 provide the LTCEOC with an outline of the facility's regular
33 staffing requirements, and to promptly notify the LTCEOC in the
34 event any staff member tests positive for the infectious disease or is
35 required to isolate or quarantine based on infection with or exposure
36 to the infectious disease. The LTCEOC shall utilize the data
37 submitted to it pursuant to this subsection to identify staffing needs
38 throughout the State, anticipate potential staffing shortages, and
39 develop strategies to promptly respond to anticipated shortages.

40 c. During an outbreak, epidemic, or pandemic involving an
41 infectious disease, the LTCEOC shall establish a system for
42 communicating test results for the infectious disease among long-
43 term care facilities for individuals who are employed or providing
44 services at multiple facilities, provided that such system is limited
45 to ensuring facilities are on notice of which employees of the
46 facility have tested positive for the infectious disease and otherwise
47 includes safeguards against the unlawful disclosure of personal
48 identifying information and private health information. Facilities

1 receiving information about an employee through the system
2 established under this subsection shall not use or disseminate the
3 reported information for any purpose other than to ensure the
4 facility's staffing needs are met and to identify and prevent against
5 the possible transmission of the infectious disease at the facility
6 through possible contact with the identified employee.】²

7
8 ²[4. The Department of Health shall develop plans for the
9 placement of patients who acquire an infectious disease during an
10 outbreak, epidemic, or pandemic involving the infectious disease
11 but who do not require hospitalization, which plan shall apply in the
12 event of a surge in cases of the infectious disease that exceeds safe
13 capacity levels in long-term care facilities. At a minimum, the
14 placement plan shall include protocols for the rapid establishment
15 of at least three regional hubs capable of accepting patients who
16 have, and are capable of transmitting, the infectious disease and
17 who do not require hospitalization, which hubs shall comply with
18 State and federal guidance regarding infection control practices
19 related to the infectious disease. In the event of a surge in cases of
20 the infectious disease, the LTCEOC shall actively monitor capacity
21 levels at long-term care facilities and at any regional hubs
22 established under this section, and shall take steps to direct patient
23 placements as necessary to manage capacity levels and ensure, to
24 the extent possible, that no regional hub or long-term care facility
25 exceeds safe capacity levels.】²

26
27 ²[5.] 3. (New section)² a. ²[No later than 30 days after the
28 effective date of this act, the Department of Health shall develop a
29 plan and provide guidance to long-term care facilities on how the
30 facilities can comply with and implement federal guidance on
31 accepting new residents at the facility and allowing in-person visits
32 with residents of the facility during the ongoing coronavirus disease
33 2019 (COVID-19) pandemic, which guidance shall be developed in
34 consultation with the LTCEOC established pursuant to section 1 of
35 this act. The guidance shall, at a minimum】 During an infectious
36 disease outbreak occurring at a long-term care facility, or an
37 epidemic or pandemic of an infectious disease affecting or likely to
38 affect a long-term care facility, each long-term care facility shall² :

39 (1) ²[require each long-term care facility to have:

40 (a) adequate isolation rooms or isolation capabilities to allow
41 for effective cohorting of both residents and staff;

42 (b) an adequate minimum supply of personal protective
43 equipment and test kits for COVID-19 on hand; and

44 (c) sufficient staff, which may be augmented through
45 contingency plans and training programs, to enable the facility to
46 fully meet its responsibilities to residents as well as to ensuring the
47 safety of staff and residents】 separate residents who test positive for

1 or who are suspected of having contracted the infectious disease
2 from those who have not tested positive for, and are not suspected
3 of having contracted, the infectious disease² ;

4 (2) ²define acceptable models of cohorting, appropriate
5 staffing levels and staffing ratios, standards and protocols for
6 distribution and use of personal protective equipment, and standards
7 and protocols for COVID-19 testing follow guidance issued by the
8 federal Centers for Disease Control and Prevention or other
9 appropriate entities as may be identified by the Commissioner of
10 Health with regard to determining whether a resident who has
11 contracted the infectious disease is recovered from the infectious
12 disease, and the appropriate procedures and protocols for
13 interactions between those residents and staff and other residents at
14 the facility² ; and

15 (3) ²establish standards and procedures for ensuring
16 distribution of personal protective equipment and COVID-19 test
17 kits to facilities that are unable to obtain them on their own]
18 comply with current orders, guidance, and directives concerning
19 admissions and readmissions to the facility² .

20 b. ²The department shall establish a centralized online
21 resource to answer frequently asked questions and provide
22 educational sessions, focus groups, and support services to the long-
23 term care industry in implementing the guidance developed
24 pursuant to subsection a. of this section.

25 c. Each long-term care facility in the State shall submit to the
26 department, prior to admitting new residents to the facility and
27 allowing in-person visits with residents of the facility to resume, an
28 attestation of compliance with federal requirements and the
29 guidelines issued pursuant to subsection a. of this section. If, at any
30 time after resuming new admissions and in-person visitations, the
31 long-term care facility identifies issues or encounters circumstances
32 that require a modified approach to new admissions and in-person
33 visits or that require ending new admissions or in-person visits, the
34 facility shall promptly report those issues or circumstances to the
35 LTCEOC.

36 d.]² ¹No general acute care hospital shall discharge any patient
37 to a long-term care facility during the COVID-19 pandemic unless
38 the facility has The Department of Health shall establish a
39 mechanism by which hospitals can identify long-term care facilities
40 that ²have¹ submitted an attestation to the department pursuant to
41 subsection c. of this section and ² ¹is are¹ currently accepting
42 ²new residents admissions and readmissions of residents to the
43 facility² .

44 ²e. The LTCEOC shall establish a compliance check system
45 comprising, as appropriate, testing, assistance, and clinical teams,
46 to:

1 (1) periodically evaluate the ability of long-term care facilities to
2 resume admitting new residents and allow in-person visits with
3 residents; and

4 (2) render assistance to long-term care facilities as needed,
5 including staff support and assistance in obtaining personal
6 protective equipment, COVID-19 testing kits, or other necessary
7 resources.

8 f. In developing guidance pursuant to subsection a. of this
9 section, the department shall plan for potential or anticipated
10 changes in federal policy that could affect the ability of long-term
11 care facilities, or health care professionals in general, to respond to
12 the COVID-19 pandemic, including changes that could restrict
13 professional scope of practice or coverage under a health benefits
14 plan for services provided to long-term care facility residents. ²

15

16 ²[6. a. No later than 30 days after the effective date of this act,
17 the Department of Health shall develop standards and protocols for
18 COVID-19 testing in long-term care facilities in order to minimize
19 the risk that staff and residents of long-term care facilities may be
20 exposed to COVID-19 through interaction with other persons
21 present at the facility.

22 b. The standards and protocols developed pursuant to
23 subsection a. of this section shall:

24 (1) prioritize use of the most effective forms and methods of
25 testing as are currently available;

26 (2) provide guidance for long-term care facilities to implement
27 comprehensive testing using the facility's own resources and
28 funding;

29 (3) establish methods to avoid duplicative testing of staff
30 members employed by or providing professional services at more
31 than one long-term care facility, including facilitating
32 communication among facilities employing or utilizing the services
33 of the same professionals;

34 (4) require long-term care facilities to provide on-site testing
35 services to facility staff at a frequency as shall be required by the
36 Department of Health;

37 (5) include protocols for establishing mobile testing units ¹[,
38 supported by a general acute care hospital, ¹] on an expedited basis
39 when needed to respond to COVID-19 testing demands; and

40 (6) in the event that it becomes necessary to establish routine
41 testing at a long-term care facility, allow for use of the least
42 invasive, most cost-effective method of testing that is consistent
43 with department guidelines and best practices for infection control
44 and reducing the risk of COVID-19 transmission.

45 c. The standards and protocols developed pursuant to
46 subsection a. of this section may include:

47 (1) specific testing requirements based on local infection rates
48 and risk factors;

1 (2) protocols for determining when testing will be limited to
2 those symptomatic for COVID-19, when testing will be mandated
3 for all visitors to a long-term care facility, and when testing will be
4 at the discretion of the long-term care facility;

5 (3) a mechanism for long-term care facilities to partner with a
6 general acute care hospital in the region for the purpose of
7 providing or supporting COVID-19 testing at the long-term care
8 facility; and

9 (4) the establishment of a network of preferred clinical
10 laboratories for the purposes of performing COVID-19 testing.

11 d. The LTCEOC established pursuant to section 1 of this act
12 shall support COVID-19 testing protocols in long-term care
13 facilities through the coordinated distribution of available supplies
14 and other resources to long-term care facilities and by assisting
15 facilities to identify and access available sources of funding.

16 e. The Commissioner of Health, the Commissioner of Human
17 Services, and the Commissioner of Banking and Insurance shall
18 jointly develop strategies to ensure reimbursement of COVID-19
19 tests performed pursuant to this section through health benefits
20 plans, Medicaid and NJ FamilyCare, Medicare, and State and
21 federal funds made available for this purpose. **】²**

22
23 **²【7.】** 4. (New section)² The Commissioner of Health and the
24 Commissioner of Human Services shall take steps to ensure
25 available and appropriate sources of federal funding provided to
26 states in response to the COVID-19 pandemic are made available to
27 long-term care facilities. The commissioners may condition awards
28 of funding made pursuant to this section on long-term care facilities
29 providing regular reports on how the funding is used, including any
30 evidence as may be needed to confirm the facilities are complying
31 with all terms and conditions that attach to the funding, as well as
32 information concerning steps the facility is taking to improve the
33 facility's preparedness and response to the COVID-19 pandemic,
34 including establishing and updating staff and patient safety and
35 isolation protocols, expanding access to personal protective
36 equipment and COVID-19 testing, and making improvements to the
37 facility's equipment and physical plant that will help prevent the
38 spread of communicable diseases within the facility.

39
40 **²【8.】** 5. (New section)² a. **²【**No later than 60 days after the
41 effective date of this act, the Department of Health shall coordinate
42 with appropriate State and federal entities to consolidate all State
43 and federal data reporting related to the COVID-19 pandemic
44 through the NJHA PPE, Supply & Capacity Portal maintained by
45 the New Jersey Hospital Association. The department shall migrate
46 the NJHA portal onto department systems and shall communicate
47 the changes made pursuant to this subsection to long-term care
48 facilities. The department may enter into such agreements with the

1 New Jersey Hospital Association as are necessary to implement the
2 provisions of this subsection.

3 b. No later than 30 days after the effective date of this act, the
4 department shall undertake a review of State, federal, county, and
5 local reporting requirements for long-term care facilities related to
6 COVID-19 and take steps to standardize and consolidate the
7 reporting requirements for the purpose of reducing the
8 administrative demand on the facilities of complying with reporting
9 requirements and improving the utility of the reported data and the
10 ability to share the data across systems, including systems
11 maintained by other State departments and agencies, county and
12 local agencies, and federal authorities.

13 c. No later than 90 days after the effective date of this act, the
14 department shall centralize its internal COVID-19 and long-term
15 care facility data reporting and storage systems for the purpose of
16 improving the utility of the reported data and the ability to share the
17 data across systems, including systems maintained by other State
18 departments and agencies, county and local agencies, and federal
19 authorities charged with responding to the COVID-19 pandemic.
20 At a minimum, the centralized systems shall:

21 (1) incorporate a function that automatically transmits alerts
22 concerning long-term care facilities that report COVID-19 metrics
23 exceeding established thresholds for new COVID-19 cases and
24 COVID-19-related deaths to governmental points-of-contact at
25 departments, agencies, and entities having jurisdiction over the
26 long-term care facility or that are otherwise to be involved in the
27 COVID-19 response at the facility; and

28 (2) receive and compile complaints concerning long-term care
29 facilities received from any other State department or agency,
30 which complaints shall be reviewed by the department on a regular
31 basis for the purpose of identifying and formulating an appropriate
32 response to facilities with chronic, repeat, or acute issues presenting
33 a threat to the health or safety of residents and staff at the facility.

34 d. The department shall provide support to smaller long-term
35 care facilities to assist the facilities in upgrading and enhancing
36 their health information technology systems to allow for ready
37 communication with State, county, and local entities to which the
38 facilities are required to report or with which the facilities are
39 required to communicate regarding COVID-19. Support provided
40 to the facilities under this section shall include, as necessary, staff
41 support, technical assistance, and financial support, including
42 identifying available State, federal, and private sources of funding
43 as may be available to the facilities to upgrade and enhance their
44 health information technology systems. During a public health
45 emergency involving an infectious disease affecting or likely to
46 affect a long-term care facility, the long-term care facility shall
47 report to the National Healthcare Safety Network database managed

1 by the federal Centers for Disease Control and Prevention, at least
2 twice per week:

3 (1) counts of residents and facility personnel with suspected
4 cases of the infectious disease and who have a laboratory test
5 confirming infection with the infectious disease;

6 (2) counts of residents and facility personnel whose death is
7 suspected to have been, or was confirmed by laboratory test to have
8 been, caused by the infectious disease;

9 (3) the total number of authorized resident beds and the current
10 resident census;

11 (4) staffing shortages;

12 (5) the quantity of personal protective equipment, hand hygiene
13 supplies, cleaning supplies, and sanitization supplies, along with an
14 assessment of the number of days that will be supported by current
15 inventory;

16 (6) for facilities with ventilator-dependent units, ventilator
17 capacity and the quantity of ventilator supplies, along with an
18 assessment of the number of days that will be supported by current
19 inventory; and

20 (7) any other metrics as the Commissioner of Health shall
21 require as an essential or relevant component of the State's response
22 to the infectious disease outbreak, epidemic, or pandemic in long-
23 term care facilities.

24 b. To facilitate the enforcement of P.L.2019, c.330 (C.26:2H-
25 18.79), commencing with the onset of influenza season each year
26 and for the duration of that influenza season, each long-term care
27 facility and home health employer in the State shall report to the
28 National Healthcare Safety Network database managed by the
29 federal Centers for Disease Control and Prevention the number of
30 employees who have received the influenza vaccination, the number
31 of employees who have not received the influenza vaccination due
32 to an authorized medical exemption, and the number of employees
33 who have not received the influenza vaccination who do not have a
34 valid medical exemption.

35 c. A long-term care facility that fails to submit a report
36 required pursuant to subsection a. or subsection b. of this section
37 shall be liable to a civil penalty of \$2,000 for each report that is not
38 submitted. A civil penalty assessed pursuant to this section shall be
39 collected by and in the name of the Department of Health in
40 summary proceedings before a court of competent jurisdiction
41 pursuant to the provisions of the "Penalty Enforcement Law of
42 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).²

43
44 ²6. (New section) a. No later than 270 days after the effective
45 date of this act, each long-term care facility shall implement or
46 upgrade to an electronic health record system certified by the Office
47 of the National Coordinator for Health Information Technology in
48 the U.S. Department of Health and Human Services that is capable

1 of information sharing through industry standard data
2 interoperability, including application programming interface
3 Health Level 7 or fast healthcare interoperability technology. Use
4 cases built on this technology shall include the bi-directional
5 capability for admission discharge and transfer and continuity of
6 care through the clinical data architecture. Long-term care facilities
7 interoperability for these use cases shall be achieved by connecting
8 to the New Jersey Health Information Network.

9 b. Subject to the availability of funding for this purpose, the
10 Department of Health shall make grants available to long-term care
11 facilities to provide assistance in implementing or upgrading to an
12 electronic health record system that meets the requirements of
13 subsection a. of this section, which grants shall be distributed to
14 long-term care facilities based on demonstrated need.²

15
16 ²⁷. Section 1 of P.L.2019, c.243 (C.26:2H-12.87) is amended to
17 read as follows:

18 1. a. As used in this section:

19 "Cohorting" means the practice of grouping patients who are or
20 are not colonized or infected with the same organism to confine
21 their care to one area and prevent contact with other patients.

22 "Department" means the Department of Health.

23 "Endemic level" means the usual level of given disease in a
24 geographic area.

25 "Isolating" means the process of separating sick, contagious
26 persons from those who are not sick.

27 "Long-term care facility" means a nursing home, assisted living
28 residence, comprehensive personal care home, residential health
29 care facility, or dementia care home licensed pursuant to P.L.1971,
30 c.136 (C.26:2H-1 et seq.).

31 "Long-term care facility that provides care to ventilator-
32 dependent residents" means a long-term care facility that has been
33 licensed to provide beds for ventilator care.

34 "Outbreak" means any unusual occurrence of disease or any
35 disease above background or endemic levels.

36 b. Notwithstanding any provision of law to the contrary, the
37 department shall require long-term care facilities to develop an
38 outbreak response plan within 180 days after the effective date of
39 this act, which plan shall be customized to the facility, based upon
40 national standards and developed in consultation with the facility's
41 infection control committee, if the facility has established an
42 infection control committee. At a minimum, each facility's plan
43 shall include, but shall not be limited to:

44 (1) a protocol for isolating and cohorting infected and at-risk
45 patients in the event of an outbreak of a contagious disease until the
46 cessation of the outbreak;

1 (2) clear policies for the notification of residents, residents'
2 families, visitors, and staff in the event of an outbreak of a
3 contagious disease at a facility;

4 (3) information on the availability of laboratory testing,
5 protocols for assessing whether facility visitors are ill, protocols to
6 require ill staff to not present at the facility for work duties, and
7 processes for implementing evidence-based outbreak response
8 measures;

9 (4) policies to conduct routine monitoring of residents and staff
10 to quickly identify signs of a communicable disease that could
11 develop into an outbreak; **[and]**

12 (5) policies for reporting outbreaks to public health officials in
13 accordance with applicable laws and regulations; and

14 (6) a documented strategy for securing more staff in the event of
15 an outbreak of infectious disease among staff or another emergent
16 or non-emergent situation affecting staffing levels at the facility
17 during an outbreak of an infectious disease.

18 c. (1) In addition to the requirements set forth in subsection b.
19 of this section, the department shall require long-term care facilities
20 that provide care to ventilator-dependent residents to include in the
21 facility's outbreak response plan written policies to meet staffing,
22 training, and facility demands during an infectious disease outbreak
23 to successfully implement the outbreak response plan, including
24 either employing on a full-time or part-time basis, or contracting
25 with on a consultative basis, the following individuals:

26 (a) an individual certified by the Certification Board of
27 Infection Control and Epidemiology; and

28 (b) a physician who has completed an infectious disease
29 fellowship.

30 (2) Each long-term care facility that provides care to ventilator-
31 dependent residents shall submit to the department the facility's
32 outbreak response plan within 180 days after the effective date of
33 this act.

34 (3) The department shall verify that the outbreak response plans
35 submitted by long-term care facilities that provide care to
36 ventilator-dependent residents are in compliance with the
37 requirements of subsection b. of this section and with the
38 requirements of paragraph (1) of this subsection.

39 d. (1) Each long-term care facility that submits an outbreak
40 response plan to the department pursuant to subsection c. of this
41 section shall review the plan on an annual basis.

42 (2) If a long-term care facility that provides care to ventilator-
43 dependent residents makes any material changes to its outbreak
44 response plan, the facility shall, within 30 days after completing the
45 material change, submit to the department an updated outbreak
46 response plan. The department shall, upon receiving an updated
47 outbreak response plan, verify that the plan is compliant with the
48 requirements of subsections b. and c. of this section.

1 e. (1) The department shall require a long-term care facility
2 that provides care to ventilator-dependent residents to assign to the
3 facility's infection control committee on a full-time or part-time
4 basis, or on a consultative basis:

5 (a) an who is a physician who has completed an infectious
6 disease fellowship; and

7 (b) an individual designated as the infection control coordinator,
8 who has education, training, completed course work, or experience
9 in infection control or epidemiology, including certification in
10 infection control by the Certification Board of Infection Control and
11 Epidemiology. The infection control committee shall meet on at
12 least a quarterly basis and both individuals assigned to the
13 committee pursuant to this subsection shall attend at least half of
14 the meetings held by the infection control committee.²

15 (cf: P.L.2019, c.243, s.1)

16

17 ²[^{19.}] 8. (New section)² No later than 18 months after the
18 effective date of this act, the Commissioner of Health shall prepare
19 and submit a report to the Governor and, pursuant to section 2 of
20 P.L.1991, c.164 (C.52:14-19.1), to the Legislature, concerning the
21 implementation of the provisions of this act and any
22 recommendations for appropriate legislative or administrative
23 actions as may be appropriate to advance or improve the State's
24 infectious disease planning, preparedness, and response.¹

25

26 ¹[^{9.}] ²[^{10.1}] 9.² This act shall take effect immediately.