

# ASSEMBLY HUMAN SERVICES COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 4138**

with committee amendments

# STATE OF NEW JERSEY

DATED: JUNE 25, 2020

The Assembly Human Services Committee favorably reports, with committee amendments, Assembly Bill No. 4138.

As amended by the committee, this bill would require the Department of Human Services (DHS) to develop and oversee the implementation of a public emergency response plan for persons and entities that are licensed to provide services to individuals with developmental disabilities (“licensed service providers”). The department will be required to develop the plan in consultation with the Department of Health (DOH), the Ombudsman for Individuals with Intellectual or Developmental Disabilities and Their Families, licensed service providers, and the State Office of Emergency Management in the Department of Law and Public Safety.

At a minimum, the public emergency response plan is to:

1) establish guidelines and best practices for the general and specific operations, activities, and procedures that are to be undertaken or implemented by licensed service providers during a public emergency;

2) to the extent feasible, identify the means, methods, and channels through which relevant service providers and facilities will be able to obtain personal protective equipment (PPE) and other equipment or services that are critical to the maintenance of ongoing operations during the course of a public emergency;

3) address various possible public emergency scenarios and provide for the application of differing standards and best practices and the use of differing resource sourcing methods, as appropriate, for different types of public emergency, while highlighting the standards, best practices, and sourcing methods that are applicable for the purposes of any currently declared public emergency; and

4) be consistent with, and incorporate, any guidance published by the U.S. Department of Health and Human Services, the federal Centers for Disease Control and Prevention, and any other federal agencies that are involved in the remediation of public emergencies.

The department will be required to: 1) prepare a public emergency response plan, as required by the bill, within 60 days after the date of the bill’s enactment; 2) review and revise the plan on at least a biennial basis after the plan’s initial preparation and as soon as is possible

following the declaration of any new public emergency in the State; and 3) post the initial response plan and any revised response plan on the DHS Internet website.

COMMITTEE AMENDMENTS:

The committee amended the bill to require the DHS to develop and oversee the implementation of the public emergency response plan, instead of requiring the Assistant Commissioner of the Division of Developmental Disabilities in the DHS to develop and oversee the plan in consultation with the DHS Commissioner and the Director of the State Office of Emergency Management.

The committee amendments require the DHS to develop and implement the public emergency response plan in consultation with the DOH, the Ombudsman for Individuals with Intellectual or Developmental Disabilities and Their Families, licensed service providers, and the State Office of Emergency Management.

The committee amendments require the public emergency response plan to be consistent with, and to incorporate, any relevant guidance published by federal agencies that are involved in the remediation of public emergencies.

The committee amendments remove a provision that would have required the response plan to be submitted directly to the DHS and DOH commissioners, as well as to licensed service providers and to various legislative committees, within 10 days after completion thereof. Instead, the amendments require the initial response plan and any revised response plan to be posted at a publicly accessible location on the DHS Internet website.

The committee amendments make technical changes to the definitions section to remove references to terms that are no longer used in the bill and to replace the stigmatizing term “patient” with the term “client.” The amendments also make minor wording changes throughout the bill to refer to “licensed service providers,” to remove redundancies, and to clarify the bill’s purpose, and they additionally alter the bill’s synopsis to reflect the revised purpose of the amended bill.