

26:2H-5.36 et al
LEGISLATIVE HISTORY CHECKLIST
Compiled by the NJ State Law Library

LAWS OF: 2021 **CHAPTER:** 454

NJSA: 26:2H-5.36 et al (Requires certain electronic medical programs to include demographic data entry feature; requires laboratories to record certain patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training progra)

BILL NO: A4253 (Substituted for S3233 (2R))

SPONSOR(S) Conaway, Herb and others

DATE INTRODUCED: 6/15/2020

COMMITTEE: **ASSEMBLY:** Appropriations
Health

SENATE: Health, Human Services & Senior Citizens
Budget & Appropriations

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** 12/20/2021

SENATE: 1/10/2022

DATE OF APPROVAL: 1/18/2022

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL

(Assembly Committee Substitute (Fourth Reprint) enacted) Yes

A4253

INTRODUCED BILL (INCLUDES SPONSOR'S STATEMENT): Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes Appropriations
Health

SENATE: Yes Health, Human Services &
Senior Citizens
Budget & Appropriations

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: Yes 6/21/2021
12/20/2021

LEGISLATIVE FISCAL ESTIMATE: Yes 8/5/2020
2/10/2021
6/29/2021

S3233 (2R)

INTRODUCED BILL (INCLUDES SPONSOR'S STATEMENT):	Yes	
COMMITTEE STATEMENT:	ASSEMBLY:	No
	SENATE:	Yes Health, Human Services & Senior Citizens Budget & Appropriations

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT:	Yes	6/21/2021
-----------------------------------	-----	-----------

LEGISLATIVE FISCAL ESTIMATE:	Yes	2/9/2021 6/29/2021
-------------------------------------	-----	-----------------------

VETO MESSAGE:	No
----------------------	----

GOVERNOR'S PRESS RELEASE ON SIGNING:	Yes
---	-----

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or <mailto:refdesk@njstatelib.org>

REPORTS:	No
-----------------	----

HEARINGS:	No
------------------	----

NEWSPAPER ARTICLES:	No
----------------------------	----

RWH/JA

§1
C.26:2H-5.36
§§2-5
C.45:9-42.46 to
45:9-42.49
§7
Note to
C.26:2H-5.36 and
C.45:9-42.46 to
45:9-42.49

P.L. 2021, CHAPTER 454, *approved January 18, 2022*
Assembly Committee Substitute (*Fourth Reprint*) for
Assembly, No. 4253

1 AN ACT concerning clinical laboratories ¹, certain hospitals,¹ and
2 certain electronic medical records ²,² and supplementing Title
3 ²**[45]** 26² of the Revised Statutes ²and P.L.1975, c.166 (C.45:9-
4 42.26 et seq.)² .
5

6 **BE IT ENACTED** by the Senate and General Assembly of the State
7 of New Jersey:
8

9 ²**[**1. As used in this act, “clinical laboratory” means a
10 laboratory licensed by the Department of Health, pursuant to the
11 "New Jersey Clinical Laboratory Improvement Act," P.L.1975,
12 c.166 (C.45:9-42.26 et seq.).**]**²
13

14 ²1. a. Each general acute care hospital that collects data
15 concerning patient race, ethnicity, sexual orientation, or gender
16 identity for any reason shall implement an evidence-based cultural
17 competency training program for all ³**[**employees who are
18 healthcare professionals, independent contractors, consultants, and
19 other]³ staff members ³employed by or working under the
20 supervision of the general acute hospital³ who have direct contact
21 with patients and are responsible for collecting race and ethnicity,
22 sexual orientation, and gender identity information from patients.

23 ³The Department of Health shall identify an evidence-based cultural
24 competency training tool ⁴**[**to] ⁴that may ⁴be utilized by cultural
25 competency training programs implemented by general acute
26 hospitals pursuant to this section. The use of the department’s
27 approved training tool by a general acute hospital shall not preclude

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AAP committee amendments adopted July 27, 2020.

²Senate SHH committee amendments adopted December 7, 2020.

³Senate floor amendments adopted June 21, 2021.

⁴Assembly floor amendments adopted December 20, 2021.

1 the hospital from utilizing additional or customized training tools in
2 addition to ⁴or in lieu of⁴ the department's approved training tool.³

3 b. ³[The] Each³ cultural competency training program
4 implemented pursuant to subsection a. of this section³ shall include
5 training on the following topics:

6 (1) common terminology for race and ethnicity, sexual
7 orientation, and gender identity data;

8 (2) information on the relationship between patient health and
9 collecting race and ethnicity, sexual orientation, and gender identity
10 data;

11 (3) information on how race and ethnicity, sexual orientation,
12 and gender identity data will be used;

13 (4) information on how to navigate discomfort in patients and
14 staff when asking patients for their race and ethnicity, sexual
15 orientation, and gender identity information; and

16 (5) information on how to create an inclusive and affirming
17 environment for all patients.

18 c. Each ³[healthcare professional, independent contractor,
19 consultant, and other]³ staff member who is employed by ³[a] or
20 working under the supervision of the³ general acute care hospital,
21 has direct contact with patients, and is responsible for collecting
22 race and ethnicity, sexual orientation, and gender identity
23 information from patients, shall:

24 (1) complete the cultural competency training program
25 ³[developed pursuant to subsection b.] implemented pursuant to
26 subsection a.³ of this section at such times and intervals as the
27 hospital shall require; and

28 (2) complete a cultural competency refresher course at least
29 once biennially if completion of the course is deemed necessary by
30 the hospital.²

31
32 2. a. (1) A clinical laboratory shall electronically record the
33 race, ethnicity, sexual orientation, and gender identity of each
34 patient ¹[,]¹ who presents with a non-electronic order for testing at
35 a clinical laboratory patient service center. If a clinical laboratory
36 processes a specimen without the presence of a patient, the clinical
37 laboratory shall not be responsible for recording and reporting the
38 patient's gender identity, sexual orientation, and racial and ethnic
39 information.

40 (2) Race and ethnicity selections shall include⁴[], but shall not
41 be limited to⁴]: African American, Alaska Native, American
42 Indian, Asian, Black, Hispanic, Latino, more than one race, Native
43 Hawaiian, Other Pacific Islander, White, and ¹[prefer not to say]
44 does not wish to disclose¹.

45 (3) Sexual orientation selections shall include⁴[], but shall not be
46 limited to⁴]: bisexual ⁴[,] ;⁴ do not know ⁴[,] ;⁴

1 ¹ heterosexual⁴ or straight;⁴ ¹ homosexual,¹ gay, ⁴ or⁴ lesbian
2 ⁴ or;⁴ ¹ unsure, other something else⁴ or straight;¹;⁴ and ¹ prefer
3 not to say does not wish to disclose¹.

4 (4) Gender identity selections shall include⁴ or, but shall not be
5 limited to⁴: male, female, ¹ transgender female transgender-
6 female¹, ¹ transgender male transgender-male¹, ¹ non-binary,¹
7 other, and ¹ prefer not to say does not wish to disclose¹.

8 b. Any health care related data that is required under State law
9 to be reported by a clinical laboratory to a local or State
10 governmental entity shall include any corresponding gender
11 identity, sexual orientation, and racial and ethnic data recorded
12 pursuant to this section, and shall be incorporated into the
13 corresponding disease surveillance reporting system of the local or
14 State governmental entity.

15 c. A non-electronic specimen collection and analysis
16 requisition form distributed by a clinical laboratory shall contain a
17 section for the manual entry of the patient's racial, ethnic, sexual
18 orientation, and gender identity information on the form.

19 d. ¹ Race and ethnicity, sexual orientation, and gender identity
20 information that is required to be recorded or reported pursuant to
21 this section shall be recorded or reported using a program that is
22 compatible with the State's disease surveillance reporting system
23 ² or equivalent to using such data fields as may be available or
24 necessary in the version of² Health Level Seven International
25 recording and reporting standards ² or equivalent standards adopted
26 by the laboratory² .

27 ² e.¹ A clinical laboratory that fails to comply with the
28 provisions of this section shall be liable to a penalty in accordance
29 with the provisions of sections 13 and 14 of P.L.1971, c.136
30 (C.26:2H-13 and C.26:2H-14).²

31 ⁴ e. The Commissioner of Health may modify, by regulation, the
32 race, ethnicity, sexual orientation, and gender identity selections
33 provided in subsection a. of this section as appropriate or pursuant
34 to federal requirements.⁴

35
36 3. Any electronic medical records or laboratory information
37 management systems used in this State ⁴ or sold by a vendor of such
38 systems in this State⁴, on or after the effective date of this act, shall
39 be configured in a manner that prevents an authorized user from
40 saving or storing a patient's demographic information into the
41 electronic medical records or laboratory information management
42 systems unless a patient's gender identity, sexual orientation, and
43 racial and ethnic information is recorded. ⁴ Nothing in this act shall
44 prohibit a clinical laboratory from receiving, processing, or saving
45 data related to specimens that are ordered or received from outside

1 of this State.⁴ The gender identity, sexual orientation, and racial
2 and ethnic information of a patient shall be included in laboratory
3 orders generated by electronic medical record systems. ²A vendor
4 of electronic medical records or laboratory information
5 management systems that fails to comply with the provisions of this
6 section shall be liable to a civil penalty of up to \$1,000 for each day
7 during which the vendor's system is out of compliance. A civil
8 penalty assessed pursuant to this section shall be collected by and in
9 the name of the Department of Health in summary proceedings
10 before a court of competent jurisdiction pursuant to the provisions
11 of the "Penalty Enforcement Law of 1999," P.L.1999, c.174
12 (C.2A:58-10 et seq.).²

13
14 4. Nothing in this act shall be construed to compel a patient to
15 disclose the patient's race, ethnicity, sexual orientation, or gender
16 identity to a clinical laboratory, health care provider, or any other
17 entity.

18
19 ¹5. a. ²[As used in this section: "Hospital" means an acute care
20 general hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et
21 seq.)

22 b.]² Each clinical laboratory ²[and hospital]² shall implement an
23 evidence-based cultural competency training program for all
24 ³[employees who are healthcare professionals, independent
25 contractors, consultants, and other]³ staff members ³employed by
26 or working under the supervision of the clinical laboratory³ who
27 ²have direct contact with patients and² are responsible for collecting
28 race and ethnicity, sexual orientation, and gender identity
29 information from patients. ³The Department of Health shall
30 identify an evidence-based cultural competency training tool ⁴[to]
31 that may⁴ be utilized by cultural competency training programs
32 implemented by clinical laboratories pursuant to this section. The
33 use of the department's approved training tool by a clinical
34 laboratory shall not preclude the clinical laboratory from utilizing
35 additional or customized training tools in addition to ⁴or in lieu of⁴
36 the department's approved training tool.³

37 ²[c.] b.² ³[The] Each³ cultural competency training program
38 ³implemented pursuant to subsection a. of this section³ shall include
39 training on the following topics:

40 (1) common terminology for race and ethnicity, sexual
41 orientation, and gender identity data;

42 (2) information on the relationship between patient health and
43 collecting race and ethnicity, sexual orientation, and gender identity
44 data;

45 (3) information on how race and ethnicity, sexual orientation,
46 and gender identity data will be used;

1 (4) information on how to navigate discomfort in patients and
2 staff when asking patients for their race and ethnicity, sexual
3 orientation, and gender identity information; and

4 (5) information on how to create an inclusive and affirming
5 environment for all patients.

6 ²[d.] c.² Each ³[healthcare professional, independent
7 contractor, consultant, and other]³ staff member who is employed
8 by ³[a] or working under the supervision of the³ clinical laboratory
9 ²[or hospital] , has direct contact with patients,² and is responsible
10 for collecting race and ethnicity, sexual orientation, and gender
11 identity information from patients ^{2,2} shall:

12 (1) complete the cultural competency training program
13 ³[developed pursuant to subsection ²[c.] b.²] implemented
14 pursuant to subsection a.³ of this section at such times and intervals
15 as the clinical laboratory ²[or hospital]² shall require; and

16 (2) complete a cultural competency refresher course at least
17 once biennially if completion of the course is deemed necessary by
18 the clinical laboratory ²[or hospital]² .¹

19
20 ¹[5.] 6.¹ The Commissioner of Health shall adopt rules and
21 regulations, in accordance with the “Administrative Procedure Act,”
22 P.L.1968, c.410 (C.52:14B-1 et seq.), as are necessary to effectuate
23 the provisions of this act.

24
25 ¹[6.] 7.¹ This act shall take effect ¹[90] ⁴[120¹] 180⁴ days
26 after the date of enactment ¹except that ²[section] sections 1 and² 5
27 ²of this act² shall take effect ²[immediately¹] ⁴[60] 120⁴ days after
28 the date of enactment².

29
30
31 _____
32
33 Requires certain electronic medical programs to include
34 demographic data entry feature; requires laboratories to record
35 certain patients’ demographic information; requires certain
36 hospitals and laboratories to implement cultural competency
37 training program.

ASSEMBLY, No. 4253

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED JUNE 15, 2020

Sponsored by:

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblywoman NANCY J. PINKIN

District 18 (Middlesex)

Assemblywoman ANGELICA M. JIMENEZ

District 32 (Bergen and Hudson)

SYNOPSIS

Requires electronic medical record programs to include gender and race and ethnicity data entry feature; requires certain laboratories to record patients' gender and racial and ethnic information.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/22/2020)

1 AN ACT concerning clinical laboratories and electronic medical
2 records companies and supplementing Title 45 of the Revised
3 Statutes.

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7
8 1. As used in this act, "clinical laboratory" means a laboratory
9 licensed by the Department of Health, pursuant to the "New Jersey
10 Clinical Laboratory Improvement Act," P.L.1975, c.166 (C.45:9-
11 42.26 et seq.).

12
13 2. A clinical laboratory which collects or receives specimens
14 for analysis shall electronically record and report the patient's
15 gender identity, sexual orientation, and racial and ethnic
16 information as a condition of licensure. As a condition of licensure,
17 any non-electronic specimen collection and analysis requisition
18 forms distributed by the clinical laboratory shall require the manual
19 entry of the patient's gender identity, sexual orientation, and racial
20 and ethnic information on the form. If such information is
21 ascertainable to a clinical laboratory, a laboratory order for
22 inpatient and outpatient matters shall indicate the patient's race,
23 ethnicity, sexual orientation, and gender identity if the laboratory is
24 required to report the condition of the patient, as determined by the
25 Department of Health.

26
27 3. An electronic medical records company, which offers
28 electronic medical records software programs for sale, on or after
29 the effective date of this act in this State, shall configure the
30 programs in a manner that prevents a health care provider from
31 saving a patient's information in the program unless the patient's
32 gender identity, sexual orientation, and racial and ethnic data is first
33 entered into the program.

34
35 4. The Commissioner of Health shall adopt rules and
36 regulations, in accordance with the "Administrative Procedure Act,"
37 P.L.1968, c.410 (C.52:14B-1 et seq.), as are necessary to effectuate
38 the provisions of this act.

39
40 5. This act shall take effect 90 days after the date of enactment.

41

42

43

STATEMENT

44

45 This bill requires: (1) electronic patient medical record programs
46 to include race and ethnicity data entry feature and (2) certain
47 laboratories to record patients' racial and ethnic information.

1 Under the bill, a clinical laboratory which collects or receives
2 specimens for analysis is to electronically record and report the
3 patient's gender identity, sexual orientation, and racial and ethnic
4 information as a condition of licensure. As a condition of licensure,
5 any non-electronic specimen collection and analysis requisition
6 forms distributed by the clinical laboratory is to require the manual
7 entry of the patient's gender identity, sexual orientation, and racial
8 and ethnic information on the form. If such information is
9 ascertainable to a clinical laboratory, a laboratory order for
10 inpatient and outpatient matters is to indicate the patient's race,
11 ethnicity, sexual orientation, and gender identity if the laboratory is
12 required to report the condition of the patient, as determined by the
13 Department of Health.

14 Further, the bill provides that an electronic medical records
15 company, which offers electronic medical records software
16 programs for sale, on or after the effective date of this act in this
17 State, shall configure the programs in a manner that prevents a
18 health care provider from saving a patient's information in the
19 program unless the patient's gender identity, sexual orientation, and
20 racial and ethnic data is first entered into the program.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 4253

STATE OF NEW JERSEY

DATED: JUNE 23, 2020

The Assembly Health Committee reports favorably an Assembly Committee Substitute for Assembly Bill No. 4253.

Under the bill, a clinical laboratory is to electronically record the race, ethnicity, sexual orientation, and gender identity of each patient, who presents with a non-electronic order for testing at a clinical laboratory patient service center. If a clinical laboratory processes a specimen without the presence of a patient, the clinical laboratory shall not be responsible for recording and reporting the patient's gender identity, sexual orientation, and racial and ethnic information.

Race and ethnicity selections are to include, but are not to be limited to: African American, Alaska Native, American Indian, Asian, Black, Hispanic, Latino, more than one race, Native Hawaiian, Other Pacific Islander, White, and prefer not to say. Sexual orientation selections are to include, but are not to be limited to: bisexual, heterosexual, gay, lesbian, unsure, other, and prefer not to say. Gender identity selections are to include, but are not to be limited to: male, female, transgender female, transgender male, other, and prefer not to say.

Any health care related data that is required under State law to be reported by a clinical laboratory to a local or State governmental entity is to include any corresponding gender identity, sexual orientation, and racial and ethnic data recorded pursuant to the bill's provisions, and is to be incorporated into the corresponding disease surveillance reporting system of the local or State governmental entity.

Under the bill, a non-electronic specimen collection and analysis requisition form distributed by a clinical laboratory is to contain a section for the manual entry of the patient's racial, ethnic, sexual orientation, and gender identity information on the form. A clinical laboratory that fails to comply with the provisions of this section is to be liable to a penalty in accordance with the provisions of sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and C.26:2H-14).

Any electronic medical records or laboratory information management systems used in this State, on or after the effective date of this bill, is to be configured in a manner that prevents an authorized user from saving or storing a patient's demographic information into the electronic medical records or laboratory information management

systems unless a patient's gender identity, sexual orientation, and racial and ethnic information is recorded. The gender identity, sexual orientation, and racial and ethnic information of a patient is to be included in laboratory orders generated by electronic medical record systems.

Nothing in the bill's provisions is to be construed to compel a patient to disclose the patient's race, ethnicity, sexual orientation, or gender identity to a clinical laboratory, health care provider, or any other entity.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 4253

with committee amendments

STATE OF NEW JERSEY

DATED: JULY 27, 2020

The Assembly Appropriations Committee reports favorably and with committee amendments the Assembly Committee Substitute for Assembly Bill No. 4253.

Under the amended committee substitute, a clinical laboratory is to electronically record the race, ethnicity, sexual orientation, and gender identity of each patient who presents with a non-electronic order for testing at a clinical laboratory patient service center. If a clinical laboratory processes a specimen without the presence of a patient, the clinical laboratory shall not be responsible for recording and reporting the patient's gender identity, sexual orientation, and racial and ethnic information.

Race and ethnicity selections are to include, but are not to be limited to: African American, Alaska Native, American Indian, Asian, Black, Hispanic, Latino, more than one race, Native Hawaiian, Other Pacific Islander, White, and does not wish to disclose. Sexual orientation selections are to include, but are not to be limited to: bisexual, do not know, heterosexual, homosexual, gay, lesbian, something else, straight, and does not wish to disclose. Gender identity selections are to include, but are not to be limited to: male, female, transgender-female, transgender-male, non-binary, other, and does not wish to disclose.

Any health care related data that is required under State law to be reported by a clinical laboratory to a local or State governmental entity is to include any corresponding gender identity, sexual orientation, and racial and ethnic data recorded pursuant to the bill's provisions, and is to be incorporated into the corresponding disease surveillance reporting system of the local or State governmental entity.

Under the bill, a non-electronic specimen collection and analysis requisition form distributed by a clinical laboratory is to contain a section for the manual entry of the patient's racial, ethnic, sexual orientation, and gender identity information on the form. A clinical laboratory that fails to comply with the provisions of this section is to be liable to a penalty in accordance with the provisions of sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and C.26:2H-14).

Any electronic medical records or laboratory information management systems used in this State, on or after the effective date of this bill, is to be configured in a manner that prevents an authorized user from saving or storing a patient's demographic information into the electronic medical records or laboratory information management systems unless a patient's gender identity, sexual orientation, and racial and ethnic information is recorded. The gender identity, sexual orientation, and racial and ethnic information of a patient is to be included in laboratory orders generated by electronic medical record systems.

Nothing in the bill's provisions is to be construed to compel a patient to disclose the patient's race, ethnicity, sexual orientation, or gender identity to a clinical laboratory, health care provider, or any other entity.

Under the bill, race and ethnicity, sexual orientation, and gender identity information that is required to be recorded or reported pursuant to bill's provisions is to be recorded or reported using a program that is compatible with the State's disease surveillance reporting system or equivalent to Health Level Seven International recording and reporting standards. Clinical laboratories and acute care general hospitals are required to establish a cultural competency training program for certain employees as provided for in the bill.

COMMITTEE AMENDMENTS:

The committee amendments provide that race and ethnicity, sexual orientation, and gender identity information that is required to be recorded or reported pursuant to bill's provisions is to be recorded or reported using a program that is compatible with the State's disease surveillance reporting system or equivalent to Health Level Seven International recording and reporting standards. The amendments require clinical laboratories and acute care general hospitals to establish a cultural competency training program for certain employees as provided for in the bill.

The amendments make technical changes, including changes to the title and synopsis and as to punctuation and usage. The amendments add and remove gender identity and sexual orientation selections as provided for in the bill. The amendments also change the bill's effective date from 90 days to 120 days after the date of enactment, except that the cultural competency training program provision is to take effect immediately.

FISCAL IMPACT:

The Office of Legislative Services concludes that this bill would result in an indeterminate increase in costs for University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center). Under the bill, State hospitals and clinical laboratories are directed to implement an evidence-based cultural

competency training program for all employees who are healthcare professionals, consultants, independent contractors, and staff responsible for collecting information on race, ethnicity, sexual orientation and gender identity from patients. The comprehensive training program mandated under this bill would cover a broad range of topics, including, but not limited to: information on common terms for sexual orientation, gender identity, race and ethnicity; information on ways to navigate discomfort in patients and staff when asking patients for gender identity, sexual orientation, ethnicity, and racial information; and, information on how to create an inclusive and affirming environment for all patients. Each hospital and clinical lab would determine the frequency that staff should undergo the cultural competency training program, as well as a biennial refresher course, if deemed necessary. Without information concerning the cost of developing or purchasing a cultural competency training curriculum or the number of training sessions that a University Hospital and Bergen New Bridge Medical Center would hold annually to meet the requirements of this bill, OLS cannot determine the precise cost to the State or to Bergen County.

Finally, the Office of Legislative Services concludes that this bill may increase State revenues, albeit marginally, through a provision that would impose financial penalties for clinical laboratories that fail to comply with the reporting requirements established under this bill. The statutory penalties include, but are not limited to: revocation or suspension of a laboratory's license, monetary penalties, or denial of a license application. Financial penalties for violations range from \$2,500 per day for each day that the hospital or facility is out of compliance with these reporting requirements, to \$5,000 per day for subsequent violations. However, the OLS concludes that any revenue increase resulting from penalties collected would likely be marginal.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
ASSEMBLY, No. 4253

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 7, 2020

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Assembly Bill No. 4253 ACS (1R).

Under the bill as amended, clinical laboratories will be required to electronically record each patient's race, ethnicity, sexual orientation, and gender identity, if the patient presents with a non-electronic order for testing at a clinical laboratory patient service center. If a clinical laboratory processes a specimen without the presence of a patient, the clinical laboratory will not be responsible for recording and reporting the patient's gender identity, sexual orientation, and racial and ethnic information.

Race and ethnicity selections are to include, but are not to be limited to: African American, Alaska Native, American Indian, Asian, Black, Hispanic, Latino, more than one race, Native Hawaiian, Other Pacific Islander, White, and does not wish to disclose. Sexual orientation selections are to include, but are not to be limited to: bisexual, do not know, heterosexual, homosexual, gay, lesbian, something else, straight, and does not wish to disclose. Gender identity selections are to include, but are not to be limited to: male, female, transgender-female, transgender-male, non-binary, other, and does not wish to disclose.

Any health care related data that is required under State law to be reported by a clinical laboratory to a local or State governmental entity is to include any corresponding gender identity, sexual orientation, and racial and ethnic data recorded pursuant to the provisions of the bill, and is to be incorporated into the corresponding disease surveillance reporting system of the local or State governmental entity.

Non-electronic specimen collection and analysis requisition forms distributed by a clinical laboratory are to contain a section for the manual entry of the patient's racial, ethnic, sexual orientation, and gender identity information.

Any electronic medical records or laboratory information management system used in this State, on or after the effective date of this bill, is to be configured in a manner that prevents an authorized

user from saving or storing a patient's demographic information into the electronic medical records or laboratory information management systems unless a patient's gender identity, sexual orientation, and racial and ethnic information is recorded. The gender identity, sexual orientation, and racial and ethnic information of a patient is to be included in laboratory orders generated by electronic medical record systems. The vendor of an electronic medical records or laboratory information management system that is not in compliance with the requirements of the bill will be subject to a civil penalty of \$1,000 for each day the vendor's system is noncompliant.

Nothing in the bill is to be construed to compel a patient to disclose the patient's race, ethnicity, sexual orientation, or gender identity to a clinical laboratory, health care provider, or any other entity.

Under the bill, race and ethnicity, sexual orientation, and gender identity information that is required to be recorded or reported under the bill is to be recorded or reported using a program that is compatible with the State's disease surveillance reporting system using data fields as are available or necessary using the version of the Health Level Seven International recording and reporting standards or equivalent adopted by the clinical laboratory.

All clinical laboratories, and hospitals that collect data concerning patient race, ethnicity, sexual orientation, and gender identity, will be required to establish cultural competency training programs for employees who have direct contact with patients and who collect this demographic information, which programs will provide information concerning issues related to race and ethnicity, sexual orientation, and gender identity and how to engage in conversations with patients regarding these subjects.

As reported by the committee with amendments, Assembly Bill No. 4253 ACS (1R) is identical to Senate Bill No. 3233, which was also reported by the committee on this date with amendments.

COMMITTEE AMENDMENTS:

The committee amendments revise the requirement for hospitals to establish a cultural competency program to move it to a separate section and provide that it only applies to hospitals that collect data concerning patient race, ethnicity, sexual orientation, or gender identity.

The committee amendments revise the requirements for cultural competency programs for both hospitals and clinical laboratories to make the programs mandatory only for employees, contractors, and other individuals who have direct contact with patients.

The committee amendments revise the bill to provide that the provisions related to clinical laboratories will supplement the "New Jersey Clinical Laboratory Improvement Act," P.L.1975, c.166 (C.45:9-42.26 et seq.) rather than Title 45 of the Revised Statutes

generally. This change means it is not necessary to define “clinical laboratory” or reference certain penalty provisions, as the definitions and penalties set forth in the “New Jersey Clinical Laboratory Improvement Act” will automatically apply to the provisions of the bill.

The committee amendments provide that programs used by clinical laboratories to collect the demographic information required under the bill are to use data fields as are available or necessary using the version of Health Level Seven International recording and reporting standards or equivalent that the laboratory has adopted.

The committee amendments establish a civil penalty of up to \$1,000 per day for vendors of electronic medical records and laboratory information management systems whose systems are noncompliant with the requirements of the bill.

The committee amendments revise the effective date for the requirement for clinical laboratories and certain hospitals to establish cultural competency programs from immediately upon enactment to 60 days after the date of enactment.

The committee amendments make various technical changes to reflect these amendments.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[Second Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 4253

STATE OF NEW JERSEY

DATED: FEBRUARY 11, 2021

The Senate Budget and Appropriations Committee reports favorably the Assembly Committee Substitute for Assembly Bill No. 4253 (2R).

Under the amended committee substitute, a clinical laboratory is to electronically record the race, ethnicity, sexual orientation, and gender identity of each patient who presents with a non-electronic order for testing at a clinical laboratory patient service center. If a clinical laboratory processes a specimen without the presence of a patient, the clinical laboratory shall not be responsible for recording and reporting the patient's gender identity, sexual orientation, and racial and ethnic information.

Race and ethnicity selections are to include, but are not to be limited to: African American, Alaska Native, American Indian, Asian, Black, Hispanic, Latino, more than one race, Native Hawaiian, Other Pacific Islander, White, and does not wish to disclose. Sexual orientation selections are to include, but are not to be limited to: bisexual, do not know, heterosexual, homosexual, gay, lesbian, something else, straight, and does not wish to disclose. Gender identity selections are to include, but are not to be limited to: male, female, transgender-female, transgender-male, non-binary, other, and does not wish to disclose.

Any health care related data that is required under State law to be reported by a clinical laboratory to a local or State governmental entity is to include any corresponding gender identity, sexual orientation, and racial and ethnic data recorded pursuant to the bill's provisions, and is to be incorporated into the corresponding disease surveillance reporting system of the local or State governmental entity.

Under the bill, a non-electronic specimen collection and analysis requisition form distributed by a clinical laboratory is to contain a section for the manual entry of the patient's racial, ethnic, sexual orientation, and gender identity information on the form. A clinical laboratory that fails to comply with the provisions of this section is to be liable to a penalty in accordance with the provisions of sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and C.26:2H-14).

Any electronic medical records or laboratory information management systems used in this State, on or after the effective date of this bill, is to be configured in a manner that prevents an authorized user from saving or storing a patient's demographic information into the electronic medical records or laboratory information management systems unless a patient's gender identity, sexual orientation, and racial and ethnic information is recorded. The gender identity, sexual orientation, and racial and ethnic information of a patient is to be included in laboratory orders generated by electronic medical record systems.

Nothing in the bill's provisions is to be construed to compel a patient to disclose the patient's race, ethnicity, sexual orientation, or gender identity to a clinical laboratory, health care provider, or any other entity.

Under the bill, race and ethnicity, sexual orientation, and gender identity information that is required to be recorded or reported pursuant to bill's provisions is to be recorded or reported using a program that is compatible with the State's disease surveillance reporting system or equivalent to Health Level Seven International recording and reporting standards. Clinical laboratories and acute care general hospitals are required to establish a cultural competency training program for certain employees as provided for in the bill.

As reported, this bill is identical to Senate Bill No. 3233 (1R), as also reported by the committee.

FISCAL IMPACT:

The Office of Legislative Services (OLS) concludes this bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in Paramus due to the implementation of an evidence-based cultural competency training program for certain employees mandated under the bill.

State revenues may also increase marginally under a provision that would impose financial penalties on vendors of electronic medical records or laboratory information management systems that fail to comply with the reporting requirements established under this bill.

STATEMENT TO

[Second Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR **ASSEMBLY, No. 4253**

with Senate Floor Amendments
(Proposed by Senator CRYAN)

ADOPTED: JUNE 21, 2021

These Senate floor amendments provide that the Department of Health will identify an evidence-based cultural competency training tool to be utilized by cultural competency training programs implemented by general acute hospitals and clinical laboratories under the bill. The use of the department's approved training tool by a general acute hospital or clinical laboratory will not preclude the hospital or clinical laboratory from utilizing additional or customized training tools in addition to the department's approved training tool.

The floor amendments clarify that the requirements to complete a cultural competency training program or refresher course apply to all staff members employed by or working under the supervision of a general acute hospital or clinical laboratory who have direct contact with patients are responsible for collecting race and ethnicity, sexual orientation, and gender identity information for patients.

The floor amendments make technical changes to the synopsis of the bill and to correct a citation.

STATEMENT TO
[Third Reprint]
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 4253

with Assembly Floor Amendments
(Proposed by Assemblyman CONAWAY)

ADOPTED: DECEMBER 20, 2021

These Assembly floor amendments remove a requirement that hospitals and clinical laboratories use the evidence-based cultural competency training tool identified by the Department of Health (DOH), and specify that hospitals and clinical laboratories may use an additional or customized training tool either in addition to, or in lieu of, the training tool identified by the DOH.

These Assembly floor amendments remove language that would have made the list of selections for recording and reporting information concerning race and ethnicity, sexual orientation, and gender identify non-exclusive, and instead provide that the DOH may expand the lists of selections by regulation, as appropriate or as required by federal law.

These Assembly floor amendments provide that the provisions of the bill requiring electronic medical records or laboratory information management systems to meet certain configuration requirements applies both to systems used in the State and systems sold in the State by a vendor of such systems.

These Assembly floor amendments provide that nothing in the bill's provisions is to prohibit a clinical laboratory from receiving, processing, or saving data related to specimens that are ordered or received from outside of this State.

These Assembly floor amendments revise the bill's effective date so that sections 1 and 5 of the bill take effect 120 days, instead of 60 days, after the date of enactment, while the remaining sections of the bill take effect 180 days, instead of 120 days, after the date of enactment.

These Assembly floor amendments make certain technical changes involving punctuation.

LEGISLATIVE FISCAL ESTIMATE
[Second Reprint]
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 4253
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: FEBRUARY 10, 2021

SUMMARY

- Synopsis:** Requires certain electronic medical programs to include demographic data entry feature; requires certain laboratories to record patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training program.
- Type of Impact:** Increase in State costs; Increase in County costs; Increase in State revenues.
- Agencies Affected:** Department of Health, University Hospital, Bergen New Bridge Medical Center.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Marginal
County Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes this bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in Paramus due to the implementation of an evidence-based cultural competency training program for certain employees mandated under the bill.
- State revenues may also increase marginally under a provision that would impose financial penalties on vendors of electronic medical records or laboratory information management systems that fail to comply with the reporting requirements established under this bill.

BILL DESCRIPTION

The bill requires each acute care general hospital that collects data concerning patient race, ethnicity, sexual orientation, or gender identity, as well as each clinical laboratory, to implement an evidence-based cultural competency training program for all facility employees who are healthcare professionals, independent contractors, consultants, and other staff who have direct contact with patients and are responsible for collecting race and ethnicity, sexual orientation, and gender identity information from patients. The cultural competency training program is to encompass a broad range of topics, as specified in the bill.

The bill would also require each hospital or clinical laboratory employee who is required to undergo cultural competency training to complete the training program on a schedule to be determined by the hospital or clinical laboratory. Moreover, if deemed necessary by the hospital or clinical laboratory, an employee may be required to complete a cultural competency refresher course at least biennially.

This bill additionally requires clinical laboratories operating in the State to electronically record the race, ethnicity, sexual orientation, and gender identity of each patient who presents with a non-electronic order for testing at a clinical laboratory patient service center. If a clinical laboratory processes a specimen without the presence of a patient, the clinical laboratory would not be responsible for recording and reporting the patient's gender identity, sexual orientation, and racial and ethnic information.

The bill specifies that any health care data that clinical laboratories are legally required to report to a local or State governmental entity should also include gender identity, sexual orientation, and racial and ethnic data. Correspondingly, a local or State governmental entity is also required to incorporate gender identity, sexual orientation, and racial and ethnic data into the disease surveillance reporting systems utilized by the local or State governmental entity.

Under the bill, a non-electronic specimen collection and analysis requisition form distributed by a clinical laboratory is to contain a section for the manual entry of the patient's racial, ethnic, sexual orientation, and gender identity information on the form. Moreover, clinical laboratories are required to report race and ethnicity, sexual orientation, and gender identity information via a program that is compatible with the State's disease surveillance reporting system using such data fields as are available or necessary in the version of Health Level Seven International recording and reporting standards or equivalent standards adopted by the laboratory.

The bill also requires any electronic medical records or laboratory information management systems used in the State to be configured in a manner that prevents an authorized user from saving or storing a patient's demographic information into the electronic medical records or laboratory information management systems unless the patient's gender identity, sexual orientation, and racial and ethnic information is recorded. The gender identity, sexual orientation, and racial and ethnic information of a patient is also to be included in laboratory orders generated by electronic medical record systems. Any vendor of an electronic medical records or laboratory information management system that is not in compliance with these requirements of the bill will be subject to a civil penalty of \$1,000 for each day the vendor's system is out of compliance.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes this bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in Paramus due to the requirement that certain acute care general hospitals and clinical laboratories operating in the State implement an evidence-based cultural competency training program for all employees who are healthcare professionals, consultants, independent contractors, and staff who have direct patient contact and are responsible for collecting information on race, ethnicity, sexual orientation and gender identity from patients. The bill specifies that this requirement applies only to those hospitals that collect data regarding patient race, ethnicity, sexual orientation, or gender identity, and the OLS assumes that both University Hospital and Bergen New Bridge Medical center collect these data. Each hospital and clinical lab would determine the frequency that staff should undergo cultural competency training, as well as a biennial refresher course, if deemed necessary. However, without information concerning the cost of developing or purchasing a cultural competency training curriculum, or the number of training sessions or refresher courses that University Hospital and Bergen New Bridge Medical Center would hold annually to meet the requirements under this bill, the OLS cannot determine the precise cost to the State or to Bergen County.

The OLS also finds that this bill may increase State revenues, albeit marginally, through a provision that imposes financial penalties on vendors of electronic medical records or laboratory information management systems that fail to comply with the data reporting requirements established under the bill. Vendors of electronic medical records or laboratory information management systems that are not in compliance with the requirements of the bill will be subject to a civil penalty of \$1,000 for each day the vendor's system is out of compliance. However, the OLS concludes that any revenue increase resulting from penalties collected would likely be marginal.

Section: Human Services
Analyst: Anne Cappabianca
Assistant Fiscal Analyst
Approved: Thomas Koenig
Assistant Legislative Budget and Finance Officer

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.).

LEGISLATIVE FISCAL ESTIMATE
 [Third Reprint]
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 4253
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: JUNE 29, 2021

SUMMARY

- Synopsis:** Requires certain electronic medical programs to include demographic data entry feature; requires certain laboratories to record patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training program.
- Type of Impact:** Increase in State costs; Increase in County costs; Increase in State revenues.
- Agencies Affected:** Department of Health, University Hospital, Bergen New Bridge Medical Center.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Marginal
County Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes this bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in Paramus due to the implementation of an evidence-based cultural competency training program for certain employees mandated under the bill.
- State revenues may also increase marginally under a provision that would impose financial penalties on vendors of electronic medical records or laboratory information management systems that fail to comply with the reporting requirements established under this bill.

BILL DESCRIPTION

The bill requires each general acute care hospital that collects data concerning patient race, ethnicity, sexual orientation, or gender identity, as well as each clinical laboratory, to implement

an evidence-based cultural competency training program for all facility staff employed by, or working under the supervision of, the general acute care hospital who have direct contact with patients and are responsible for collecting race and ethnicity, sexual orientation, and gender identity information from patients. Under the bill, the Department of Health (DOH) is to identify an evidence-based cultural competency training tool to be utilized by cultural competency training programs implemented by general acute hospitals and clinical laboratories. Utilization of the department's approved training tool by a general acute hospital or a clinical laboratory will not preclude the hospital or clinical laboratory from utilizing additional or customized training tools, to supplement the department's approved training tool. The cultural competency training program is to encompass a broad range of topics, as specified in the bill.

The bill would also require each hospital or clinical laboratory employee who is required to undergo cultural competency training to complete the training program on a schedule to be determined by the hospital or clinical laboratory. Moreover, if deemed necessary by the hospital or clinical laboratory, an employee may be required to complete a cultural competency refresher course at least biennially.

This bill additionally requires clinical laboratories operating in the State to electronically record the race, ethnicity, sexual orientation, and gender identity of each patient who presents with a non-electronic order for testing at a clinical laboratory patient service center. If a clinical laboratory processes a specimen without the presence of a patient, the clinical laboratory would not be responsible for recording and reporting the patient's gender identity, sexual orientation, and racial and ethnic information.

The bill specifies that any health care data that clinical laboratories are legally required to report to a local or State governmental entity should also include gender identity, sexual orientation, and racial and ethnic data. Correspondingly, a local or State governmental entity is also required to incorporate gender identity, sexual orientation, and racial and ethnic data into the disease surveillance reporting systems utilized by the local or State governmental entity.

Under the bill, a non-electronic specimen collection and analysis requisition form distributed by a clinical laboratory is to contain a section for the manual entry of the patient's racial, ethnic, sexual orientation, and gender identity information on the form. Moreover, clinical laboratories are required to report race and ethnicity, sexual orientation, and gender identity information via a program that is compatible with the State's disease surveillance reporting system using such data fields as are available or necessary in the version of Health Level Seven International recording and reporting standards or equivalent standards adopted by the laboratory.

The bill also requires any electronic medical records or laboratory information management systems used in the State to be configured in a manner that prevents an authorized user from saving or storing a patient's demographic information into the electronic medical records or laboratory information management systems unless the patient's gender identity, sexual orientation, and racial and ethnic information is recorded. The gender identity, sexual orientation, and racial and ethnic information of a patient is also to be included in laboratory orders generated by electronic medical record systems. Any vendor of an electronic medical records or laboratory information management system that is not in compliance with these requirements of the bill will be subject to a civil penalty of \$1,000 for each day the vendor's system is out of compliance.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes this bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in Paramus due to the requirement that certain acute care general hospitals and clinical laboratories operating in the State implement an evidence-based cultural competency training program for all staff members employed by, or working under the supervision of, the general acute hospital or clinical laboratory who have direct patient contact and are responsible for collecting information on race, ethnicity, sexual orientation and gender identity from patients. The bill specifies that this requirement applies only to those hospitals that collect data regarding patient race, ethnicity, sexual orientation, or gender identity, and the OLS assumes that both University Hospital and Bergen New Bridge Medical center collect these data. Each hospital and clinical lab would determine the frequency that staff should undergo cultural competency training, as well as a biennial refresher course, if deemed necessary. However, without information concerning the cost of purchasing the cultural competency tool identified by the DOH, or the number of training sessions or refresher courses that University Hospital and Bergen New Bridge Medical Center would hold annually to meet the requirements under this bill, the OLS cannot determine the precise cost to the State or to Bergen County.

Under the bill, the DOH would incur additional costs to review options for, and identify, an evidence-based cultural competency training tool to be used by the training programs implemented by general acute hospitals and clinical laboratories. Absent additional information concerning how the department is to communicate with the relevant hospitals and clinical laboratories regarding the selected cultural competency training tool, or how often the department is required to review commercially-available training tools and update its selection, the OLS is unable to determine the additional costs to the department arising from this requirement.

The OLS also finds that this bill may increase State revenues, albeit marginally, through a provision that imposes financial penalties on vendors of electronic medical records or laboratory information management systems that fail to comply with the data reporting requirements established under the bill. Vendors of electronic medical records or laboratory information management systems that are not in compliance with the requirements of the bill will be subject to a civil penalty of \$1,000 for each day the vendor's system is out of compliance. However, the OLS concludes that any revenue increase resulting from penalties collected would likely be marginal.

Section: Human Services
Analyst: Anne Cappabianca
Associate Fiscal Analyst
Approved: Thomas Koenig
Assistant Legislative Budget and Finance Officer

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.).

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR

ASSEMBLY, No. 4253

**STATE OF NEW JERSEY
219th LEGISLATURE**

DATED: AUGUST 5, 2020

SUMMARY

- Synopsis:** Requires certain electronic medical programs to include demographic data entry feature; requires certain laboratories to record patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training program.
- Type of Impact:** Increase in State costs; Increase in County costs; Increase in State revenues.
- Agencies Affected:** Department of Health, University Hospital, Bergen New Bridge Medical Center.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Marginal
County Cost Increase	Indeterminate

- This bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in Paramus due to the implementation of an evidence-based cultural competency training program for certain employees mandated under the bill.
- State revenues may also increase marginally under a provision that would impose financial penalties on clinical laboratories that fail to comply with the reporting requirements established under this bill.

BILL DESCRIPTION

This bill requires clinical laboratories operating in the State to electronically record the race, ethnicity, sexual orientation, and gender identity of each patient who presents with a non-electronic

order for testing at a clinical laboratory patient service center. If a clinical laboratory processes a specimen without the presence of a patient, the clinical laboratory would not be responsible for recording and reporting the patient's gender identity, sexual orientation, and racial and ethnic information.

The bill specifies that any health care data that clinical laboratories are legally required to report to a local or State governmental entity should also include gender identity, sexual orientation, and racial and ethnic data. Correspondingly, a local or State governmental entity is also required to incorporate gender identity, sexual orientation, and racial and ethnic data into the disease surveillance reporting systems utilized by the local or State governmental entity.

Under the bill, a non-electronic specimen collection and analysis requisition form distributed by a clinical laboratory is to contain a section for the manual entry of the patient's racial, ethnic, sexual orientation, and gender identity information on the form. Moreover, clinical laboratories are required to report race and ethnicity, sexual orientation, and gender identity information via a program that is compatible with the State's disease surveillance reporting system or is equivalent to Health Level Seven International recording and reporting standards. A clinical laboratory that fails to comply with the provisions of this section is to be liable to a penalty in accordance with the provisions of sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and C.26:2H-14).

On or after the effective date of the bill, any electronic medical records or laboratory information management systems used in the State are required to be configured in a manner that prevents an authorized user from saving or storing a patient's demographic information into the electronic medical records or laboratory information management systems unless the patient's gender identity, sexual orientation, and racial and ethnic information is recorded. The gender identity, sexual orientation, and racial and ethnic information of a patient is also to be included in laboratory orders generated by electronic medical record systems.

The bill also requires each State-licensed acute care general hospital and clinical laboratory to implement an evidence-based cultural competency training program for all facility employees who are healthcare professionals, independent contractors, consultants, and other staff who are responsible for collecting race and ethnicity, sexual orientation, and gender identity information from patients. The cultural competency training program is to encompass a broad range of topics, including:

- common terminology for race and ethnicity, sexual orientation, and gender identity data;
- information on the relationship between patient health and collecting race and ethnicity, sexual orientation, and gender identity data;
- information on how race and ethnicity, sexual orientation, and gender identity data will be used;
- information on how to navigate discomfort in patients and staff when asking patients for race and ethnicity, sexual orientation, and gender identity information; and,
- information on how to create an inclusive and affirming environment for all patients.

The bill would require each hospital or clinical laboratory employee who is required to undergo cultural competency training to complete the training program on a schedule to be determined by the hospital or clinical laboratory. Moreover, if deemed necessary by the hospital or clinical laboratory, an employee may be required to complete a cultural competency refresher course at least biennially.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that this bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in Paramus due to the requirement that acute care general hospitals and clinical laboratories operating in the State implement an evidence-based cultural competency training program for all employees who are healthcare professionals, consultants, independent contractors, and staff responsible for collecting information on race, ethnicity, sexual orientation and gender identity from patients. Each hospital and clinical lab would determine the frequency that staff should undergo cultural competency training, as well as a biennial refresher course, if deemed necessary. However, without information concerning the cost of developing or purchasing a cultural competency training curriculum, or the number of training sessions or refresher courses that University Hospital and Bergen New Bridge Medical Center would hold annually to meet the requirements under this bill, the OLS cannot determine the precise cost to the State or to Bergen County.

The OLS also finds that this bill may increase State revenues, albeit marginally, through a provision that imposes financial penalties on clinical laboratories that fail to comply with the reporting requirements established under the bill. The statutory penalties include, but are not limited to: revocation or suspension of a clinical laboratory's license, monetary penalties, or denial of a license application. Financial penalties for violations range from \$2,500 per day for each day that a clinical laboratory is out of compliance with these reporting requirements, to \$5,000 per day for subsequent violations. However, the OLS concludes that any revenue increase resulting from penalties collected would likely be marginal.

Section: *Human Services*

Analyst: *Anne Cappabianca*
 Assistant Fiscal Analyst

Approved: *Frank W. Haines III*
 Legislative Budget and Finance Officer

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.).

SENATE, No. 3233

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED DECEMBER 7, 2020

Sponsored by:
Senator JOSEPH P. CRYAN
District 20 (Union)

SYNOPSIS

Requires certain electronic medical programs to include demographic data entry feature; requires certain laboratories to record patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training program.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning clinical laboratories, certain hospitals, and
2 certain electronic medical records and supplementing Title 45 of
3 the Revised Statutes

4
5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7
8 1. As used in this act, "clinical laboratory" means a laboratory
9 licensed by the Department of Health, pursuant to the "New Jersey
10 Clinical Laboratory Improvement Act," P.L.1975, c.166 (C.45:9-
11 42.26 et seq.).

12
13 2. a. (1) A clinical laboratory shall electronically record the
14 race, ethnicity, sexual orientation, and gender identity of each
15 patient who presents with a non-electronic order for testing at a
16 clinical laboratory patient service center. If a clinical laboratory
17 processes a specimen without the presence of a patient, the clinical
18 laboratory shall not be responsible for recording and reporting the
19 patient's gender identity, sexual orientation, and racial and ethnic
20 information.

21 (2) Race and ethnicity selections shall include, but shall not be
22 limited to: African American, Alaska Native, American Indian,
23 Asian, Black, Hispanic, Latino, more than one race, Native
24 Hawaiian, Other Pacific Islander, White, and does not wish to
25 disclose.

26 (3) Sexual orientation selections shall include, but shall not be
27 limited to: bisexual, do not know, heterosexual, homosexual, gay,
28 lesbian, something else, straight, and does not wish to disclose.

29 (4) Gender identity selections shall include, but shall not be
30 limited to: male, female, transgender-female, transgender-male,
31 non-binary, other, and does not wish to disclose.

32 b. Any health care related data that is required under State law to
33 be reported by a clinical laboratory to a local or State governmental
34 entity shall include any corresponding gender identity, sexual
35 orientation, and racial and ethnic data recorded pursuant to this
36 section, and shall be incorporated into the corresponding disease
37 surveillance reporting system of the local or State governmental entity.

38 c. A non-electronic specimen collection and analysis requisition
39 form distributed by a clinical laboratory shall contain a section for the
40 manual entry of the patient's racial, ethnic, sexual orientation, and
41 gender identity information on the form.

42 d. Race and ethnicity, sexual orientation, and gender identity
43 information that is required to be recorded or reported pursuant to this
44 section shall be recorded or reported using a program that is
45 compatible with the State's disease surveillance reporting system or
46 equivalent to Health Level Seven International recording and reporting
47 standards.

1 e. A clinical laboratory that fails to comply with the provisions of
2 this section shall be liable to a penalty in accordance with the
3 provisions of sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and
4 C.26:2H-14).

5
6 3. Any electronic medical records or laboratory information
7 management systems used in this State, on or after the effective
8 date of this act, shall be configured in a manner that prevents an
9 authorized user from saving or storing a patient's demographic
10 information into the electronic medical records or laboratory
11 information management systems unless a patient's gender identity,
12 sexual orientation, and racial and ethnic information is recorded.
13 The gender identity, sexual orientation, and racial and ethnic
14 information of a patient shall be included in laboratory orders
15 generated by electronic medical record systems.

16
17 4. Nothing in this act shall be construed to compel a patient to
18 disclose the patient's race, ethnicity, sexual orientation, or gender
19 identity to a clinical laboratory, health care provider, or any other
20 entity.

21
22 5. a. As used in this section:

23 "Hospital" means an acute care general hospital licensed
24 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.)

25 b. Each clinical laboratory and hospital shall implement an
26 evidence-based cultural competency training program for all
27 employees who are healthcare professionals, independent
28 contractors, consultants, and other staff members who are
29 responsible for collecting race and ethnicity, sexual orientation, and
30 gender identity information from patients.

31 c. The cultural competency training program shall include
32 training on the following topics:

33 (1) common terminology for race and ethnicity, sexual
34 orientation, and gender identity data;

35 (2) information on the relationship between patient health and
36 collecting race and ethnicity, sexual orientation, and gender identity
37 data;

38 (3) information on how race and ethnicity, sexual orientation,
39 and gender identity data will be used;

40 (4) information on how to navigate discomfort in patients and
41 staff when asking patients for their race and ethnicity, sexual
42 orientation, and gender identity information; and

43 (5) information on how to create an inclusive and affirming
44 environment for all patients.

45 d. Each healthcare professional, independent contractor,
46 consultant, and other staff member who is employed by a clinical
47 laboratory or hospital and is responsible for collecting race and

1 ethnicity, sexual orientation, and gender identity information from
2 patients shall:

3 (1) complete the cultural competency training program
4 developed pursuant to subsection c. of this section at such times and
5 intervals as the clinical laboratory or hospital shall require; and

6 (2) complete a cultural competency refresher course at least
7 once biennially if completion of the course is deemed necessary by
8 the clinical laboratory or hospital.

9
10 6. The Commissioner of Health shall adopt rules and
11 regulations, in accordance with the “Administrative Procedure Act,”
12 P.L.1968, c.410 (C.52:14B-1 et seq.), as are necessary to effectuate
13 the provisions of this act.

14
15 7. This act shall take effect 120 days after the date of enactment
16 except that section 5 shall take effect immediately.

17
18

19 STATEMENT

20

21 Under the bill, a clinical laboratory is to electronically record the
22 race, ethnicity, sexual orientation, and gender identity of each
23 patient who presents with a non-electronic order for testing at a
24 clinical laboratory patient service center. If a clinical laboratory
25 processes a specimen without the presence of a patient, the clinical
26 laboratory shall not be responsible for recording and reporting the
27 patient’s gender identity, sexual orientation, and racial and ethnic
28 information.

29 Race and ethnicity selections are to include, but are not to be
30 limited to: African American, Alaska Native, American Indian,
31 Asian, Black, Hispanic, Latino, more than one race, Native
32 Hawaiian, Other Pacific Islander, White, and does not wish to
33 disclose. Sexual orientation selections are to include, but are not to
34 be limited to: bisexual, do not know, heterosexual, homosexual,
35 gay, lesbian, something else, straight, and does not wish to disclose.
36 Gender identity selections are to include, but are not to be limited
37 to: male, female, transgender-female, transgender-male, non-binary,
38 other, and does not wish to disclose.

39 Any health care related data that is required under State law to be
40 reported by a clinical laboratory to a local or State governmental
41 entity is to include any corresponding gender identity, sexual
42 orientation, and racial and ethnic data recorded pursuant to the bill’s
43 provisions, and is to be incorporated into the corresponding disease
44 surveillance reporting system of the local or State governmental
45 entity.

46 Under the bill, a non-electronic specimen collection and analysis
47 requisition form distributed by a clinical laboratory is to contain a
48 section for the manual entry of the patient’s racial, ethnic, sexual

1 orientation, and gender identity information on the form. A clinical
2 laboratory that fails to comply with the provisions of this section is
3 to be liable to a penalty in accordance with the provisions of
4 sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and C.26:2H-
5 14).

6 Any electronic medical records or laboratory information
7 management systems used in this State, on or after the effective
8 date of this bill, is to be configured in a manner that prevents an
9 authorized user from saving or storing a patient's demographic
10 information into the electronic medical records or laboratory
11 information management systems unless a patient's gender identity,
12 sexual orientation, and racial and ethnic information is recorded.
13 The gender identity, sexual orientation, and racial and ethnic
14 information of a patient is to be included in laboratory orders
15 generated by electronic medical record systems.

16 Nothing in the bill's provisions is to be construed to compel a
17 patient to disclose the patient's race, ethnicity, sexual orientation, or
18 gender identity to a clinical laboratory, health care provider, or any
19 other entity.

20 Under the bill, race and ethnicity, sexual orientation, and gender
21 identity information that is required to be recorded or reported
22 pursuant to bill's provisions is to be recorded or reported using a
23 program that is compatible with the State's disease surveillance
24 reporting system or equivalent to Health Level Seven International
25 recording and reporting standards. Clinical laboratories and acute
26 care general hospitals are required to establish a cultural
27 competency training program for certain employees as provided for
28 in the bill.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 3233

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 7, 2020

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3233.

Under the bill as amended, clinical laboratories will be required to electronically record each patient's race, ethnicity, sexual orientation, and gender identity, if the patient presents with a non-electronic order for testing at a clinical laboratory patient service center. If a clinical laboratory processes a specimen without the presence of a patient, the clinical laboratory will not be responsible for recording and reporting the patient's gender identity, sexual orientation, and racial and ethnic information.

Race and ethnicity selections are to include, but are not to be limited to: African American, Alaska Native, American Indian, Asian, Black, Hispanic, Latino, more than one race, Native Hawaiian, Other Pacific Islander, White, and does not wish to disclose. Sexual orientation selections are to include, but are not to be limited to: bisexual, do not know, heterosexual, homosexual, gay, lesbian, something else, straight, and does not wish to disclose. Gender identity selections are to include, but are not to be limited to: male, female, transgender-female, transgender-male, non-binary, other, and does not wish to disclose.

Any health care related data that is required under State law to be reported by a clinical laboratory to a local or State governmental entity is to include any corresponding gender identity, sexual orientation, and racial and ethnic data recorded pursuant to the provisions of the bill, and is to be incorporated into the corresponding disease surveillance reporting system of the local or State governmental entity.

Non-electronic specimen collection and analysis requisition forms distributed by a clinical laboratory are to contain a section for the manual entry of the patient's racial, ethnic, sexual orientation, and gender identity information.

Any electronic medical records or laboratory information management system used in this State, on or after the effective date of this bill, is to be configured in a manner that prevents an authorized

user from saving or storing a patient's demographic information into the electronic medical records or laboratory information management systems unless a patient's gender identity, sexual orientation, and racial and ethnic information is recorded. The gender identity, sexual orientation, and racial and ethnic information of a patient is to be included in laboratory orders generated by electronic medical record systems. The vendor of an electronic medical records or laboratory information management system that is not in compliance with the requirements of the bill will be subject to a civil penalty of \$1,000 for each day the vendor's system is noncompliant.

Nothing in the bill is to be construed to compel a patient to disclose the patient's race, ethnicity, sexual orientation, or gender identity to a clinical laboratory, health care provider, or any other entity.

Under the bill, race and ethnicity, sexual orientation, and gender identity information that is required to be recorded or reported under the bill is to be recorded or reported using a program that is compatible with the State's disease surveillance reporting system using data fields as are available or necessary using the version of the Health Level Seven International recording and reporting standards or equivalent adopted by the clinical laboratory.

All clinical laboratories, and hospitals that collect data concerning patient race, ethnicity, sexual orientation, and gender identity, will be required to establish cultural competency training programs for employees who have direct contact with patients and who collect this demographic information, which programs will provide information concerning issues related to race and ethnicity, sexual orientation, and gender identity and how to engage in conversations with patients regarding these subjects.

As reported by the committee with amendments, Senate Bill No. 3233 is identical to Assembly Bill 4253 ACS (1R), which the committee also reported on this date with amendments.

COMMITTEE AMENDMENTS:

The committee amendments revise the requirement for hospitals to establish a cultural competency program to move it to a separate section and provide that it only applies to hospitals that collect data concerning patient race, ethnicity, sexual orientation, or gender identity.

The committee amendments revise the requirements for cultural competency programs for both hospitals and clinical laboratories to make the programs mandatory only for employees, contractors, and other individuals who have direct contact with patients.

The committee amendments revise the bill to provide that the provisions related to clinical laboratories will supplement the "New Jersey Clinical Laboratory Improvement Act," P.L.1975, c.166 (C.45:9-42.26 et seq.) rather than Title 45 of the Revised Statutes

generally. This change means it is not necessary to define “clinical laboratory” or reference certain penalty provisions, as the definitions and penalties set forth in the “New Jersey Clinical Laboratory Improvement Act” will automatically apply to the provisions of the bill.

The committee amendments provide that programs used by clinical laboratories to collect the demographic information required under the bill are to use data fields as are available or necessary using the version of Health Level Seven International recording and reporting standards or equivalent that the laboratory has adopted.

The committee amendments establish a civil penalty of up to \$1,000 per day for vendors of electronic medical records and laboratory information management systems whose systems are noncompliant with the requirements of the bill.

The committee amendments revise the effective date for the requirement for clinical laboratories and certain hospitals to establish cultural competency programs from immediately upon enactment to 60 days after the date of enactment.

The committee amendments make various technical changes to reflect these amendments.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 3233

STATE OF NEW JERSEY

DATED: FEBRUARY 11, 2021

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 3233 (1R).

Under the bill, laboratories will be required to electronically record each patient's race, ethnicity, sexual orientation, and gender identity, if the patient presents with a non-electronic order for testing at a clinical laboratory patient service center. If a clinical laboratory processes a specimen without the presence of a patient, the clinical laboratory will not be responsible for recording and reporting the patient's gender identity, sexual orientation, and racial and ethnic information.

Race and ethnicity selections are to include, but are not to be limited to: African American, Alaska Native, American Indian, Asian, Black, Hispanic, Latino, more than one race, Native Hawaiian, Other Pacific Islander, White, and does not wish to disclose. Sexual orientation selections are to include, but are not to be limited to: bisexual, do not know, heterosexual, homosexual, gay, lesbian, something else, straight, and does not wish to disclose. Gender identity selections are to include, but are not to be limited to: male, female, transgender-female, transgender-male, non-binary, other, and does not wish to disclose.

Any health care related data that is required under State law to be reported by a clinical laboratory to a local or State governmental entity is to include any corresponding gender identity, sexual orientation, and racial and ethnic data recorded pursuant to the provisions of the bill, and is to be incorporated into the corresponding disease surveillance reporting system of the local or State governmental entity.

Non-electronic specimen collection and analysis requisition forms distributed by a clinical laboratory are to contain a section for the manual entry of the patient's racial, ethnic, sexual orientation, and gender identity information.

Any electronic medical records or laboratory information management system used in this State, on or after the effective date of this bill, is to be configured in a manner that prevents an authorized user from saving or storing a patient's demographic information into the electronic medical records or laboratory information management systems unless a patient's gender identity, sexual orientation, and racial and ethnic information is recorded. The gender identity, sexual

orientation, and racial and ethnic information of a patient is to be included in laboratory orders generated by electronic medical record systems. The vendor of an electronic medical records or laboratory information management system that is not in compliance with the requirements of the bill will be subject to a civil penalty of \$1,000 for each day the vendor's system is noncompliant.

Nothing in the bill is to be construed to compel a patient to disclose the patient's race, ethnicity, sexual orientation, or gender identity to a clinical laboratory, health care provider, or any other entity.

Under the bill, race and ethnicity, sexual orientation, and gender identity information that is required to be recorded or reported under the bill is to be recorded or reported using a program that is compatible with the State's disease surveillance reporting system using data fields as are available or necessary using the version of the Health Level Seven International recording and reporting standards or equivalent adopted by the clinical laboratory.

All clinical laboratories, and hospitals that collect data concerning patient race, ethnicity, sexual orientation, and gender identity, will be required to establish cultural competency training programs for employees who have direct contact with patients and who collect this demographic information, which programs will provide information concerning issues related to race and ethnicity, sexual orientation, and gender identity and how to engage in conversations with patients regarding these subjects.

As reported, this bill is identical to Assembly Bill No. 4253 (ACS/2R), as also reported by the committee.

FISCAL IMPACT:

The Office of Legislative Services (OLS) concludes this bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in Paramus due to the implementation of an evidence-based cultural competency training program for certain employees mandated under the bill.

State revenues may also increase marginally under a provision that would impose financial penalties on vendors of electronic medical records or laboratory information management systems that fail to comply with the reporting requirements established under this bill.

STATEMENT TO
[First Reprint]
SENATE, No. 3233

with Senate Floor Amendments
(Proposed by Senator CRYAN)

ADOPTED: JUNE 21, 2021

These Senate floor amendments provide that the Department of Health will identify an evidence-based cultural competency training tool to be utilized by cultural competency training programs implemented by general acute hospitals and clinical laboratories under the bill. The use of the department's approved training tool by a general acute hospital or clinical laboratory will not preclude the hospital or clinical laboratory from utilizing additional or customized training tools in addition to the department's approved training tool.

The floor amendments clarify that the requirements to complete a cultural competency training program or refresher course apply to all staff members employed by or working under the supervision of a general acute hospital or clinical laboratory who have direct contact with patients are responsible for collecting race and ethnicity, sexual orientation, and gender identity information for patients.

The floor amendments make technical changes to the synopsis of the bill and to correct a citation.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 3233 STATE OF NEW JERSEY 219th LEGISLATURE

DATED: FEBRUARY 10, 2021

SUMMARY

- Synopsis:** Requires certain electronic medical programs to include demographic data entry feature; requires certain laboratories to record patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training program.
- Type of Impact:** Increase in State costs; Increase in County costs; Increase in State revenues.
- Agencies Affected:** Department of Health, University Hospital, Bergen New Bridge Medical Center.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Marginal
County Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes this bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in Paramus due to the implementation of an evidence-based cultural competency training program for certain employees mandated under the bill.
- State revenues may also increase marginally under a provision that would impose financial penalties on vendors of electronic medical records or laboratory information management systems that fail to comply with the reporting requirements established under this bill.

BILL DESCRIPTION

The bill requires each acute care general hospital that collects data concerning patient race, ethnicity, sexual orientation, or gender identity, as well as each clinical laboratory, to implement

an evidence-based cultural competency training program for all facility employees who are healthcare professionals, independent contractors, consultants, and other staff who have direct contact with patients and are responsible for collecting race and ethnicity, sexual orientation, and gender identity information from patients. The cultural competency training program is to encompass a broad range of topics, as specified in the bill.

The bill would also require each hospital or clinical laboratory employee who is required to undergo cultural competency training to complete the training program on a schedule to be determined by the hospital or clinical laboratory. Moreover, if deemed necessary by the hospital or clinical laboratory, an employee may be required to complete a cultural competency refresher course at least biennially.

This bill additionally requires clinical laboratories operating in the State to electronically record the race, ethnicity, sexual orientation, and gender identity of each patient who presents with a non-electronic order for testing at a clinical laboratory patient service center. If a clinical laboratory processes a specimen without the presence of a patient, the clinical laboratory would not be responsible for recording and reporting the patient's gender identity, sexual orientation, and racial and ethnic information.

The bill specifies that any health care data that clinical laboratories are legally required to report to a local or State governmental entity should also include gender identity, sexual orientation, and racial and ethnic data. Correspondingly, a local or State governmental entity is also required to incorporate gender identity, sexual orientation, and racial and ethnic data into the disease surveillance reporting systems utilized by the local or State governmental entity.

Under the bill, a non-electronic specimen collection and analysis requisition form distributed by a clinical laboratory is to contain a section for the manual entry of the patient's racial, ethnic, sexual orientation, and gender identity information on the form. Moreover, clinical laboratories are required to report race and ethnicity, sexual orientation, and gender identity information via a program that is compatible with the State's disease surveillance reporting system using such data fields as are available or necessary in the version of Health Level Seven International recording and reporting standards or equivalent standards adopted by the laboratory.

The bill also requires any electronic medical records or laboratory information management systems used in the State to be configured in a manner that prevents an authorized user from saving or storing a patient's demographic information into the electronic medical records or laboratory information management systems unless the patient's gender identity, sexual orientation, and racial and ethnic information is recorded. The gender identity, sexual orientation, and racial and ethnic information of a patient is also to be included in laboratory orders generated by electronic medical record systems. Any vendor of an electronic medical records or laboratory information management system that is not in compliance with these requirements of the bill will be subject to a civil penalty of \$1,000 for each day the vendor's system is out of compliance.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes this bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in

Paramus due to the requirement that certain acute care general hospitals and clinical laboratories operating in the State implement an evidence-based cultural competency training program for all employees who are healthcare professionals, consultants, independent contractors, and staff who have direct patient contact and are responsible for collecting information on race, ethnicity, sexual orientation and gender identity from patients. The bill specifies that this requirement applies only to those hospitals that collect data regarding patient race, ethnicity, sexual orientation, or gender identity, and the OLS assumes that both University Hospital and Bergen New Bridge Medical center collect these data. Each hospital and clinical lab would determine the frequency that staff should undergo cultural competency training, as well as a biennial refresher course, if deemed necessary. However, without information concerning the cost of developing or purchasing a cultural competency training curriculum, or the number of training sessions or refresher courses that University Hospital and Bergen New Bridge Medical Center would hold annually to meet the requirements under this bill, the OLS cannot determine the precise cost to the State or to Bergen County.

The OLS also finds that this bill may increase State revenues, albeit marginally, through a provision that imposes financial penalties on vendors of electronic medical records or laboratory information management systems that fail to comply with the data reporting requirements established under the bill. Vendors of electronic medical records or laboratory information management systems that are not in compliance with the requirements of the bill will be subject to a civil penalty of \$1,000 for each day the vendor's system is out of compliance. However, the OLS concludes that any revenue increase resulting from penalties collected would likely be marginal.

Section: Human Services

*Analyst: Anne Cappabianca
Assistant Fiscal Analyst*

*Approved: Thomas Koenig
Assistant Legislative Budget and Finance Officer*

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.).

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

SENATE, No. 3233

STATE OF NEW JERSEY 219th LEGISLATURE

DATED: JUNE 29, 2021

SUMMARY

- Synopsis:** Requires certain electronic medical programs to include demographic data entry feature; requires certain laboratories to record patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training program.
- Type of Impact:** Increase in State costs; Increase in County costs; Increase in State revenues.
- Agencies Affected:** Department of Health, University Hospital, Bergen New Bridge Medical Center.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Marginal
County Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes this bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in Paramus due to the implementation of an evidence-based cultural competency training program for certain employees mandated under the bill.
- State revenues may also increase marginally under a provision that would impose financial penalties on vendors of electronic medical records or laboratory information management systems that fail to comply with the reporting requirements established under this bill.

BILL DESCRIPTION

The bill requires each general acute care hospital that collects data concerning patient race, ethnicity, sexual orientation, or gender identity, as well as each clinical laboratory, to implement

an evidence-based cultural competency training program for all facility staff employed by, or working under the supervision of, the general acute care hospital who have direct contact with patients and are responsible for collecting race and ethnicity, sexual orientation, and gender identity information from patients. Under the bill, the Department of Health (DOH) is to identify an evidence-based cultural competency training tool to be utilized by cultural competency training programs implemented by general acute hospitals and clinical laboratories. Utilization of the department's approved training tool by a general acute hospital or a clinical laboratory will not preclude the hospital or clinical laboratory from utilizing additional or customized training tools, to supplement the department's approved training tool. The cultural competency training program is to encompass a broad range of topics, as specified in the bill.

The bill would also require each hospital or clinical laboratory employee who is required to undergo cultural competency training to complete the training program on a schedule to be determined by the hospital or clinical laboratory. Moreover, if deemed necessary by the hospital or clinical laboratory, an employee may be required to complete a cultural competency refresher course at least biennially.

This bill additionally requires clinical laboratories operating in the State to electronically record the race, ethnicity, sexual orientation, and gender identity of each patient who presents with a non-electronic order for testing at a clinical laboratory patient service center. If a clinical laboratory processes a specimen without the presence of a patient, the clinical laboratory would not be responsible for recording and reporting the patient's gender identity, sexual orientation, and racial and ethnic information.

The bill specifies that any health care data that clinical laboratories are legally required to report to a local or State governmental entity should also include gender identity, sexual orientation, and racial and ethnic data. Correspondingly, a local or State governmental entity is also required to incorporate gender identity, sexual orientation, and racial and ethnic data into the disease surveillance reporting systems utilized by the local or State governmental entity.

Under the bill, a non-electronic specimen collection and analysis requisition form distributed by a clinical laboratory is to contain a section for the manual entry of the patient's racial, ethnic, sexual orientation, and gender identity information on the form. Moreover, clinical laboratories are required to report race and ethnicity, sexual orientation, and gender identity information via a program that is compatible with the State's disease surveillance reporting system using such data fields as are available or necessary in the version of Health Level Seven International recording and reporting standards or equivalent standards adopted by the laboratory.

The bill also requires any electronic medical records or laboratory information management systems used in the State to be configured in a manner that prevents an authorized user from saving or storing a patient's demographic information into the electronic medical records or laboratory information management systems unless the patient's gender identity, sexual orientation, and racial and ethnic information is recorded. The gender identity, sexual orientation, and racial and ethnic information of a patient is also to be included in laboratory orders generated by electronic medical record systems. Any vendor of an electronic medical records or laboratory information management system that is not in compliance with these requirements of the bill will be subject to a civil penalty of \$1,000 for each day the vendor's system is out of compliance.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes this bill would result in an indeterminate increase in costs incurred by University Hospital, an independent non-profit legal entity that is an instrumentality of the State, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center) in Paramus due to the requirement that certain acute care general hospitals and clinical laboratories operating in the State implement an evidence-based cultural competency training program for all staff members employed by, or working under the supervision of, the general acute hospital or clinical laboratory who have direct patient contact and are responsible for collecting information on race, ethnicity, sexual orientation and gender identity from patients. The bill specifies that this requirement applies only to those hospitals that collect data regarding patient race, ethnicity, sexual orientation, or gender identity, and the OLS assumes that both University Hospital and Bergen New Bridge Medical center collect these data. Each hospital and clinical lab would determine the frequency that staff should undergo cultural competency training, as well as a biennial refresher course, if deemed necessary. However, without information concerning the cost of purchasing the cultural competency tool identified by the DOH, or the number of training sessions or refresher courses that University Hospital and Bergen New Bridge Medical Center would hold annually to meet the requirements under this bill, the OLS cannot determine the precise cost to the State or to Bergen County.

Under the bill, the DOH would incur additional costs to review options for, and identify, an evidence-based cultural competency training tool to be used by the training programs implemented by general acute hospitals and clinical laboratories. Absent additional information concerning how the department is to communicate with the relevant hospitals and clinical laboratories regarding the selected cultural competency training tool, or how often the department is required to review commercially-available training tools and update its selection, the OLS is unable to determine the additional costs to the department arising from this requirement.

The OLS also finds that this bill may increase State revenues, albeit marginally, through a provision that imposes financial penalties on vendors of electronic medical records or laboratory information management systems that fail to comply with the data reporting requirements established under the bill. Vendors of electronic medical records or laboratory information management systems that are not in compliance with the requirements of the bill will be subject to a civil penalty of \$1,000 for each day the vendor's system is out of compliance. However, the OLS concludes that any revenue increase resulting from penalties collected would likely be marginal.

Section: Human Services
Analyst: Anne Cappabianca
Associate Fiscal Analyst
Approved: Thomas Koenig
Assistant Legislative Budget and Finance Officer

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.).

Governor Murphy Takes Action on Legislation

01/18/2022

TRENTON – Governor Murphy today signed the following bills:

S-384/A-1964 (Weinberg, Singleton/Stanley, Munoz, McKeon, Sumter, Lampitt, Vainieri Huttle, Wimberly, Mosquera, Downey, Chiaravalloti) – Expands training for judges, law enforcement officers and assistant county prosecutors concerning handling of domestic violence cases

S-386/A-1763 (Weinberg, Singleton/Munoz, Vainieri Huttle, Downey, Mosquera, Lampitt, Benson) - Establishes mandatory domestic violence training for municipal prosecutors

S-396/A-4903 (Weinberg, Addiego/Johnson, Mukherji) – Adjusts statute of limitations on damage claim for construction defect in common interest communities

S-705/A-1077 (Ruiz, Cunningham/Speight, Vainieri Huttle, Downey) – Requires DOH to develop and implement plan to improve access to perinatal mood and anxiety disorder screening

SCS for S-844 and 2533/ACS for A-4635 (Pou, Greenstein/Zwicker, Lopez) – Revises reporting requirements for charitable organizations and non-profit corporations

S-867/A-2316 (Pou/Jimenez, Giblin, Johnson) – Permits physical therapists to perform dry needling under certain circumstances

S-896/A-2396 (Pou, Turner/Wimberly, Timberlake, Murphy) – Expands Office of Public Defender representation of juveniles; repeals section 4 of P.L.1968, c.371

S-969WGR/ACS for A-2687 (Ruiz, Turner/Mazzeo, Lampitt, Moen) – Establishes loan redemption program for certain teachers to redeem loan amounts received under New Jersey College Loans to Assist State Students Loan Program through employment in certain schools; makes annual appropriation of \$1 million

S-994/A-6248 (Sweeney, Singleton/Lopez) – Requires State agencies and political subdivisions to make good faith effort to purchase five percent of goods and services from Central Nonprofit Agency

SCS for S-1016/ACS for A-2070 (Smith, Bateman/Calabrese, Mukherji, Benson) – Restricts use of neonicotinoid pesticides

S-1020/AS for ACS for A-1184 and 4414 (Ruiz, Gopal/Zwicker, Conaway, Verrelli, Caputo) – Requires School Report Card to include demographic breakdown of students who receive disciplinary actions; requires Commissioner of Education to establish Statewide database concerning certain disciplinary actions

S-1559/A-1659 (Scutari, Diegnan/Quijano, Bramnick, Mukherji, Sumter, Downey, Dancer) – “New Jersey Insurance Fair Conduct Act”

S-1771/A-1489 (Madden, Turner/Moriarty, Mosquera, Vainieri Huttle) – Expressly prohibits invasive examination of unconscious patient by health care practitioner without patient’s prior informed written consent

S-2160wGR/A-5701 (Sweeney, Oroho, Singer/Carter, Lampitt, Jasey) – Creates special education unit within the Office of Administrative Law; requires annual report

SCS for S-2515/ACS for A-4676 (Smith, Greenstein/Quijano, Jasey, McKeon) – Establishes postconsumer recycled content requirements for rigid plastic containers, glass containers, paper and plastic carryout bags, and plastic trash bags; prohibits sale of polystyrene loose fill packaging

S-2723/A-2614 (Sweeney, Turner/Murphy, Benson, Timberlake) – “21st Century Integrated Digital Experience Act”

S-2830/A-5291 (Ruiz, Singleton/Quijano) – Requires educator preparation program to report passing rates of students who complete certain tests and to disseminate information on test fee waiver programs, and permits collection of student fee for certain testing costs

S-2835/A-5292 (Ruiz, Cunningham/Quijano, Lampitt, Jasey) – Requires compilation of data and issuance of annual reports on New Jersey teacher workforce

S-2921/A-5554 (Gopal, Greenstein/Houghtaling, Downey, Mukherji) – Allows municipalities to designate outdoor areas upon which people may consume alcoholic beverages

S-3009/A-4847 (Vitale, Gopal, Gill/Vainieri Huttie, Quijano, Verrelli) – Authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously

S-3081/A-5219 (Singleton/McKeon, Dunn) – Repeals law concerning excess rates and charges for title insurance; makes agreement to use services of title or settlement service company subject to attorney review

S-3164/A-4987 (Gopal, Singleton/Houghtaling, Vainieri Huttie, Giblin) – Creates NJ Legislative Youth Council

S-3265/A-5074 (Diegnan, Greenstein/DeAngelo, Dancer, Mukherji) – Permits members of SPRS to purchase service credit for prior public employment with federal government or another state

S-3342/A-5463 (Codey, Singleton/Jasey, Giblin, Timberlake) – Directs NJT to erect statue in honor of A. Philip Randolph; appropriates \$90,000

S-3465/A-4336 (Oroho, Sweeney/Houghtaling, Space) – Directs Department of Agriculture to pay annual premiums to enrolled dairy farmers for certain coverage under the federal Dairy Margin Coverage Program; appropriates \$125,000

S-3488wGR/A-5537 (Sweeney, Gopal, O'Scanlon/Burzichelli, Dancer, Spearman) – Modifies certain procedures pertaining to school district regionalization; establishes grant program for cost reimbursement of conducting regionalization feasibility studies; and provides financial incentives for regionalization

S-3493/A-5458 (Vitale, Gill/Vainieri Huttie, Mukherji, McKnight) – Permits expungement of possession or distribution of hypodermic syringe or needle offense in cases of previous expungement; repeals criminal offense of possession of syringe

S-3539/A5409 (T. Kean, Gopal/Houghtaling) – Directs DEP to establish grant program for local governments to support development of community gardens

S-3594/A-5509 (Singleton, Scutari/Zwicker, Reynolds-Jackson, Verrelli) – Provides that in personal

injury or wrongful death lawsuits, calculations of lost or impaired earnings capacity not be reduced because of race, ethnicity, gender identity or expression, or affectional or sexual orientation

S-3672/A-6009 (Singleton, Turner, Moen, Johnson, McKnight) – Permits exemption from civil service examination requirement for entry-level law enforcement officers, sheriff's officers, and State and county correctional police officers; permits hiring or appointment of such officers under certain conditions, and makes appropriation

S-3673/A-6219 (Gopal, Greenstein/Burzichelli) – Authorizes limited breweries and craft distilleries to sell at retail and offer for sampling purposes product bottled and stored off-site under certain circumstances

S-3685/A-5576 (Ruiz, Codey/Jasey, Lampitt, Mukherji) – Permits teacher and professional staff member who provides special services retired from TPAF to return to employment for up to two years without reenrollment in TPAF if employment commences during 2021-2022 and 2022-2023 school years

S-3707/A-5673 (Vitale, Ruiz/Vainieri Huttle, Downey, Zwicker) – Repeals statute criminalizing sexual penetration while infected with venereal disease or HIV under certain circumstances; requires that in prosecutions for endangering another by creating substantial risk of transmitting infectious disease, name of defendant and other person be kept confidential

S-3764/A-3369 (Gopal, Weinberg/Johnson, Stanley, Karabinchak) – Establishes Commission on Asian American Heritage in DOE

S-3810/ACS for A-5862 (Sweeney, Addiego, Greenstein/Benson, Quijano) – "Responsible Collective Negotiations Act"

S-3968/A-5930 (Singleton, Beach/Sumter, Karabinchak) – Increases purchasing threshold permitting Director of Division of Purchase and Property to delegate authority to agencies; increases bid advertising threshold on certain contracts by same scale

S-3975/A-5963 (Greenstein, Oroho/Benson, Vainieri Huttle, DeAngelo) – Establishes requirements to commence screening newborn infants for congenital cytomegalovirus infection; establishes public awareness campaign

S-4004wGR/A-5950 (Weinberg, Greenstein/Sumter, Benson, Reynolds-Jackson) – Establishes database of certain appointed positions and elected offices

S-4020/A-5867 (Gopal, Cunningham/Chiaravalloti, Jasey, Carter) – Expands bonding authority of New Jersey Educational Facilities Authority to permit financing for general funding needs at New Jersey's institutions of higher education

S-4021/A-6100 (Gopal, Ruiz/Mukherji, Jasey, Timberlake, Stanley) – Requires school districts to provide instruction on history and contributions of Asian Americans and Pacific Islanders as part of implementation of New Jersey Student Learning Standards in Social Studies

S-4043/A-6005 (Cunningham/Jasey, Greenwald) – Raises statutory threshold for certain public bidding, permits bidder disqualification due to prior negative experience, adds exemptions to public bidding requirement under "State College Contracts Law," and establishes process for cooperative pricing system

S-4063/A-6220 (Sweeney/Giblin, Egan) – Removes New Jersey Maritime Pilot and Docking Pilot Commission from appropriations act provision that limits compensation and health benefits; clarifies PERS and SHBP eligibility for members of commission

S-4068/ACS for A-6110 and 6185 (Sarlo, Oroho/Benson, Mukherji, Bramnick) – Revises elective pass-through entity business alternative income tax

S-4074wGR/A-6000 (Ruiz, Beach/Verrelli, Lampitt, Carter) – Allows alternative evaluation in place of basic skills testing requirements for certain teacher certification

SCS for S-4102/A-6230 (Sweeney, Ruiz/Benson, Mejia, Zwicker) – Establishes Direct Support Professional Career Development Program; appropriates \$1,000,000

S-4128/A-6231 (Sweeney, Pou/Houghtaling, Conaway, Dancer) – Requires that only fruits and vegetables grown and packaged in NJ may be labeled by food retailers as local to State

S-4207/A-6119 (Sweeney, Beach/Mukherji, Egan, Pintor Marin) – Concerns apprenticeship programs of public works contractors

S-4210/A-6062 (Sweeney, Greenstein/Greenwald, McKnight, Mukherji) – Requires EDA to establish loan program to assist certain businesses with funding to provide reasonable accommodations for employees with disabilities

S-4211/A-6228 (Sweeney, Corrado/Benson, Speight, Zwicker) – Establishes county college-based adult centers for transition for individuals with developmental disabilities; makes annual appropriation of \$4.5 million

S-4218/A-6256 (Scutari/Reynolds-Jackson, Wimberly, Mukherji) – Appropriates \$2 million to CRDA to support costs associated with hosting NAACP National Convention in Atlantic City

S-4233/A-6229 (Scutari, Gopal/Mukherji, Jimenez) – Limits fees charged to patients and authorized third parties for copies of medical and billing records

S-4252/A-6182 (Madden/Murphy, Chaparro) – Limits extension of mandatory retirement to 90 days from State Police Retirement System during emergencies

A-259/S-2224 (DeAngelo, Mukherji, Benson/Gopal, Pennacchio) – Provides civil service preference to military service members who did not serve in theater of operation but received campaign or expedition medal

A-798/S-52 (Verrelli, Vainieri Huttel, Armato/Singer, Greenstein) – Establishes local drug overdose fatality review teams

A-802/S-1352 (Verrelli, Reynolds-Jackson, Murphy/Turner, Pou) – Requires certain retailers to train employees on gift card fraud

A-862wGR/S-962 (Chiaravalloti, Karabinchak/Pennacchio, Pou) – Permits municipalities to refund excess property taxes paid by a taxpayer who wins an assessment appeal as a property tax credit

A-953/S-4031 (Karabinchak, Houghtaling/Pou) – Requires architects disclose insurance coverage

ACS for A-998 and 2349/S-4312 (Moen, Downey, Houghtaling, Benson, Vainieri Huttel/Ruiz, Beach, Singleton) – The “New Jersey Social Innovation Act”; establishes social innovation loan pilot program and study commission within EDA

A-1121/S-1871 (Murphy, Dancer, Stanley/Lagana, Pennacchio) – Upgrades certain crimes of misrepresenting oneself as member or veteran of US Armed Forces or organized militia

A-1219wGR/S-1054 (Chaparro, McKnight/Stack) – Requires owner notification of rabies testing protocol prior to testing of owner’s animal for rabies

A-1229wGR/S-2161 (Schaer, Mosquera, Tucker, Lampitt, Vainieri Huttle, Quijano, Wimberly, Pintor Marin, Jasey/Turner, Singleton) – Requires DCA to make information on homeless prevention programs and services available on its Internet website

A-1293/S-3977 (Greenwald, Burzichelli, Mukherji/Greenstein, Gopal) – Establishes advisory council for the brewery, cidery, meadery, and distillery industries in NJ and provides for funding through certain alcoholic beverage tax receipts

A-1663/S-1842 (Quijano, Vainieri Huttle, Karabinchak/Cryan, Scutari) – Establishes “New Jersey Nonprofit Security Grant Program”

A-2186/S-1599 (Mukherji, Chaparro, McKnight/Codey, Pou) – Establishes Statewide database of beds in shelters for the homeless

A-2360/S-3285 (Chaparro, Karabinchak, Johnson/Greenstein, Stack) – Requires electric public utility to charge residential rate for service used by residential customer for electric vehicle charging at charging stations within certain designated parking spaces

A-2685wGR/S-4209 (Armato, Mazzeo, Mukherji/Stack) – Concerns information on property condition disclosure statement

A-2772/S-1040 (Downey, Houghtaling, Benson/Gopal) – Authorizes certain Medicaid recipients residing on post-secondary school campus to participate remotely in meetings of non-medical nature regarding Medicaid benefits

A-2877/S-1149 (Dancer, Vainieri Huttle, Reynolds-Jackson/Ruiz) – Requires registration of certain vacant and abandoned properties with municipalities and provides enforcement tools related to maintenance of these properties

A-3007/S-3127 (Lampitt, Dunn, Benson/Lagana, Gopal) – Requires institutions of higher education to provide students with access to mental health care programs and services and to establish a hotline to provide information concerning the availability of those services

A-3392/S-1219 (Reynolds-Jackson, Timberlake, Jasey/Turner, Beach) – Requires student representative be appointed to each board of education of school district and board of trustees of charter school that includes grades nine through 12

A-3804/S-1590 (Armato, Murphy, S. Kean/Beach, A.M. Bucco) – Designates 9-1-1 operators or dispatchers as 9-1-1 first responder dispatchers

A-3870/S-2807 (Karabinchak, Johnson, Mukherji/Greenstein, Pou) – “Defense Against Porch Pirates Act”; amends theft statute

A-3950wGR/S-3180 (Verrelli, Benson, Zwicker/Greenstein, Turner) – Prohibits employer use of tracking device in vehicle operated by employee under certain circumstances

A-4002wGR/S-2257 (Caputo, Dancer, Murphy/Gopal, Sarlo) – Allows deduction of promotional gaming credit from gross revenue on sports wagering

A-4232/S-4231 (Houghtaling, Dancer, Wirths/Oroho, Smith) – Creates program in Department of Agriculture for deer fencing on certain farmland

A-4238/S-2561 (Chiaravalloti, Schaer, Benson/Gopal, Singer) – Establishes minimum Medicaid reimbursement rate for adult medical day care services

A-4241/S-2894 (Downey, Vainieri Huttle, Murphy/Pou) – Requires DHS to conduct biennial survey of SNAP experience

ACS for A-4253/S-3233 (Conaway, Pinkin, Jimenez/Cryan) – Requires certain electronic medical programs to include demographic data entry feature; requires laboratories to record certain patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training program

A-4366/S-2801 (Taliaferro, Sumter, Mukherji/Pou, Greenstein) – Requires Police Training Commission to contract with crisis intervention training center to provide mental health training to police officers and establish curriculum specific to persons experiencing economic crisis or substance use disorder

A-4434wGR/S-2716 (Greenwald, Lampitt, Mukherji/Beach, Ruiz) – Establishes Student Wellness Grant Program in DOE

A-4478/S2759 (Vainieri Huttle, Speight, Schepisi, DeCroce/Vitale, Madden) – Establishes additional requirements for DOH to assess sanctions and impose penalties on nursing homes; revises reporting requirements for nursing homes

A-4569/S-3535 (Reynolds-Jackson, Benson, Karabinchak/Turner) – Requires BPU, electric power suppliers, and gas suppliers to publish certain information related to filing of customer complaints

ACS for A-4655/S-3595 (Reynolds-Jackson, Wimberly, Carter/Turner) – Limits police presence at polling places and ballot drop boxes; prohibits electioneering within 100 feet of ballot drop box

A-4771/S-2951 (Downey, Armato, Mukherji/Gopal, Singleton) – Expands offenses eligible for expungement upon successful discharge from drug court

A-4856/S-3094 (Lampitt, Benson, Caputo/Ruiz, Beach) – Requires Internet websites and web services of school districts, charter schools, renaissance schools, and the Marie H. Katzenbach School for the Deaf to be accessible to persons with disabilities

A-5033wGR/S-3279 (Benson, Dancer, Verrelli/Gopal) – Authorizes motor vehicle dealers to sell motor vehicles online and obtain electronic signatures for motor vehicle transactions

ACS for A-5075wGR/S-4001 (Burzichelli, Dancer, Johnson/Sweeney, A.M. Bucco) – Removes Fire Museum and Fallen Firefighters Memorial from auspices of DEP and establishes museum as independent organization; makes \$200,000 supplemental appropriation

A-5160/S-3324 (DeAngelo, Conaway, Zwicker/Smith, Bateman) – Establishes minimum energy and water efficiency standards for certain products sold, offered for sale, or leased in the State

A-5294/S-3418 (Speight, Vainieri Huttle, Verrelli/Gopal, Madden) – Provides fast track hiring and advancement employment opportunities by State for persons with significant disabilities

A-5296/S-3426 (Speight, Vainieri Huttle, McKnight/T. Kean, Schepisi) – Provides for employment by State of certain persons with disabilities

A-5322/S-3433 (Mosquera, Vainieri Huttle, DePhillips/Cruz-Perez, T. Kean) – Provides for process to vacate and expunge certain arrests, charges, complaints, convictions, other dispositions, and DNA

records, associated with violations by certain human trafficking victims

A-5336wGR/S-3441 (Benson, Freiman, Vainieri Huttie/Diegnan, Madden) – Requires DHS to establish payment programs for purchase of transportation services from private sector and government transportation service providers

A-5439/S-3760 (Caputo, Dancer, Murphy/Gopal, Beach) – Changes deadline for New Jersey Racing Commission's annual report from end of calendar year to end of State fiscal year

A-5694/S-3783 (Houghtaling, Downey, Dancer/Gopal, Madden) – Permits dependents of military member to enroll in school district in advance of military member's relocation to district

A-5814/S-3851 (Swain, Tully, Benson/Lagana, Diegnan) – Creates Office of School Bus Safety in Department of Education; appropriates \$200,000

A-5864wGR/S-3939 (Speight, Pintor Marin, Chaparro, McKnight, DeAngelo, Bergen/Gopal, Cryan) – Allows law enforcement officers to review body worn camera recordings prior to creating initial report

A-5997/S-4084 (Coughlin, Lopez/Sweeney, O'Scanlon) – Removes requirement for Legislature, DOE, free public libraries, and historical societies to purchase "Manual of the Legislature of New Jersey"

A-6012/S-4076 (Moen, Murphy, Freiman/Sarlo, Gopal) – Appropriates \$500,000 for USS New Jersey Commissioning Committee to support commissioning of boat and assigned personnel

A-6020/S-4114 (Conaway, Jimenez, Vainieri Huttie/Codey) – Establishes requirements for certain tobacco product retailers to stock and sell nicotine replacement therapy products

A-6060/S-4272 (Tucker, Caputo, Mukherji/Cunningham) – Makes supplemental appropriation of \$8 million to DHS to increase reimbursement for funeral, burial, and crematory services provided to certain beneficiaries of Work First New Jersey and Supplemental Security Income programs

A-6073/S-4140 (Verrelli/Vitale) – Temporarily waives certain basic life support services crewmember requirements

A-6093/S-4201 (Stanley, Benson, Timberlake/Greenstein, Gopal) – Mandates periodic cancer screening examinations for firefighters enrolled in SHBP

A-6108wGR/S-4247 (DeAngelo, Egan, Houghtaling/Madden) – Updates licenses offered by and certain licensure requirements from Board of Examiners of Electrical Contractors

A-6132/S-4235 (Schaer, Greenwald, Conaway/Singer, Gopal) – Permits volunteer paramedics to operate within mobile intensive care units

A-6133/S-4251 (Bramnick, Mukherji, Downey/Scutari) – Allows certain persons not yet appointed as administrator of estate to pursue lawsuit for damages for wrongful death on behalf of deceased's survivors

A-6150/S-4119 (DeAngelo, Karabinchak, Wirths/Oroho, Pou) – Revises penalties for transfer of certain professional and occupational licenses

A-6159/S-4236 (Coughlin, McKnight/Vitale, Ruiz) – Revises and renames Office of Food Insecurity Advocate

A-6162/S-4246 (Benson, Stanley/Gopal) – Requires certain motor vehicle dealers to maintain certain

requirements for business premises

A-6205/S-4270 (Coughlin, McKeon/Pou) – Amends certain requirements concerning insurance holding companies

A-6206wGR/S-4260 (Wimberly/Diegnan, Oroho) – Codifies right of real estate broker-salespersons and salespersons to define relationship with broker as one between broker and independent contractor or employee and enforces current and previous written agreements addressing relationship

A-6207/S-4222 (Greenwald, Lampitt, Benson/Sweeney) – Eliminates requirement for DOE to set certain tuition rates for approved private schools for students with disabilities in certain cases

A-6208/S-4151 (Mosquera, DeAngelo, Armato/Greenstein, Cruz-Perez) – Appropriates \$60,940,361 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for farmland preservation purposes

A-6209/S-4154 (Freiman, Spearman, Egan/Turner, Oroho) – Appropriates \$18 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for county planning incentive grants for farmland preservation purposes

A-6210/S-4150 (Taliaferro, Moriarty, Burzichelli/Cruz-Perez, Greenstein) – Appropriates \$4.5 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for municipal planning incentive grants for farmland preservation purposes

A-6211/S-4149 (Houghtaling, Reynolds-Jackson, Downey/Cruz-Perez, Greenstein) – Appropriates \$440,240 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for grants to certain nonprofit organizations for farmland preservation purposes

A-6212/S-4148 (Jimenez, Swain, Timberlake/Codey, Corrado) – Appropriates \$54.5 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects

A-6213/S-4155 (Kennedy, Carter, Tully/Bateman, Smith) – Appropriates \$49.932 million from constitutionally dedicated CBT revenues to DEP for State acquisition of lands for recreation and conservation purposes, including Blue Acres projects, and Green Acres Program administrative costs

A-6214/S-4153 (Danielsen, Zwicker, Conaway/Greenstein, Smith) – Appropriates \$80,539,578 from constitutionally dedicated CBT revenues and various Green Acres funds to DEP for local government open space acquisition and park development projects

A-6215/S-4152 (Stanley, Murphy, Jasey/Smith, Greenstein) – Appropriates \$14,687,510 to DEP from constitutionally dedicated CBT revenues for grants to certain nonprofit entities to acquire or develop lands for recreation and conservation purposes

A-6246/S-4295 (Karabinchak/Sweeney) – Concerns changes in control of hotels and disruptions of hotel services

A-6257/S-4311 (McKnight/Sweeney, Singleton) – Imposes surcharge on casino hotel occupancies to fund public safety services

A-6262/S-4314 (Burzichelli, Reynolds-Jackson, Mukherji/Sweeney, Oroho, T. Kean) – Permits PERS retiree to return to employment in NJ Legislature after retirement under certain circumstances

A-6263/S-4315 (Burzichelli, Reynolds-Jackson, Mukherji/Sweeney, Oroho, T. Kean) – Appropriates \$2 million to Legislative Services Commission

Governor Murphy pocket vetoed the following bills:

S-73/A-4580 (Bateman, Sarlo/Zwicker, Thomson, McKnight) – Establishes requirements for sale of cottage food products

S-995/A-6172 (Sweeney, A.M. Bucco/Downey, McKnight) – Requires DOLWD and DHS to conduct assessment of community rehabilitation programs and community businesses

S-1934/A-1158 (Sweeney, Pou, Cryan/Freiman, Lopez, Murphy) – Authorizes use of disability benefits for transportation provided by transportation network companies

S-2679/A-1979 (Beach, Smith/Stanley, Lopez, Kennedy) – Requires paint producers to implement or participate in paint stewardship program

S-2768/A-4664 (Singleton, Ruiz/Reynolds-Jackson, Stanley, Sumter) – Authorizes State Chief Diversity Officer to conduct disparity study concerning utilization of minority-owned and women-owned businesses in State procurement process

S-3458/A-6245 (Lagana, Gopal/Coughlin, Jimenez, Mukherji) – Revises out-of-network arbitration process

S-3529/A-5442 (Addiego, Diegnan/DeAngelo, Dancer, Dunn) – Clarifies that member of SPRS may receive accidental disability benefit under certain circumstances

S-3715/A-5804 (Cryan/Quijano, Mukherji) – Modifies certain definitions related to transient accommodation taxes and fees

S-4189/A-6112 (Vitale, Cruz-Perez/Lopez) – Permits PERS retiree to return to elective public office after retirement under certain circumstances

A-1073/S-3432 (Speight, Pintor Marin, McKnight, Timberlake/Ruiz, O'Scanlon) – Establishes requirements to screen certain people who are pregnant and who have given birth for preeclampsia

A-1269/S-3490 (Greenwald, Giblin, Calabrese/Cruz-Perez, Beach) – Eliminates one percent tax on purchasers of Class 4A commercial property transferred for consideration in excess of \$1 million

A-4958/S-3740 (Tully, Armato, Zwicker/Lagana, Oroho) – Provides temporary exemption under sales and use tax for winterizing certain small business operations

A-5334/S-3442 (Lopez, Mazzeo, Stanley/Diegnan, T. Kean) – Requires DOT, NJT, and DHS to study and implement transportation mobility and accessibility improvements for persons with autism and developmental disabilities

A-5484/S-3817 (Dancer, Caputo, Houghtaling/Lagana) – Requires New Jersey Racing Commission to adopt procedures to enforce internal controls; requires annual audit

A-6033/S-4194 (Bramnick/Sweeney, T. Kean) – Classifies golf caddies as independent contractors for purposes of State employment laws

A-6157/S-4202 (Speight, Moen/Ruiz, Beach) – Prohibits circumventing intergovernmental transfer process for law enforcement officers in certain circumstances

