

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 2384

## STATE OF NEW JERSEY 219th LEGISLATURE

DATED: AUGUST 5, 2020

### SUMMARY

- Synopsis:** Requires health care facilities to report certain coronavirus disease 2019 (COVID-19) data related to health care workers and certain first responders.
- Type of Impact:** Potential indeterminate increase in State and county expenditures.
- Agencies Affected:** Department of Health, Division of Military and Veteran Affairs, Bergen Regional Medical Center, certain county governments.

#### Office of Legislative Services Estimate

Fiscal Impact	<u>Unknown Finite Period</u>
Potential State Cost Increase	Indeterminate
Potential County Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate expenses to collect, tabulate, publish and report the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs.
- The OLS also concludes that the following health care facilities may experience an increase in expenditures to comply with the bill's reporting requirements; to adopt standards, procedures, and protocols for evaluating and mitigating COVID-19 exposure risks; and to complete an internal COVID-19 exposure analysis: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State; 2) Bergen Regional Medical Center, a county-owned entity; and 3) nursing homes operated by the Division of Military and Veterans Affairs (DMAVA) and certain county governments.
- The OLS notes that all costs associated with this bill are limited to an unknown period of time, commencing upon the bill's enactment and ending one year after the end of both the state of

emergency and the public health emergency declared in response to the COVID-19 pandemic.

## **BILL DESCRIPTION**

This bill requires general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs to report to the DOH data on the number of health care professionals, ancillary health care workers, and emergency medical services personnel affiliated with the facility who tested positive for COVID-19 and who died from COVID-19.

The DOH will be required to issue guidance concerning the specific health care professionals, ancillary health care workers, and emergency medical services personnel for whom reporting will be required. The required information is to be filed in a form and manner, and at such frequencies, as required by the DOH. To ensure the integrity and accuracy of the information reported, the DOH is to seek to identify and minimize duplicative reporting from multiple facilities concerning the same individual in the event that the individual is employed by, or affiliated with, more than one facility. The DOH will be permitted to require the reporting of any additional information as may be appropriate to maximize the utility of the reported information.

The DOH will be required to publish on its Internet website the occupational data received under the bill, which data is to be updated as they become available. To the extent possible, the data reported by the department may be merged and cross-referenced with the demographic data published by the DOH pursuant to section 1 of P.L.2020, c.28, which requires hospitals to report COVID-19 demographic data for patients. The Commissioner of Health will be required to compile the reported data reported in the manner the commissioner determines to be the most effective and utilitarian.

The bill further requires general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs to adopt standards, procedures, and protocols to evaluate and mitigate the risk of exposure to, and spread of, COVID-19 in health care settings, which standards, protocols, and procedures are to be consistent with guidance currently published by the DOH and the federal Centers for Disease Control and Prevention. No later than 60 days after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic, these facilities will also be required to complete and submit to the DOH an analysis of COVID-19 exposures identified throughout their workforces during each month of the COVID-19 emergency, along with the measures taken by the facility to respond to or mitigate the risk of exposure.

No later than 120 days after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic, the commissioner will be required to submit a report to the Governor and to the Legislature outlining the aggregated data and findings in the confidential health care facility reports and outlining the commissioner's findings and recommendations for legislation or other action to mitigate the risk of exposure and spread of communicable disease among health care facility staff and personnel during a communicable disease outbreak, epidemic, or pandemic.

The bill will expire one year after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

## FISCAL ANALYSIS

### *EXECUTIVE BRANCH*

None received.

### *OFFICE OF LEGISLATIVE SERVICES*

The OLS estimates that the DOH may incur indeterminate expenses to collect, tabulate, publish, and report the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs.

For example, the utilization of existing communication channels may reduce any expenses associated with the collection of data from such facilities. In addition, the department currently provides data to the public on a COVID-19 Dashboard, located on the DOH website, which includes, among other things, the number of COVID-19 cases in the State and patient demographics. It may be possible that this dashboard can be modified to accommodate the publishing provisions of this bill. Certain cost saving may also be achieved in streamlining the provisions of this bill with P.L.2020, c.28, which requires hospitals to report COVID-19 demographic data for patients, as authorized under the bill.

The OLS also concludes that the following facilities may experience an increase in expenditures to comply with the bill's reporting requirements; to adopt standards, procedures, and protocols for evaluating and mitigating COVID-19 exposure risks; and to complete an internal COVID-19 exposure analysis: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark; 2) Bergen Regional Medical Center, a county-owned entity in Paramus; and 3) nursing homes operated by the DMAVA and certain county governments. Currently, the DMAVA operates three facilities, while there are nine county facilities: three in Bergen County; two in Middlesex County; and one each in Atlantic County, Cape May County, Gloucester County, and Passaic County. The OLS is unable to determine the extent to which these facilities currently fulfill these provisions, or have staff available to perform such responsibilities, and hence the cost of the bill to these facilities.

The OLS notes that all costs associated with this bill will be limited to an unknown period of time, commencing upon the enactment of the bill and ending one year after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

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This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).