

# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

## **SENATE, No. 2384**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: DECEMBER 15, 2020

The Assembly Appropriations Committee reports favorably and with committee amendments Senate Bill No. 2384 (1R).

As amended by the committee, this bill establishes certain reporting requirements for health care facilities with regard to the coronavirus disease 2019 (COVID-19) for certain health care workers.

Specifically, general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs are required to report to the Department of Health (DOH) either directly or through a non-profit trade association, on a bi-monthly basis, de-identified data on the number of health care professionals, ancillary health care workers, and emergency medical services personnel employed by the facility who tested positive for COVID-19 and who died from COVID-19.

The information to be reported under the bill is to be filed in a form and manner as the DOH requires. To ensure the integrity and accuracy of the information, the DOH is 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 that is subject to the reporting requirements.

The DOH will be required to issue a report concerning the occupational data received pursuant to the bill no later than 12 months after the end of both the state of emergency and public health emergency declared in response to the COVID-19 pandemic.

Nothing in the bill is to be construed to require disclosure of any private health information or personal identifying information in violation of any State or federal law, including the federal "Health Insurance Portability and Accountability Act of 1996," Pub.L.104-191 and any regulations promulgated thereunder by the Secretary of the U.S. Department of Health and Human Services

As amended, the bill will expire one month after the issuance of the report the DOH is required to submit under the bill.

As reported by the committee with amendments, Senate Bill No. 2384 (1R) is identical to Assembly Bill No. 4129, which the committee also reported on this date with amendments.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to make the reporting requirement applicable with regard to employees of health care facilities that are subject to the reporting requirement, rather than individuals affiliated with the health care facility.

The committee amendments remove a requirement for the DOH to publish the reported data on its Internet website, and instead require the DOH to submit a report no later than 12 months after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

The committee amendments remove language providing the DOH with the discretion to determine the specific workers for whom data is required to be reported under the bill, to require additional information be reported, and to determine how best to compile the reported data.

The committee amendments remove a section from the bill that would have required health care facilities to adopt standards, procedures, and protocols for evaluating and mitigating COVID-19 exposure risks in health care settings.

The committee amendments remove a requirement for health care facilities to complete and submit to the DOH an internal COVID-19 exposure analysis.

The committee amendments revise the effective date to provide that the bill will expire one month after the DOH submits the report required under the bill, rather than one year after the end of the state of emergency and public health emergency declared in response to the COVID-19 epidemic.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that the Department of Health may incur indeterminate expenses to collect, tabulate, and publish 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: 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 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 expiring one month after the DOH submits a report, as required under the bill, which submission is triggered by the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.