

# ASSEMBLY HEALTH COMMITTEE

## STATEMENT TO

[Second Reprint]

**SENATE, No. 1676**

with committee amendments

# STATE OF NEW JERSEY

DATED: MARCH 8, 2021

The Assembly Health Committee reports favorably and with committee amendments Senate Bill No. 1676 (2R).

As amended, this bill authorizes general acute care hospitals to adopt, as part of their missions, the goal of addressing issues related to homelessness and housing insecurity. A hospital that chooses to address issues related to homelessness and housing insecurity will be authorized to construct, rehabilitate, or remediate housing and provide wrap-around services for homeless persons and the housing insecure who are treated at the hospital, which wrap-around services may include:

- (1) referrals to outpatient primary care and behavioral health care services;
- (2) appropriate follow-up care and treatment management assistance;
- (3) assistance identifying and procuring sources of health benefits coverage, including, but not limited to, coverage under the State Medicaid and NJ FamilyCare programs; and
- (4) assistance in identifying and accessing appropriate social services, including, but not limited to, food, transportation, housing, employment, and child care assistance.

As amended, the bill defines “individual who is housing insecure” as a person: whose housing costs are more than 50 percent of the person’s monthly income; who lives in substandard or poor quality housing; who lives in a house or apartment with overcrowded conditions which impact the person’s health and safety; who lives in a house or apartment with other individuals or families in order to share housing costs; who is experiencing housing instability, including, but not limited to, periods of living in shelters or hotels or frequent moves from house to house due to economic reasons; or who experiences periods of homelessness.

The provision of housing and wrap-around services for the homeless and the housing insecure will be exempt from certificate of need requirements, and housing for the homeless constructed,

rehabilitated, or remediated by a hospital will be deemed a permitted use in all residential and nonresidential districts of a municipality and will be exempt from local zoning restrictions.

As amended, the bill provides that housing for the homeless and the housing insecure provided by a hospital will also be deemed a permitted use in all residential and nonresidential districts of a municipality and exempt from local zoning restrictions. The housing will also be exempt from Department of Health (DOH) health care facility licensing requirements, provided that if wrap-around services provided in connection with that housing are provided in a health clinic or other comparable licensed health care facility licensed by the DOH, the clinic or facility will continue to be required to comply with DOH's health care facility licensing requirements. The bill provides that the number of housing units that are constructed, rehabilitated, or remediated in a particular municipality pursuant to the bill's provisions will be subtracted from the total number of affordable housing units that may be required in that municipality by the Council on Affordable Housing.

A hospital that constructs, rehabilitates, or remediates housing and provides wrap-around services for the homeless and the housing insecure will be required to submit annual reports to the Departments of Health and Human Services concerning any reductions in the number of inpatient admissions and emergency department visits at the hospital relating to the construction, rehabilitation, or remediation of housing for, and the provision of wrap-around services to, homeless persons and the housing insecure over the previous year. The reports submitted to the departments are to include data based on each payer type for inpatient admissions and emergency department visits, including charity care. A health care system will be permitted to submit the report on behalf of one or more hospitals that are part of that health care system. The departments will be required to provide the Legislature with an annual analysis of the reports submitted by or on behalf of hospitals under the bill for five years following the bill's effective date. Thereafter, the departments will provide the Legislature such analysis quinquennially.

As amended and reported by the committee, Senate Bill No. 1676 (2R) is identical to Assembly Bill No. 3326 which was amended and reported by the committee on this date.

#### COMMITTEE AMENDMENTS

The committee amendments make a technical change involving usage and provide that the number of housing units that are constructed, rehabilitated, or remediated in a particular municipality pursuant to the bill's provisions are to be subtracted from the total

number of affordable housing units that may be required in that municipality by the Council on Affordable Housing. The amendments also revise reporting requirements the Departments of Health and Human Services.