

**LEGISLATIVE FISCAL ESTIMATE**  
**ASSEMBLY, No. 4129**  
**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

DATED: MAY 12, 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**

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

- The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) 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 reporting requirements under the bill: 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 month 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, and nursing homes 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; died from COVID-19; and were admitted for treatment for COVID-19. The reported data is to be compiled by facility type and by professional license or certification type, if any, or by job title or category.

The DOH will be required to publish, and update daily, on its Internet website the data received under the bill. To the extent possible, the data reported by the department may be merged and cross-referenced with the demographic data published by the department pursuant to section 1 of P.L.2020, c.28, which requires hospitals to report COVID-19 demographic data for patients.

The bill will expire one month 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, 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.

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 reporting requirement under the bill: 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 collect such data, or have staff available to perform such a responsibility, 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 month 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.).