SENATE, No. 2790

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED JULY 30, 2020

Sponsored by:
Senator JOSEPH P. CRYAN
District 20 (Union)
Senator JOSEPH F. VITALE
District 19 (Middlesex)

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

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

1. a. There is established in the Department of Health the Long-Term Care Emergency Operations Center (LTCEOC), which shall serve as the centralized command and resource center for long-term care facility response efforts and communications during infectious disease outbreaks, epidemics, and pandemics affecting or likely to affect one or more long-term care facilities. The LTCEOC shall build off and integrate with existing State, county, and local emergency response systems. The LTCEOC shall be established and operational within 30 days after the effective date of this act.

b. The Department of Health shall have primary responsibility for the operations of the LTCEOC, but the Department of Human Services and other appropriate State agencies shall provide any staff support as shall be requested by the Commissioner of Health. The Commissioner of Health may additionally contract with a third party entity to provide staffing services as needed. At a minimum, the Commissioner of Health shall ensure that the LTCEOC has on call at all times such appropriate staff and consultants as are needed to respond to an emerging or ongoing infectious disease outbreak, epidemic, or pandemic affecting or likely to affect one or more long-term care facilities, including representatives from nursing homes, long-term care facilities, nursing home and long-term care facility staff, county and local boards of health, the Office of the New Jersey Long-Term Care Ombudsman, and the Office of Emergency Management in the New Jersey State Police, as well as experts in public health, infection control, elder affairs, disability services, emergency response, and medical transportation.

c. The LTCEOC shall establish ongoing, direct communication mechanisms and feedback loops, including an advisory council, to obtain real-time input from the owners and staff of long-term care facilities, unions, advocates representing residents of long-term care facilities and their families, individuals with expertise in the needs of people with specialized health care needs, and such other stakeholders as the Commissioner of Health deems necessary and appropriate during an infectious disease outbreak, epidemic, or pandemic affecting or likely to affect one or more long-term care facilities.

d. The LTCEOC shall designate a staff person from the Department of Health who shall serve as the designated liaison to the long-term care industry during an infectious disease outbreak,
e. The LTCEOC shall provide guidance to the State and to the Office of Emergency Management to ensure that: supplies needed to respond to an outbreak, epidemic, or pandemic involving an infectious disease are acquired and distributed in an effective and efficient manner among long-term care facilities; critical staffing shortages in long-term care facilities are identified and resolved quickly and effectively; issues that would jeopardize the health or safety of staff or residents of a long-term care facility, or that would impede or disrupt efforts to respond to an outbreak, epidemic, or pandemic involving an infectious disease, are promptly identified and addressed in an appropriate manner; and all policies and guidance are effectively communicated to all long-term care industry stakeholders to maximize the coordination and effectiveness of the State’s response to an outbreak, epidemic, or pandemic involving an infectious disease affecting one or more long-term care facilities.

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

g. The LTCEOC shall develop guidance and best practices in response to an outbreak, epidemic, or pandemic involving an infectious disease concerning, as appropriate, infection control, symptom monitoring, and the use of telemedicine and telehealth to provide contactless health care services. The guidance and best practices shall be transmitted to appropriate State, county, and local departments and agencies for dissemination to industry and to providers. The guidance and best practices may additionally be transmitted to federal agencies coordinating the national response to the outbreak, epidemic, or pandemic, if any, including, but not limited to, the federal Centers for Disease Control and Prevention, the federal Centers for Medicare and Medicaid Services, and the U.S. Department of Health and Human Services, as well as such international bodies, including the World Health Organization, as may be involved with the response to the outbreak, epidemic, or pandemic.
h. As used in sections 1 through 3 of P.L. , c. (C. ) (pending before the Legislature as this bill), “infectious disease” means a disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, virus, or prion. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

2. a. No later than 90 days after the effective date of this act, the Department of Health shall institute a regional medical coordination center model for disaster response to facilitate regional capacity coordination and communication across county and local boards of health, hospitals, long-term care facilities, emergency medical services providers and other first responders, and entities providing medical transportation services, in the event of a public health emergency involving an outbreak, epidemic, or pandemic involving an infectious disease. At a minimum, the model shall include a system for pairing long-term care facilities, emergency medical services providers and other first responders, and entities providing medical transportation services with a hospital located in the same region for the purpose of providing the long-term care facility, emergency medical services provider or other first responder, and medical transportation provider with consultative services regarding infectious diseases, infection control, and emergency resource coordination, as well as support testing as may be needed.

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

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

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

(2) executing contracts with other long-term care facilities and with general acute care hospitals located in the same region to provide staff support on an as-needed basis;
(3) utilizing the National Guard or other resources as may be deployed or otherwise made available to respond to an outbreak, epidemic, or pandemic involving the infectious disease; and
(4) utilizing the services of qualified volunteers, within the scope of the volunteers’ training and experience, which volunteer services are coordinated through the LTCEOC.

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

c. During an outbreak, epidemic, or pandemic involving an infectious disease, the LTCEOC shall establish a system for communicating test results for the infectious disease among long-term care facilities for individuals who are employed or providing services at multiple facilities, provided that such system is limited to ensuring facilities are on notice of which employees of the facility have tested positive for the infectious disease and otherwise includes safeguards against the unlawful disclosure of personal identifying information and private health information. Facilities receiving information about an employee through the system established under this subsection shall not use or disseminate the reported information for any purpose other than to ensure the facility’s staffing needs are met and to identify and prevent against the possible transmission of the infectious disease at the facility through possible contact with the identified employee.

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

5. a. No later than 30 days after the effective date of this act,
the Department of Health shall develop a plan and provide guidance
to long-term care facilities on how the facilities can comply with
and implement federal guidance on accepting new residents at the
facility and allowing in-person visits with residents of the facility
during the ongoing coronavirus disease 2019 (COVID-19)
pandemic, which guidance shall be developed in consultation with
the LTCEOC established pursuant to section 1 of this act. The
guidance shall, at a minimum:
   (1) require each long-term care facility to have:
      (a) adequate isolation rooms or isolation capabilities to allow
for effective cohorting of both residents and staff;
      (b) an adequate minimum supply of personal protective
equipment and test kits for COVID-19 on hand; and
      (c) sufficient staff, which may be augmented through
contingency plans and training programs, to enable the facility to
fully meet its responsibilities to residents as well as to ensuring the
safety of staff and residents;
   (2) define acceptable models of cohorting, appropriate staffing
levels and staffing ratios, standards and protocols for distribution
and use of personal protective equipment, and standards and
protocols for COVID-19 testing; and
   (3) establish standards and procedures for ensuring distribution
of personal protective equipment and COVID-19 test kits to
facilities that are unable to obtain them on their own.

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

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

d. No general acute care hospital shall discharge any patient to
a long-term care facility during the COVID-19 pandemic unless the
facility has submitted an attestation to the department pursuant to
subsection c. of this section and is currently accepting new residents.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7. The Commissioner of Health and the Commissioner of 
Human Services shall take steps to ensure available and appropriate 
sources of federal funding provided to states in response to the 
COVID-19 pandemic are made available to long-term care 
facilities. The commissioners may condition awards of funding 
made pursuant to this section on long-term care facilities providing 
regular reports on how the funding is used, including any evidence 
as may be needed to confirm the facilities are complying with all 
terms and conditions that attach to the funding, as well as 
information concerning steps the facility is taking to improve the 
facility’s preparedness and response to the COVID-19 pandemic, 
including establishing and updating staff and patient safety and 
isolation protocols, expanding access to personal protective 
equipment and COVID-19 testing, and making improvements to the 
facility’s equipment and physical plant that will help prevent the 
spread of communicable diseases within the facility.

8. a. No later than 60 days after the effective date of this act, 
the Department of Health shall coordinate with appropriate State 
and federal entities to consolidate all State and federal data
reporting related to the COVID-19 pandemic through the NJHA PPE, Supply & Capacity Portal maintained by the New Jersey Hospital Association. The department shall migrate the NJHA portal onto department systems and shall communicate the changes made pursuant to this subsection to long-term care facilities. The department may enter into such agreements with the New Jersey Hospital Association as are necessary to implement the provisions of this subsection.

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

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

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

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

d. The department shall provide support to smaller long-term care facilities to assist the facilities in upgrading and enhancing their health information technology systems to allow for ready communication with State, county, and local entities to which the facilities are required to report or with which the facilities are required to communicate regarding COVID-19. Support provided to the facilities under this section shall include, as necessary, staff support, technical assistance, and financial support, including identifying available State, federal, and private sources of funding.
as may be available to the facilities to upgrade and enhance their health information technology systems.

9. This act shall take effect immediately.

STATEMENT

This bill establishes certain requirements concerning the State’s preparedness and response regarding infectious disease outbreaks, epidemics, and pandemics affecting long-term care facilities. Certain of the requirements established under the bill are specific to the coronavirus disease 2019 (COVID-19) pandemic, other requirements will apply to both the COVID-19 pandemic and to future infectious disease outbreaks, epidemics, and pandemics.

The bill establishes the Long-Term Care Emergency Operations Center (LTCEOC) in the Department of Health (DOH), which will serve as the centralized command and resource center for long-term care facility response efforts and communications during infectious disease outbreaks, epidemics, and pandemics affecting or likely to affect one or more long-term care facilities. The LTCEOC, which is to be established no later than 30 days after the effective date of the bill, is to build off and integrate with existing emergency response systems.

The DOH will have primary responsibility for the operations of the LTCEOC, but the Department of Human Services and other appropriate State agencies are to provide any staff support requested by the DOH. The DOH may additionally contract with a third party entity to provide staffing services as needed. At a minimum, the LTCEOC will be required to have on call at all times such appropriate staff and consultants as are needed to respond to an emerging or ongoing outbreak, epidemic, or pandemic, including representatives from nursing homes, long-term care facilities, nursing home and long-term care facility staff, county and local boards of health, the Office of the New Jersey Long-Term Care Ombudsman, and the Office of Emergency management in the New Jersey State Police, as well as experts in public health, infection control, elder affairs, disability services, emergency response, and medical transportation.

The LTCEOC will be required to establish ongoing, direct communication mechanisms and feedback loops, including an advisory council, to obtain real-time input from the owners and staff of long-term care facilities, unions, advocates representing residents of long-term care facilities and their families, individuals with expertise in the needs of people with specialized health care needs, and such other stakeholders as the DOH deems necessary and appropriate during an outbreak, epidemic, or pandemic affecting or potentially affecting long-term care facilities. The
LTCEOC will also designate a staff person from the DOH who will
serve as designated liaison to the long-term care industry during an
outbreak, epidemic, or pandemic.

The LTCEOC will provide guidance to the State and to the
Office of Emergency Management to ensure that: supplies needed
to respond to an outbreak, epidemic, or pandemic are acquired and
distributed in an effective and efficient manner; critical staffing
shortages in long-term care facilities are identified and resolved in
an effective and efficient manner; issues that would jeopardize the
health or safety of staff or residents of a long-term care facility, or
that would impede or disrupt efforts to respond to an outbreak,
edemic, or pandemic are promptly identified and appropriately
addressed; and all policies and guidance are effectively
communicated to all long-term care industry stakeholders to
maximize the coordination and effectiveness of the State’s response
to an outbreak, epidemic, or pandemic affecting long-term care
facilities.

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

The LTCEOC will be required to develop guidance and best
practices in response to an infectious disease outbreak, epidemic, or
pandemic concerning, as may be appropriate, infection control,
symptom monitoring, and the use of telemedicine and telehealth to
provide contactless health care services. The guidance and best
practices are to be transmitted to appropriate State, county, and
local departments and agencies for dissemination to industry and to
providers. The guidance and best practices may additionally be
transmitted to any federal and international agencies as may be
involved with a national or international response to the infectious
disease outbreak, epidemic, or pandemic.

The bill requires the DOH to institute, no later than 90 days after
the effective date of the bill, a regional medical coordination center
model for disaster response to facilitate regional capacity
coordination and communication across county and local boards of
health, hospitals, long-term care facilities, emergency medical
services providers and other first responders, and entities providing
medical transportation, in the event of a public health emergency involving a communicable disease outbreak, epidemic, or pandemic. At a minimum, the model is to include a system for pairing long-term care facilities, emergency medical services providers and other first responders, and medical transportation entities with a hospital located in the same region for the purpose of providing the long-term care facility with consultative services regarding infectious diseases, infection control, and emergency resource coordination, as well as support testing as may be needed. The DOH is to identify appropriate sources of State, federal, and private funding to implement the regional medical coordination center model.

Within 60 days after the effective date of the bill, each long-term care facility will be required to develop plans, in coordination with the LTCEOC, to maintain mandatory long-term care facility staffing levels by replacing facility staff who isolate or quarantine because of infection with or exposure to an infectious disease, particularly during an outbreak, epidemic, or pandemic involving the infectious disease. These plans may include: establishing staffing teams to provide temporary interim support; executing contracts with other long-term care facilities and with general acute care hospitals located in the same region to provide staff support on an as-needed basis; utilizing the National Guard or other resources as may be deployed or otherwise made available in response to an outbreak, epidemic, or pandemic; and utilizing the services of qualified volunteers.

During an outbreak, epidemic, or pandemic involving an infectious disease, long-term care facilities are to provide the LTCEOC with an outline of the facility’s regular staffing requirements and promptly notify the LTCEOC in the event any staff member tests positive for the infectious disease or is required to isolate or quarantine based on infection or exposure to the infectious disease. The LTCEOC will utilize this data to identify staffing needs throughout the State, anticipate potential staffing shortages, and develop strategies to promptly respond to anticipated shortages.

During an outbreak, epidemic, or pandemic involving an infectious disease, the LTCEOC will be required to establish a system for communicating test results for the infectious disease among long-term care facilities for individuals who are employed by or providing services in multiple facilities. The system will be limited to ensuring facilities are on notice of which employees of the facility have tested positive for the infectious disease, and will include safeguards against the unlawful disclosure of personal identifying information and private health information. Facilities receiving information about an employee through the system will be prohibited from using or disseminating the reported information for any purpose other than to ensure the facility’s staffing needs are
met and to identify and prevent against the possible transmission of
the infectious disease at the facility through contact with the
identified employee.

The DOH will be required to develop plans for the placement of
patients who contract an infectious disease during an outbreak,
epidemic, or pandemic of the disease but who do not require
hospitalization, which plan will apply in the event of a surge in new
cases of the infectious disease that exceeds safe capacity levels in
long-term care facilities. At a minimum, the placement plan is to
include the rapid establishment of at least three regional hubs
capable of accepting patients with the infectious disease who do not
require hospitalization, which hubs are to comply with State and
federal guidance regarding infection control practices related to the
infectious disease. In the event of a surge in cases of the infectious
disease, the LTCEOC will be required to actively monitor capacity
levels at long-term care facilities and at regional hubs and take steps
to direct patient placements as necessary to manage safe capacity
levels.

Within 30 days after the effective date of the bill, the DOH will
be required to develop a plan and provide guidance to long-term
care facilities on how the facilities can comply with and implement
federal guidance on accepting new residents at the facility and
allow in-person visits with residents of the facility during the
ongoing coronavirus disease 2019 (COVID-19) pandemic, which
guidance is to be developed in consultation with the LTCEOC. The
guidance is to include specific requirements related to isolation and
cohorting, stockpiling and distributing personal protective
equipment (PPE) and COVID-19 test kits, and staffing. The DOH
will be required to establish a centralized online resource to answer
frequently asked questions and provide educational sessions, focus
groups, and support services to the long-term care industry in
implementing the guidance developed under the bill.

In developing guidance, the DOH will be required to plan for
potential or anticipated changes in federal policy that could affect
the ability of long-term care facilities, or health care professionals
in general, to respond to the COVID-19 pandemic, including
changes that could restrict professional scope of practice or
coverage under a health benefits plan for services provided to long-
term care facility residents.

Each long-term care facility will be required to submit to the
DOH, prior to admitting new residents to the facility and resuming
in-person visitation with facility residents during the ongoing
COVID-19 pandemic, an attestation of compliance with federal
requirements and the guidelines issued under the bill. If, at any
time after resuming new admissions and in-person visitations, the
long-term care facility identifies issues or encounters circumstances
that require a modified approach to new admissions and in-person
visits or that require ending new admissions or in-person visits, the
facility will be required to promptly report those issues or circumstances to the LTCEOC. The bill prohibits general acute care hospitals from discharging any patient to a long-term care facility during the COVID-19 pandemic if the facility has not met these requirements.

The LTCEOC will be required to establish a compliance check system comprising, as appropriate, testing, assistance, and clinical teams, to periodically evaluate the ability of long-term care facilities to resume new admissions and in-person visitation and render assistance to the facilities as needed, including staff support and assistance in obtaining PPE, COVID-19 testing kits, or other necessary resources.

Within 30 days after the effective date of the bill, the DOH will be required to develop standards and protocols for COVID-19 testing in long-term care facilities in order to minimize the risk that staff and residents of long-term care facilities may be exposed to COVID-19 through interaction with other persons present at the facility. The standards and protocols are to prioritize use of the most effective forms and methods of testing, provide guidance for facilities to implement comprehensive testing using the facility’s own resources and funding; establish methods to avoid duplicative testing of staff members employed by or providing professional services at more than one long-term care facility, require long-term care facilities to provide on-site testing services to facility staff, include protocols for establishing mobile testing units on an expedited basis when needed, and allow facilities flexibility in implementing routine testing if it becomes necessary.

The standards and protocols may additionally include specific testing requirements based on local infection rates and risk factors, protocols for determining in which situations testing will be mandatory, a mechanism for hospitals to provide or support COVID-19 testing in long-term care facilities, and the establishment of a network of preferred clinical laboratories for COVID-19 testing.

The LTCEOC will be required to support COVID-19 testing protocols in long-term care facilities through the coordinated distribution of available supplies and other resources to long-term care facilities and by assisting facilities with identifying and accessing available sources of funding.

The Commissioner of Health, the Commissioner of Human Services, and the Commissioner of Banking and Insurance will be required to jointly develop strategies to ensure reimbursement of COVID-19 tests performed under the bill through health benefits plans, Medicaid and NJ FamilyCare, Medicare, and State and federal funds made available for this purpose.

The bill requires the Commissioner of Health and the Commissioner of Human Services to take steps to ensure available and appropriate sources of federal funding provided to states in
response to the COVID-19 pandemic are made available to long-
term care facilities. The commissioners may condition awards of
funding on long-term care facilities providing regular reports on
how the funding is used, including evidence of compliance with any
conditions attached to the funding and information concerning the
steps the facility is taking to improve the facility’s preparedness and
response to the COVID-19 pandemic.

The bill requires the DOH, no later than 60 days after the
effective date of the bill, to coordinate with appropriate State and
federal entities to consolidate all State and federal data reporting
related to the COVID-19 pandemic through the NJHA PPE, Supply
& Capacity Portal maintained by the New Jersey Hospital
Association (NJHA). The DOH will migrate the NJHA portal onto
DOH systems and communicate the change to long-term care
facilities. The DOH will be authorized to enter into any necessary
agreements with the NJHA.

No later than 30 days after the effective date of the bill, the DOH
will be required to undertake a review of State, federal, county, and
local reporting requirements for long-term care facilities related to
COVID-19 and take steps to standardize and consolidate the
reporting requirements in order to reduce the burden of compliance
for facilities, improve the utility of the reported data, and improve
the ability to share the data across systems. No later than 90 days
after the effective date of the bill, the DOH is to centralize its
internal COVID-19 and long-term care facility data reporting and
storage systems to facilitate data sharing across systems. The
centralized systems are to: (1) incorporate a function that
automatically transmits alerts concerning COVID-19 outbreaks and
deaths in long-term care facilities to appropriate governmental
agencies, and (2) receive and compile complaints concerning long-
term care facilities received from any other State department or
agency to facilitate the response to chronic, repeat, or acute issues
related to the health or safety of residents and staff at the facility.

The DOH will be required to provide support to smaller long-
term care facilities to assist with upgrades and enhancements to
their health information technology systems to allow for ready
communication with State, county, and local entities regarding
COVID-19. Support provided to the facilities may include staff
support, technical assistance, and financial support.