26:2H-12.97 to 26:2H-12.99
LEGISLATIVE HISTORY CHECKLIST
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LAWS OF: 2020 **CHAPTER:** 113

NJSA: 26:2H-12.97 to 26:2H-12.99 (Requires long-term care facilities, as condition of licensure, to implement policies to prevent social isolation of residents.)

BILL NO: S2785 (Substituted for A4007)

SPONSOR(S) Vin Gopal and others

DATE INTRODUCED: 7/30/2020

COMMITTEE: **ASSEMBLY:** Aging and Senior Services
Appropriations

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

AMENDED DURING PASSAGE: No

DATE OF PASSAGE: **ASSEMBLY:** 9/24/2020

SENATE: 8/27/2020

DATE OF APPROVAL: 10/23/2020

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (Senate Committee Substitute enacted) Yes

S2785

INTRODUCED BILL (INCLUDES SPONSOR'S STATEMENT): Yes

COMMITTEE STATEMENT: **ASSEMBLY**: No

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

(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: No

LEGISLATIVE FISCAL ESTIMATE: Yes

A4007

INTRODUCED BILL (INCLUDES SPONSOR'S STATEMENT): Yes

COMMITTEE STATEMENT: **ASSEMBLY**: Yes Aging & Senior Services
Appropriations

SENATE: No

(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: No

LEGISLATIVE FISCAL ESTIMATE: Yes

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: No

Also of possible interest:

Committee meeting of Assembly Human Services Committee: the Committee will hear testimony from invited guests on the issue of abuse and neglect of individuals with disabilities in group homes and other congregate care facilities; to understand the magnitude of this problem and the barriers to safety and healing survivors with disabilities face, the Committee will invite survivors or their family members to share their experiences; the Committee will also hear from the Department of Children and Families (DCF) and the Division of Developmental Disabilities (DDD), as well as from operators of congregate care settings, on what is currently being done to provide adequate protection for all individuals; national experts and advocates will provide testimony on prevention strategies recommendations and steps to improve the effectiveness of the response to the abuse and neglect of individuals with disabilities
[October 22, 2020, Remote meeting via Zoom]
Call number: 974.90 H236, 2020a
Available online at https://dspace.njstatelib.org//handle/10929/68708

RWH/CL

§§1-3 -
C.26:2H-12.97 to
26:2H-12.99
§4 - Note

P.L. 2020, CHAPTER 113, ***approved October 23, 2020***
Senate Committee Substitute for
Senate, No. 2785

AN ACT concerning the implementation, by long-term care facilities, of policies, protocols, and procedures to prevent the social isolation of facility residents and supplementing Title 26 of the Revised Statutes.

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

1. As used in this act:

"Cohorting" means the same as that term is defined by section 1 of P.L.2019, c.243 (C.26:2H-12.87).

"Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.

"Long-term care facility" or "facility" means a nursing home, assisted living facility, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Religious and recreational activities" includes any religious, social, or recreational activity that is consistent with the resident's preferences and choosing, regardless of whether the activity is coordinated, offered, provided, or sponsored by facility staff or by an outside activities provider.

"Resident" means a senior citizen or other person who resides in a long-term care facility.

"Social isolation" means a state of isolation wherein a resident of a long-term care facility is unable to engage in social interactions and religious and recreational activities with other facility residents or with family members, friends, and external support systems.

2. a. The Department of Health shall require each long-term care facility in the State, as a condition of facility licensure, to adopt and implement written policies, provide for the practical availability of technology to facility residents, and ensure that appropriate staff and other capabilities are in place, to prevent the social isolation of facility residents.

b. The social isolation prevention policies adopted by each long-term care facility pursuant to this section shall:

(1) authorize, and include specific protocols and procedures to encourage and enable, residents of the facility to engage in in-person contact, communications, and religious and recreational

1 activities with other facility residents and with family members,
2 friends, and other external support systems, except when such in-
3 person contact, communication, or activities are prohibited,
4 restricted, or limited, as permitted by federal and State statute, rule,
5 or regulation;
6 (2) authorize, and include specific protocols and procedures to
7 encourage and enable, residents to engage in face-to-face or
8 verbal/auditory-based contact, communication, and religious and
9 recreational activities with other facility residents and with family
10 members, friends, and other external support systems, through the
11 use of electronic or virtual means and methods, including, but not
12 limited to, computer technology, the Internet, social media,
13 videoconferencing, and other innovative technological means or
14 methods, whenever such residents are subject to restrictions that
15 limit their ability to engage in in-person contact, communications,
16 or religious and recreational activities as authorized by paragraph
17 (1) of this subsection;
18 (3) provide for residents of the facility who have disabilities that
19 impede their ability to communicate, including, but not limited to,
20 residents who are blind, deaf, or deaf-blind, residents who have
21 Alzheimer's disease or other related dementias, and residents who
22 have developmental disabilities, to be given access to assistive and
23 supportive technology as may be necessary to facilitate the
24 residents' engagement in face-to-face or verbal/auditory-based
25 contact, communications, and religious and recreational activities
26 with other residents, family members, friends, and other external
27 support systems, through electronic means, as provided by
28 paragraph (2) of this subsection;
29 (4) include specific administrative policies, procedures, and
30 protocols governing: (a) the acquisition, maintenance, and
31 replacement of computers, videoconferencing equipment, distance-
32 based communications technology, assistive and supportive
33 technology and devices, and other technological equipment,
34 accessories, and electronic licenses, as may be necessary to ensure
35 that residents are able to engage in face-to-face or verbal/auditory-
36 based contact, communications, and religious and recreational
37 activities with other facility residents and with family members,
38 friends, and external support systems, through electronic means, in
39 accordance with the provisions of paragraphs (2) and (3) of this
40 subsection; (b) the use of environmental barriers and other controls
41 when the equipment and devices acquired pursuant to this section
42 are in use, especially in cases where the equipment or devices are
43 likely to become contaminated with bodily substances, are touched
44 frequently with gloved or ungloved hands, or are difficult to clean;
45 and (c) the regular cleaning of the equipment and devices acquired
46 pursuant to this paragraph and any environmental barriers or other
47 physical controls used in association therewith;

(5) require appropriate staff to assess and regularly reassess the individual needs and preferences of facility residents with respect to the residents' participation in social interactions and religious and recreational activities, and include specific protocols and procedures to ensure that the quantity of devices and equipment maintained on-site at the facility remains sufficient, at all times, to meet the assessed social and activities needs and preferences of each facility resident;

(6) require appropriate staff, upon the request of a resident or the resident's family members or guardian, to develop an individualized visitation plan for the resident, which plan shall: (a) identify the assessed needs and preferences of the resident and any preferences specified by the resident's family members; (b) address the need for a visitation schedule, and establish a visitation schedule if deemed to be appropriate; (c) describe the location and modalities to be used in visitation; and (d) describe the respective responsibilities of staff, visitors, and the resident when engaging in visitation pursuant to the individualized visitation plan;

(7) include specific policies, protocols, and procedures governing a resident's requisition, use, and return of devices and equipment maintained pursuant to this act, and require appropriate staff to communicate those policies, protocols, and procedures to residents; and

(8) designate at least one member of the therapeutic recreation or activities department, or, if the facility does not have such a department, designate at least one senior staff member, as determined by facility management, to train other appropriate facility employees, including, but not limited to, activities professionals and volunteers, social workers, occupational therapists, and therapy assistants, to provide direct assistance to residents, upon request and on an as-needed basis, as necessary to ensure that each resident is able to successfully access and use, for the purposes specified in paragraphs (2) and (3) of this subsection, the technology, devices, and equipment acquired pursuant to this paragraph.

c. The department shall distribute civil monetary penalty (CMP) funds, as approved by the federal Centers for Medicare and Medicaid Services, and any other available federal and State funds, upon request, to facilities for communicative technologies and accessories needed for the purposes of this act.

3. a. Whenever the department conducts an inspection of a long-term care facility, the department's inspector shall determine whether the long-term facility is in compliance with the provisions of this act and the policies, protocols, and procedures adopted pursuant thereto.

b. In addition to any other applicable penalties provided by law, a long-term care facility that fails to comply with the provisions of this act or properly implement the policies, protocols, and procedures adopted pursuant thereto:

(1) shall be liable to pay an administrative penalty, the amount of which shall be determined in accordance with a schedule established by department regulation, which schedule shall provide for an enhanced administrative penalty in the case of a repeat or ongoing violation; and

(2) may be subject to adverse licensure action, as deemed by the department to be appropriate.

c. Whenever a complaint received or an investigation conducted by the Office of the State Long-Term Care Ombudsman discloses evidence that a long-term care facility has failed to comply with the provisions of this act or to properly implement the policies, protocols, and procedures adopted pursuant thereto, the Office of the State Long-Term Care Ombudsman shall refer the matter to the department as provided by section 7 of P.L.1977, c.239 (C.52:27G-7) and, notwithstanding such referral, may take any other appropriate investigatory or enforcement action, with respect to the matter, as may be authorized by P.L.1977, c.239 (C.52:27G-1 et seq.).

4. Within 60 days after the enactment of this act, and notwithstanding the provisions of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to the contrary, the Commissioner of Health shall, immediately upon filing proper notice with the Office of Administrative Law, adopt rules and regulations as may be necessary to implement the provisions of this act. The rules and regulations shall include, but need not be limited to, minimum standards for the social isolation prevention policies to be adopted pursuant to section 2 of this act and a penalty schedule to be used pursuant to section 3 of this act. The rules and regulations adopted pursuant to this section shall remain in effect for a period of not more than one year after the date of filing and, thereafter, shall be adopted, amended, or readopted by the commissioner in accordance with the requirements of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

Requires long-term care facilities, as condition of licensure, to implement policies to prevent social isolation of residents.

SENATE, No. 2785

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JULY 30, 2020

Sponsored by:
Senator VIN GOPAL
District 11 (Monmouth)

SYNOPSIS

Requires DOH to implement and oversee Isolation Prevention Project in long-term care facilities during public emergencies.

CURRENT VERSION OF TEXT

As introduced.

1 **AN ACT** concerning the prevention of isolation among residents of
2 long-term care facilities during public emergencies and
3 supplementing Title 26 of the Revised Statutes.
4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7
8 1. a. As used in this section:
9 "Commissioner" means the Commissioner of Health.
10 "Department" means the Department of Health.
11 "Long-term care facility" means a nursing home, assisted living
12 facility, comprehensive personal care home, residential health care
13 facility, or dementia care home licensed pursuant to P.L.1971, c.136
14 (C.26:2H-1 et seq.).
15 "Outbreak response plan" means the plan developed by a long-
16 term care facility, pursuant to section 1 of P.L.2019, c.243
17 (C.26:2H-12.87), which includes a protocol for isolating and
18 cohorting infected and at-risk residents at the facility in the event of
19 an outbreak of contagious disease.
20 "Public emergency" means an environmental, public health, or
21 public safety emergency that is occurring in New Jersey or in one or
22 more counties, regions, or other parts of the State, and which is
23 officially recognized and declared as an emergency by the Governor
24 of New Jersey or by the President of the United States.
25 "Resident" means a senior citizen or other person who resides in
26 a long-term care facility.
27 b. The Department of Health shall implement and oversee an
28 "Isolation Prevention Project" in the State as provided by this
29 section. At a minimum, the Isolation Prevention Project shall
30 require each long-term care facility in the State to adopt and
31 implement a written isolation prevention plan and have appropriate
32 technology, staff, and other capabilities in place to prevent the
33 facility's residents from becoming isolated during public
34 emergencies.
35 c. The isolation prevention plan adopted by each long-term
36 care facility pursuant to this section shall:
37 (1) authorize residents of the facility to continue to engage in in-
38 person contact and communication with other facility residents and
39 with family members, friends, and other external support systems
40 during a public emergency, to the extent that such in-person contact
41 remains consistent with the circumstances of the public emergency,
42 the orders that have been implemented to address that public
43 emergency, and the facility's outbreak response plan. The plan
44 shall provide that, if in-person contact and communication is
45 physically impossible or is deemed to pose a danger to the facility's
46 residents, due to environmental or other factors or circumstances
47 resulting from the public emergency, or if in-person contact is
48 officially limited or prohibited by the terms of the facility's

1 outbreak response plan or by the orders that are implemented to
2 address the emergency, as in the case of social distancing
3 requirements imposed in response to the COVID-19 outbreak,
4 residents shall be required to adhere to applicable social distancing
5 guidelines or requirements or other official limitations or
6 prohibitions imposed on in-person contact and communication, as
7 appropriate, but shall remain authorized to engage in contact and
8 communication by alternative electronic means, as provided by
9 paragraph (2) of this subsection;
10 (2) authorize residents of the facility, including residents who
11 may be physically isolated as a result of the implementation of the
12 facility's outbreak response plan, to engage in face-to-face or
13 verbal/auditory contact and communication with other facility
14 residents and with family members, friends, and other external
15 support systems during a public emergency, through the use of
16 electronic or virtual means and methods, including, but not limited
17 to, computer technology, the Internet, social media,
18 videoconferencing, and other innovative technological means or
19 methods;
20 (3) provide for residents of the facility who have disabilities that
21 impede their ability to communicate, including, but not limited to,
22 residents who are blind, deaf, or deaf-blind, residents who have
23 Alzheimer's disease or other related dementias, and residents who
24 have developmental disabilities, to be given access to assistive and
25 supportive technology as may be necessary to facilitate the
26 residents' face-to-face or verbal/auditory contact and
27 communication with other residents, family members, friends, and
28 other external support systems, through electronic means, as
29 provided by paragraph (2) of this subsection;
30 (4) provide for the facility to preemptively acquire, and to
31 engage in the ongoing maintenance and replacement of, computers,
32 videoconferencing equipment, distance-based communications
33 technology, assistive and supportive technology and devices, and
34 other technological equipment and accessories or electronic licenses
35 as may be necessary to ensure that residents of the facility are able
36 to engage in face-to-face or verbal/auditory communications with
37 other facility residents and with family members, friends, and
38 external support systems, through electronic means, as provided by
39 paragraphs (2) and (3) of this subsection, during times of public
40 emergency; and include a budget outlining the projected costs
41 associated with the purchase, maintenance, and replacement of
42 equipment, technology, and licenses pursuant to this paragraph; and
43 (5) provide for the facility to employ a sufficient number of
44 qualified staff to train and daily assist residents in successfully
45 accessing and using the technology and equipment acquired
46 pursuant to paragraph (4) of this subsection for the purposes of
47 engaging in face-to-face or verbal/auditory contact and
48 communication with other residents, family members, friends, or

external support systems, through electronic means, as provided by paragraphs (2) and (3) of this subsection; and include a budget outlining the projected costs associated with the hiring and retention of such staff or the training of existing staff to perform these tasks.

d. A long-term care facility shall:

(1) prepare and submit an isolation prevention plan to the department within 30 days after the enactment of this act, regardless of whether emergency rules and regulations have been adopted pursuant to subsection f. of this section;

(2) review and revise the plan: (a) immediately following the adoption of emergency rules and regulations pursuant to subsection f. of this section if such rules and regulations were not in effect at the time of the initial submission pursuant to paragraph (1) of this subsection; and (b) on at least a biennial basis after the plan's initial approval and implementation pursuant to subsection e. of this section; and

(3) submit a revised plan to the department within 10 days after making any material change thereto.

e. (1) Within 30 days after receipt of a proposed or revised plan submitted pursuant to subsection d. of this section, the department shall review and either approve or conditionally approve the plan. The department shall approve the plan if it complies with the provisions of this act and the rules and regulations adopted pursuant thereto, to the extent that such rules and regulations have been adopted. If the department conditionally approves the plan, it shall state, in writing, the reasons for the conditional approval and the revisions that must be made to the plan in order to ensure that it complies with the act and the rules and regulations adopted pursuant thereto. The long-term care facility shall adopt, and shall implement the plan in accordance with, any mandatory revisions that are identified by the department pursuant to this paragraph. If the department does not respond to the submission within the 30-day timeframe provided by this subsection, the proposed or revised plan shall be deemed to have been approved on a non-conditional basis, and the facility shall proceed to implement the plan without change.

(2) Notwithstanding the provisions of this subsection to the contrary, if a plan is submitted to the department for review during a time of documented public emergency, the plan shall be deemed to be tentatively approved as of the date of its submission to the department, and the plan shall be put into immediate effect, pending the department's final conditional or non-conditional approval pursuant to paragraph (1) of this subsection.

f. Within 30 days after the enactment of this act, and notwithstanding the provisions of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to the contrary, the Commissioner of Health shall, immediately upon filing proper notice with the Office of Administrative Law, adopt rules and

regulations as may be necessary to implement the provisions of this act. The rules and regulations adopted pursuant this section shall remain in effect for a period of not more than one year after the date of filing and, thereafter, shall be adopted, amended, or readopted by the commissioner in accordance with the requirements of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

2. This act shall take effect immediately.

STATEMENT

This bill would require the Department of Health to implement and oversee an Isolation Prevention Project in long-term care facilities that would be operable during public emergencies.

At a minimum, the Isolation Prevention Project is to require each long-term care facility in the State to adopt and institute a written isolation prevention plan and have appropriate technology, staff, and other capabilities in place to prevent the facility's residents from becoming isolated during public emergencies.

The isolation prevention plan adopted by each long-term care facility is to:

1) authorize residents of the facility to continue to engage in in-person contact and communication with other facility residents and with family members, friends, and other external support systems during a public emergency, to the extent that such in-person contact remains consistent with the circumstances of the public emergency, the orders that have been implemented to address that public emergency, and the facility's outbreak response plan. The plan is to provide that, if in-person contact and communication is physically impossible or is deemed to pose a danger to the facility's residents, due to environmental or other factors or circumstances resulting from the public emergency, or if in-person contact is officially limited or prohibited by the terms of the facility's communicable disease outbreak response plan or by the orders that are implemented to address the emergency, as in the case of social distancing requirements imposed in response to the COVID-19 outbreak, residents will be required to adhere to applicable social distancing guidelines or requirements or other official limitations or prohibitions imposed on in-person contact and communication, as appropriate, but will remain authorized to engage in contact and communication by alternative electronic means, as provided by the bill;

2) authorize residents of the facility, including residents who may be physically isolated as a result of the implementation of the facility's outbreak response plan, to engage in face-to-face or verbal/auditory contact and communication with other facility

1 residents and with family members, friends, and other external
2 support systems during a public emergency, through the use of
3 electronic or virtual means and methods, including, but not limited
4 to, computer technology, the Internet, social media,
5 videoconferencing, and other innovative technological means or
6 methods;
7 3) provide for residents of the facility who have disabilities that
8 impede their ability to communicate, including, but not limited to,
9 residents who are blind, deaf, or deaf-blind, residents who have
10 Alzheimer's disease or other related dementias, and residents who
11 have developmental disabilities, to be given access to assistive and
12 supportive technology as may be necessary to facilitate the
13 residents' face-to-face or verbal/auditory contact and
14 communication with other residents, family members, friends, and
15 other external support systems, through electronic means;
16 4) provide for the facility to preemptively acquire, and to
17 engage in the ongoing maintenance and replacement of, computers,
18 videoconferencing equipment, distance-based communications
19 technology, assistive and supportive technology and devices, and
20 other technological equipment and accessories or electronic licenses
21 as may be necessary to ensure that residents of the facility are able
22 to engage in face-to-face or verbal/auditory communications with
23 other facility residents and with family members, friends, and
24 external support systems, through electronic means, during times of
25 public emergency; and include a budget outlining the projected
26 costs associated with the purchase, maintenance, and replacement of
27 equipment, technology, and licenses pursuant to this paragraph; and
28 5) provide for the facility to employ a sufficient number of
29 qualified staff to train and daily assist residents in successfully
30 accessing and using the technology and equipment acquired by the
31 facility, pursuant to the bill, for the purposes of engaging in face-to-
32 face or verbal/auditory contact and communication with other
33 residents, family members, friends, or external support systems,
34 through electronic means; and include a budget outlining the
35 projected costs associated with the hiring and retention of such staff
36 or the training of existing staff to perform these tasks.
37 Due to the current COVID-19 public health emergency and the
38 resulting threat of isolation that is now being faced by the residents
39 of long-term care facilities, the bill would require the Commissioner
40 of Health to adopt rules and regulations, on an emergency basis, to
41 implement its provisions. Such rules and regulations are to be
42 adopted within 30 days after the date of the bill's enactment,
43 notwithstanding the provisions of the "Administrative Procedure
44 Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to the contrary.
45 A long-term care facility will be required to prepare and submit
46 an isolation prevention plan to the department, within 30 days after
47 the bill's enactment, regardless of whether the department has
48 finalized the emergency adoption of rules and regulations pursuant

1 to the bill's provisions. To the extent necessary, the plan is to be
2 revised and reapproved following the commissioner's adoption of
3 emergency rules and regulations. The long-term care facility will
4 also be required to review and revise the plan on at least a biennial
5 basis after the plan is initially approved and implemented. Any
6 revised plan is to be submitted to the department for approval
7 within 10 days after material changes are made thereto.
8 Within 30 days after receipt of a proposed or revised plan
9 submitted under the bill, the department will be required to review
10 and either approve or conditionally approve the plan. The
11 department is to approve the plan, so long as it complies with the
12 provisions of the bill and the rules and regulations adopted pursuant
13 thereto, to the extent that those rules and regulations have been
14 adopted. If the department conditionally approves the plan, it will
15 be required to state, in writing, the reasons for the conditional
16 approval and the revisions that are to be made to the plan in order to
17 ensure that it complies with the bill and the rules and regulations
18 adopted pursuant thereto. The long-term care facility will be
19 required to adopt, and implement the plan in accordance with, any
20 mandatory revisions that are identified by the department in a
21 conditional approval. If the department does not respond to the
22 submission within 30 days, the proposed or revised plan will be
23 deemed to have been approved on a non-conditional basis, and the
24 facility may proceed to implement the plan without change.
25 Notwithstanding the bill's provisions to the contrary, if a plan is
26 submitted to the department for review during a time of documented
27 public emergency, as is currently the case with the COVID-19
28 pandemic, the plan will be deemed to be tentatively approved as of
29 the date of its submission to the department, and the plan is to be
30 put into immediate effect, pending the department's final
31 conditional or non-conditional approval pursuant to the procedures
32 established by the bill.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE, No. 2785 (SCS)

STATE OF NEW JERSEY

DATED: AUGUST 24, 2020

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 2785 (SCS).

The bill provides for each long-term care facility in the State, as a condition of facility licensure, to adopt and implement written policies, and have appropriate technology, staff, and other capabilities in place, to prevent the social isolation of facility residents at all times during operation.

The bill requires the social isolation prevention policies adopted by each long-term care facility to authorize, and include specific protocols and procedures to encourage and enable, residents of the facility to engage in in-person contact, communications, and religious and recreational activities with other facility residents and with family members, friends, and other external support systems, except when such in-person contact, communication, or activities are prohibited, restricted, or limited, as permitted by federal and State statute, rule, or regulation. The social isolation prevention policies would additionally be required to:

1) authorize, and include specific protocols and procedures to encourage and enable, residents to engage in face-to-face or verbal/auditory-based contact, communication, and religious and recreational activities with other facility residents and with family members, friends, and other external support systems, through the use of electronic or virtual means and methods, including, but not limited to, computer technology, the Internet, social media, videoconferencing, and other innovative technological means or methods, whenever such residents are subject to restrictions that limit their ability to engage in in-person contact, communications, or religious and recreational activities;

2) provide for residents of the facility who have disabilities that impede their ability to communicate to be given access to assistive and supportive technology as may be necessary to facilitate the residents' engagement in social interactions and religious and recreational activities with other residents, family members, friends, and other external support systems, through electronic means;

3) include specific administrative policies, procedures, and protocols governing: a) the acquisition, maintenance, and replacement of computers, videoconferencing equipment, distance-based communications technology, assistive and supportive technology and

devices, and other technological equipment, accessories, and electronic licenses, as may be necessary to enable residents to engage in electronic communications and activities, as specified in the bill; b) the use of environmental barriers and other controls when the equipment and devices acquired pursuant to this section are in use, especially in cases where the equipment or devices are likely to become contaminated with bodily substances, are touched frequently with gloved or ungloved hands, or are difficult to clean; and c) the regular cleaning of the equipment and devices acquired pursuant to this paragraph and any environmental barriers or other physical controls used in association therewith;

4) require appropriate staff to assess and regularly reassess the individual needs and preferences of facility residents with respect to their participation in social interactions and religious and recreational activities, and include specific protocols and procedures to ensure that the quantity of devices and equipment maintained on-site at the facility remains sufficient, at all times, to meet the assessed social and activities needs and preferences of each facility resident;

5) require appropriate staff, upon the request of a resident or the resident's family members or guardian, to develop an individualized visitation plan for the resident, which plan is to: a) identify the assessed needs and preferences of the resident and any preferences specified by the resident's family members; b) address the need for a visitation schedule, and establish a visitation schedule if deemed to be appropriate; c) describe the location and modalities to be used in visitation; and d) describe the respective responsibilities of staff, visitors, and the resident when engaging in visitation pursuant to the individualized visitation plan;

6) include specific policies, protocols, and procedures governing a resident's requisition, use, and return of devices and equipment maintained pursuant to the bill, and require appropriate staff to communicate those policies, protocols, and procedures to residents; and

7) designate at least one member of the therapeutic recreation or activities department, or, if the facility does not have a relevant department, designate at least one senior staff member, as determined by facility management, to train other appropriate facility employees, including, but not limited to, activities professionals and volunteers, social workers, occupational therapists, and therapy assistants, to provide direct assistance to residents, upon request and on an as-needed basis, as necessary to ensure that each resident is able to successfully access and use the technology, devices, and equipment acquired pursuant to the bill.

The bill requires the DOH to distribute civil monetary penalty (CMP) funds, as approved by the federal Centers for Medicare and Medicaid Services, and other available federal and State funds, upon request, to facilities for communicative technologies and accessories

needed for the bill's purposes. The bill further requires the DOH, whenever it conducts an inspection of a long-term care facility, to determine whether the long-term facility is in compliance with the bill's provisions and the policies, protocols, and procedures adopted pursuant thereto.

In addition to any other applicable penalties provided by law, a long-term care facility that fails to comply with the bill's provisions or properly implement the policies, protocols, and procedures adopted pursuant thereto, will be liable to pay an administrative penalty and may be subject to adverse licensure action, as deemed by the DOH to be appropriate. The amount of the administrative penalty imposed is to be determined in accordance with a schedule established by department regulation, which schedule is to provide for an enhanced administrative penalty in the case of a repeat or ongoing violation.

The bill further specifies that, whenever a complaint received or an investigation conducted by the Office of the State Long-Term Care Ombudsman discloses evidence that a long-term care facility has failed to comply with the bill's provisions or has failed to properly implement the policies, protocols, and procedures adopted pursuant thereto, the Office of the State Long-Term Care Ombudsman will be required to refer the matter to the DOH, as provided by existing law, and, notwithstanding such referral, may take any other appropriate investigatory or enforcement action, with respect to the matter, as may be authorized by P.L.1977, c.239 (C.52:27G-1 et seq.).

The bill requires the DOH to adopt rules and regulations, on an emergency basis, within 60 days after the bill's effective date, in order to implement the bill's provisions. The rules and regulations are to include, but need not be limited to, minimum standards for social isolation prevention policies adopted under the bill and a penalty schedule to be used when penalizing violations of the bill. The emergency rules and regulations would remain in effect for a period of not more than one year before being subject to readoption or amendment.

FISCAL IMPACT:

The Office of Legislative Services (OLS) concludes that the State would incur an indeterminate increase in annual costs for the Department of Health (DOH) and the New Jersey Long-Term Care Ombudsman to enforce the Isolation Prevention Program policies, protocols, and procedures required pursuant to this bill. The DOH would realize additional annual costs to determine, as part of the department's periodic inspections of long-term care facilities, whether facilities are in compliance with the Isolation Prevention Program requirements.

The OLS also finds that nursing homes operated by the Department of Military and Veterans Affairs (DMAVA) and by six New Jersey counties would incur significant additional costs to

comply with the requirements established under this bill. In particular, the DMAVA and county nursing homes would face substantial costs to purchase or lease, maintain, and replace the devices and technology required to enable nursing home residents to engage in virtual communications and activities with other facility residents, family members, and friends when in-person interactions are limited, prohibited or restricted by federal or State statute, regulation, or rules.

Under the bill, State revenues could increase from a requirement that the DOH establish, through regulation, a schedule of financial penalties for long-term care facilities that fail to comply with the Isolation Prevention Program policies and protocols. The DOH could impose enhanced penalties for facilities that repeatedly fail to comply with these requirements. However, without specific information on these penalties, or the number of long-term care facilities likely to face such penalties, the OLS is unable to determine the increase in State revenues.

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR **SENATE, No. 2785**

STATE OF NEW JERSEY

DATED: AUGUST 21, 2020

The Senate Health, Human Services and Senior Citizens Committee reports favorably a committee substitute for Senate Bill No. 2785.

The committee substitute would provide for each long-term care facility in the State, as a condition of facility licensure, to adopt and implement written policies, and have appropriate technology, staff, and other capabilities in place, to prevent the social isolation of facility residents at all times during operation. As introduced, the bill would only have required long-term care facilities to adopt a plan to prevent social isolation of residents during times of public emergency.

The substitute bill would require the social isolation prevention policies adopted by each long-term care facility to authorize, and include specific protocols and procedures to encourage and enable, residents of the facility to engage in in-person contact, communications, and religious and recreational activities with other facility residents and with family members, friends, and other external support systems, except when such in-person contact, communication, or activities are prohibited, restricted, or limited, as permitted by federal and State statute, rule, or regulation. The social isolation prevention policies would additionally be required to:

1) authorize, and include specific protocols and procedures to encourage and enable, residents to engage in face-to-face or verbal/auditory-based contact, communication, and religious and recreational activities with other facility residents and with family members, friends, and other external support systems, through the use of electronic or virtual means and methods, including, but not limited to, computer technology, the Internet, social media, videoconferencing, and other innovative technological means or methods, whenever such residents are subject to restrictions that limit their ability to engage in in-person contact, communications, or religious and recreational activities;

2) provide for residents of the facility who have disabilities that impede their ability to communicate to be given access to assistive and supportive technology as may be necessary to facilitate the residents' engagement in social interactions and religious and recreational

activities with other residents, family members, friends, and other external support systems, through electronic means;

3) include specific administrative policies, procedures, and protocols governing: a) the acquisition, maintenance, and replacement of computers, videoconferencing equipment, distance-based communications technology, assistive and supportive technology and devices, and other technological equipment, accessories, and electronic licenses, as may be necessary to enable residents to engage in electronic communications and activities, as specified in the bill; b) the use of environmental barriers and other controls when the equipment and devices acquired pursuant to this section are in use, especially in cases where the equipment or devices are likely to become contaminated with bodily substances, are touched frequently with gloved or ungloved hands, or are difficult to clean; and c) the regular cleaning of the equipment and devices acquired pursuant to this paragraph and any environmental barriers or other physical controls used in association therewith;

4) require appropriate staff to assess and regularly reassess the individual needs and preferences of facility residents with respect to their participation in social interactions and religious and recreational activities, and include specific protocols and procedures to ensure that the quantity of devices and equipment maintained on-site at the facility remains sufficient, at all times, to meet the assessed social and activities needs and preferences of each facility resident;

5) require appropriate staff, upon the request of a resident or the resident's family members or guardian, to develop an individualized visitation plan for the resident, which plan is to: a) identify the assessed needs and preferences of the resident and any preferences specified by the resident's family members; b) address the need for a visitation schedule, and establish a visitation schedule if deemed to be appropriate; c) describe the location and modalities to be used in visitation; and d) describe the respective responsibilities of staff, visitors, and the resident when engaging in visitation pursuant to the individualized visitation plan;

6) include specific policies, protocols, and procedures governing a resident's requisition, use, and return of devices and equipment maintained pursuant to the bill, and require appropriate staff to communicate those policies, protocols, and procedures to residents; and

7) designate at least one member of the therapeutic recreation or activities department, or, if the facility does not have a relevant department, designate at least one senior staff member, as determined by facility management, to train other appropriate facility employees, including, but not limited to, activities professionals and volunteers, social workers, occupational therapists, and therapy assistants, to provide direct assistance to residents, upon request and on an as-needed basis, as necessary to ensure that each resident is able to

successfully access and use the technology, devices, and equipment acquired pursuant to the bill.

The bill would require the DOH to distribute civil monetary penalty (CMP) funds, as approved by the federal Centers for Medicare and Medicaid Services, and other available federal and State funds, upon request, to facilities for communicative technologies and accessories needed for the bill's purposes. The bill would further require the DOH, whenever it conducts an inspection of a long-term care facility, to determine whether the long-term facility is in compliance with the bill's provisions and the policies, protocols, and procedures adopted pursuant thereto.

In addition to any other applicable penalties provided by law, a long-term care facility that fails to comply with the bill's provisions or properly implement the policies, protocols, and procedures adopted pursuant thereto, will be liable to pay an administrative penalty and may be subject to adverse licensure action, as deemed by the DOH to be appropriate. The amount of the administrative penalty imposed is to be determined in accordance with a schedule established by department regulation, which schedule is to provide for an enhanced administrative penalty in the case of a repeat or ongoing violation.

The substitute bill would further specify that, whenever a complaint received or an investigation conducted by the Office of the State Long-Term Care Ombudsman discloses evidence that a long-term care facility has failed to comply with the bill's provisions or has failed to properly implement the policies, protocols, and procedures adopted pursuant thereto, the Office of the State Long-Term Care Ombudsman will be required to refer the matter to the DOH, as provided by existing law, and, notwithstanding such referral, may take any other appropriate investigatory or enforcement action, with respect to the matter, as may be authorized by P.L.1977, c.239 (C.52:27G-1 et seq.).

The substitute bill would require the DOH to adopt rules and regulations, on an emergency basis, within 60 days after the bill's effective date, in order to implement the bill's provisions. The rules and regulations are to include, but need not be limited to, minimum standards for social isolation prevention policies adopted under the bill and a penalty schedule to be used when penalizing violations of the bill. The emergency rules and regulations would remain in effect for a period of not more than one year before being subject to readoption or amendment.

LEGISLATIVE FISCAL ESTIMATE
SENATE COMMITTEE SUBSTITUTE FOR
SENATE, No. 2785
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: AUGUST 31, 2020

SUMMARY

Synopsis: Requires DOH to implement and oversee Isolation Prevention Project in long-term care facilities.

Type of Impact: Annual increase in State expenditures; annual increase in county expenditures; potential annual increase in State revenues.

Agencies Affected: Department of Health, Office of the Long-Term Care Ombudsman, Department of Military and Veterans Affairs, County-operated nursing homes.

Office of Legislative Services Estimate

Fiscal Impact	Annual
State Cost Increase	Indeterminate
State Revenue Increase	Indeterminate
County Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that the State would incur an indeterminate increase in annual costs for the Department of Health (DOH) and the New Jersey Long-Term Care Ombudsman (LTCO) to enforce the Isolation Prevention Program policies, protocols, and procedures required pursuant to this bill. The DOH would realize additional annual costs to determine, as part of the department's periodic inspections of long-term care facilities, whether facilities are in compliance with the Isolation Prevention Program requirements.

- The OLS also finds that nursing homes operated by the Department of Military and Veterans Affairs (DMAVA) and by six New Jersey counties would incur significant additional costs to comply with the requirements established under this bill. In particular, the DMAVA and county nursing homes would face substantial costs to purchase or lease, maintain, and replace the devices and technology required to enable nursing home residents to engage in virtual communications and activities with other facility residents, family members, and friends when in-person interactions are limited, prohibited, or restricted by federal or State statute, regulation, or rules.

- Under the bill, State revenues could increase from a requirement that the DOH establish, through regulation, a schedule of financial penalties for long-term care facilities that fail to comply with the Isolation Prevention Program policies and protocols. The DOH could impose enhanced penalties for facilities that repeatedly fail to comply with these requirements. However, without specific information on these penalties, or the number of long-term care facilities likely to face such penalties, the OLS is unable to determine the increase in State revenues.

BILL DESCRIPTION

This bill would provide for each long-term care facility in the State, as a condition of State licensure, to adopt and implement written policies, and have appropriate technology, staff, and other capabilities in place, to prevent the social isolation of facility residents at all times during operation. The bill would require the social isolation prevention policies adopted by each long-term care facility to authorize, and include specific protocols and procedures to enable, residents of the facility to engage in in-person contact, communications, and religious and recreational activities with other facility residents, family members, friends, and other external support systems, except when such in-person contact, communication, or activities are prohibited, restricted, or limited, as permitted by federal and State statute, rule, or regulation. The social isolation prevention policies would additionally be required to:

1) authorize, and include protocols and procedures to enable residents to engage in face-to-face or verbal/auditory-based contact, communication, and activities through the use of electronic or virtual means and methods, whenever the residents are subject to restrictions on in-person contact, communications, or activities;

2) include policies, procedures, and protocols governing the acquisition, maintenance, and replacement of the devices and equipment needed to enable residents to engage in electronic communications and activities, as well as the regular cleaning of such devices and equipment;

3) include specific protocols and procedures to ensure that the quantity of devices and equipment maintained on-site remains sufficient to meet the social and activities needs and preferences of each resident;

4) designate at least one staff member, as determined by facility management, to train other appropriate employees to assist residents, as needed, to ensure that each resident is able to successfully access and use the technology, devices, and equipment acquired pursuant to the bill.

The bill would require the DOH to distribute civil monetary penalty funds, as approved by the federal Centers for Medicare and Medicaid Services, and other available federal and State funds, to facilities for the necessary communicative technologies and accessories. The bill would further require the DOH, whenever it conducts an inspection of a long-term care facility, to determine whether the long-term care facility is in compliance with the bill's provisions and the policies, protocols, and procedures adopted pursuant thereto.

In addition to any other applicable penalties provided by law, a long-term care facility that fails to comply with the bill's provisions or properly implement the policies adopted pursuant thereto, will be liable to pay an administrative penalty and may be subject to adverse licensure action, as deemed appropriate by the DOH. The amount of the administrative penalty imposed is to be determined in accordance with a schedule established by department regulation; the schedule is to provide for an enhanced administrative penalty in the case of a repeat or ongoing violation.

The bill would require the DOH to adopt rules and regulations, on an emergency basis, within 60 days after the bill's effective date, in order to implement the bill's provisions. These emergency

rules and regulations would remain in effect for a period of not more than one year before being subject to readoption or amendment.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the State would incur an indeterminate increase in annual costs for the DOH and the LTCO to enforce the Isolation Prevention Program requirements established pursuant to this bill. The DOH would realize additional costs to determine, as part of the department's periodic inspection, whether a facility is complying with the isolation prevention requirements, procedures, and protocols mandated for all long-term care facilities in the State. The DOH would bear additional costs associated with adopting, within 60 days of the bill's effective date, rules and regulations to establish, among other requirements, the minimum standards for isolation prevention policies adopted under the bill, as well as a penalty schedule for long-term care facilities that violate the bill's requirements. The New Jersey LTCO would incur additional costs for investigating and taking enforcement actions against any long-term care facility that the LTCO discovers, as part of an official investigation, is not in compliance with the mandated isolation prevention policies, protocols, or procedures.

Nursing homes operated by the DMAVA and six New Jersey counties would incur significant additional expenditures to comply with the isolation prevention program mandates. The DMAVA, which operates three long-term care facilities, and the six counties, which operate a total of nine facilities, would face significant capital, personnel, and administrative costs to develop, communicate to residents and their families, and implement the isolation prevention program. Costs associated with the purchase or lease, maintenance, and replacement of the devices, technology and equipment required to implement the distance-based communication protocols mandated under the bill would be significant for any one of the DMAVA- or county-operated long-term care facilities, even if these expenses were partially offset by civil monetary penalty funds and other federal and State funds, which the bill requires the DOH to distribute for this purpose, provided such distribution is approved by the federal Centers for Medicare and Medicaid Services. While privately-operated long-term care facilities may be able to pass a portion of these new technology costs on to private-pay residents, DMAVA- and county-operated facilities are largely unable to do so. To the extent that State- and county-operated facilities can negotiate bulk-purchasing agreements with technology suppliers, State costs for the purchase of technology could be reduced.

Additional State and county costs would stem from any administrative penalties imposed upon DMAVA- or county-operated nursing homes for noncompliance with the isolation prevention policies, procedures, and protocols. At the same time, these same administrative penalties imposed on State, county, and private nursing homes would also increase State revenues, to the extent that long-term care facilities operating in the State are unable to implement the isolation prevention policies, protocols, and procedures, or are repeatedly noncompliant with these requirements. However, until the DOH establishes the schedule of penalties, the OLS is unable to determine the cost of the penalties to the State or the counties, or estimate the magnitude of the increase in State revenues derived from such penalties.

Section: *Human Services*

Analyst: *Anne H. Cappabianca*
Assistant Research 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.).

ASSEMBLY, No. 4007

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED MAY 4, 2020

Sponsored by:
Assemblywoman VALERIE VAINIERI HUTTLE
District 37 (Bergen)
Assemblywoman ANGELA V. MCKNIGHT
District 31 (Hudson)
Assemblywoman CAROL A. MURPHY
District 7 (Burlington)

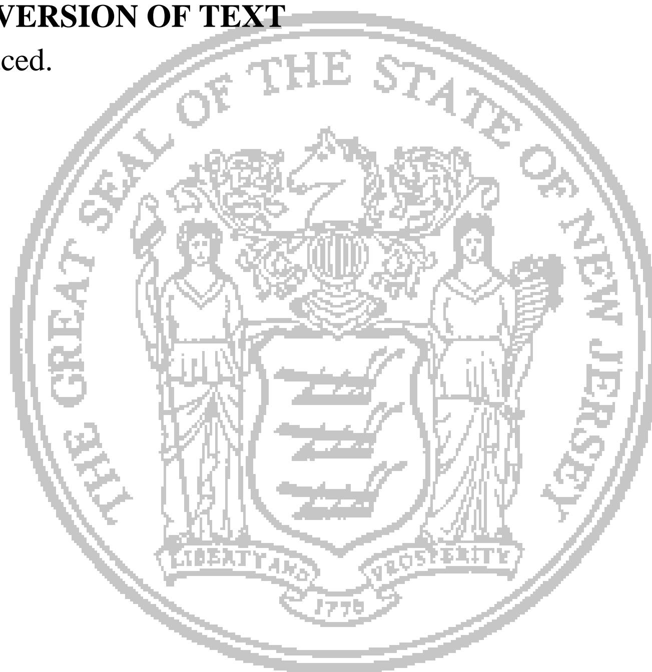
Co-Sponsored by:
Assemblymen Benson, Mukherji, Assemblywoman Reynolds-Jackson and Assemblyman Johnson

SYNOPSIS

Requires DOH to implement and oversee Isolation Prevention Project in long-term care facilities during public emergencies.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 8/24/2020)

AN ACT concerning the prevention of isolation among residents of long-term care facilities during public emergencies and supplementing Title 26 of the Revised Statutes.

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

1. a. As used in this section:

"Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.

"Long-term care facility" means a nursing home, assisted living facility, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Outbreak response plan" means the plan developed by a long-term care facility, pursuant to section 1 of P.L.2019, c.243 (C.26:2H-12.87), which includes a protocol for isolating and cohorting infected and at-risk residents at the facility in the event of an outbreak of contagious disease.

"Public emergency" means an environmental, public health, or public safety emergency that is occurring in New Jersey or in one or more counties, regions, or other parts of the State, and which is officially recognized and declared as an emergency by the Governor of New Jersey or by the President of the United States.

"Resident" means a senior citizen or other person who resides in a long-term care facility.

b. The Department of Health shall implement and oversee an "Isolation Prevention Project" in the State as provided by this section. At a minimum, the Isolation Prevention Project shall require each long-term care facility in the State to adopt and implement a written isolation prevention plan and have appropriate technology, staff, and other capabilities in place to prevent the facility's residents from becoming isolated during public emergencies.

c. The isolation prevention plan adopted by each long-term care facility pursuant to this section shall:

(1) authorize residents of the facility to continue to engage in in-person contact and communication with other facility residents and with family members, friends, and other external support systems during a public emergency, to the extent that such in-person contact remains consistent with the circumstances of the public emergency, the orders that have been implemented to address that public emergency, and the facility's outbreak response plan. The plan shall provide that, if in-person contact and communication is physically impossible or is deemed to pose a danger to the facility's residents, due to environmental or other factors or circumstances resulting from the public emergency, or if in-person contact is officially limited or prohibited by the terms of the facility's

1 outbreak response plan or by the orders that are implemented to
2 address the emergency, as in the case of social distancing
3 requirements imposed in response to the COVID-19 outbreak,
4 residents shall be required to adhere to applicable social distancing
5 guidelines or requirements or other official limitations or
6 prohibitions imposed on in-person contact and communication, as
7 appropriate, but shall remain authorized to engage in contact and
8 communication by alternative electronic means, as provided by
9 paragraph (2) of this subsection;
10 (2) authorize residents of the facility, including residents who
11 may be physically isolated as a result of the implementation of the
12 facility's outbreak response plan, to engage in face-to-face or
13 verbal/auditory contact and communication with other facility
14 residents and with family members, friends, and other external
15 support systems during a public emergency, through the use of
16 electronic or virtual means and methods, including, but not limited
17 to, computer technology, the Internet, social media,
18 videoconferencing, and other innovative technological means or
19 methods;
20 (3) provide for residents of the facility who have disabilities that
21 impede their ability to communicate, including, but not limited to,
22 residents who are blind, deaf, or deaf-blind, residents who have
23 Alzheimer's disease or other related dementias, and residents who
24 have developmental disabilities, to be given access to assistive and
25 supportive technology as may be necessary to facilitate the
26 residents' face-to-face or verbal/auditory contact and
27 communication with other residents, family members, friends, and
28 other external support systems, through electronic means, as
29 provided by paragraph (2) of this subsection;
30 (4) provide for the facility to preemptively acquire, and to
31 engage in the ongoing maintenance and replacement of, computers,
32 videoconferencing equipment, distance-based communications
33 technology, assistive and supportive technology and devices, and
34 other technological equipment and accessories or electronic licenses
35 as may be necessary to ensure that residents of the facility are able
36 to engage in face-to-face or verbal/auditory communications with
37 other facility residents and with family members, friends, and
38 external support systems, through electronic means, as provided by
39 paragraphs (2) and (3) of this subsection, during times of public
40 emergency; and include a budget outlining the projected costs
41 associated with the purchase, maintenance, and replacement of
42 equipment, technology, and licenses pursuant to this paragraph; and
43 (5) provide for the facility to employ a sufficient number of
44 qualified staff to train and daily assist residents in successfully
45 accessing and using the technology and equipment acquired
46 pursuant to paragraph (4) of this subsection for the purposes of
47 engaging in face-to-face or verbal/auditory contact and
48 communication with other residents, family members, friends, or

1 external support systems, through electronic means, as provided by
2 paragraphs (2) and (3) of this subsection; and include a budget
3 outlining the projected costs associated with the hiring and retention
4 of such staff or the training of existing staff to perform these tasks.
5 d. A long-term care facility shall:
6 (1) prepare and submit an isolation prevention plan to the
7 department within 30 days after the enactment of this act, regardless
8 of whether emergency rules and regulations have been adopted
9 pursuant to subsection f. of this section;
10 (2) review and revise the plan: (a) immediately following the
11 adoption of emergency rules and regulations pursuant to subsection
12 f. of this section if such rules and regulations were not in effect at
13 the time of the initial submission pursuant to paragraph (1) of this
14 subsection; and (b) on at least a biennial basis after the plan's initial
15 approval and implementation pursuant to subsection e. of this
16 section; and
17 (3) submit a revised plan to the department within 10 days after
18 making any material change thereto.
19 e. (1) Within 30 days after receipt of a proposed or revised
20 plan submitted pursuant to subsection d. of this section, the
21 department shall review and either approve or conditionally approve
22 the plan. The department shall approve the plan if it complies with
23 the provisions of this act and the rules and regulations adopted
24 pursuant thereto, to the extent that such rules and regulations have
25 been adopted. If the department conditionally approves the plan, it
26 shall state, in writing, the reasons for the conditional approval and
27 the revisions that must be made to the plan in order to ensure that it
28 complies with the act and the rules and regulations adopted
29 pursuant thereto. The long-term care facility shall adopt, and shall
30 implement the plan in accordance with, any mandatory revisions
31 that are identified by the department pursuant to this paragraph. If
32 the department does not respond to the submission within the 30-
33 day timeframe provided by this subsection, the proposed or revised
34 plan shall be deemed to have been approved on a non-conditional
35 basis, and the facility shall proceed to implement the plan without
36 change.
37 (2) Notwithstanding the provisions of this subsection to the
38 contrary, if a plan is submitted to the department for review during
39 a time of documented public emergency, the plan shall be deemed
40 to be tentatively approved as of the date of its submission to the
41 department, and the plan shall be put into immediate effect, pending
42 the department's final conditional or non-conditional approval
43 pursuant to paragraph (1) of this subsection.
44 f. Within 30 days after the enactment of this act, and
45 notwithstanding the provisions of the "Administrative Procedure
46 Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to the contrary, the
47 Commissioner of Health shall, immediately upon filing proper
48 notice with the Office of Administrative Law, adopt rules and

regulations as may be necessary to implement the provisions of this act. The rules and regulations adopted pursuant this section shall remain in effect for a period of not more than one year after the date of filing and, thereafter, shall be adopted, amended, or readopted by the commissioner in accordance with the requirements of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

2. This act shall take effect immediately.

STATEMENT

This bill would require the Department of Health to implement and oversee an Isolation Prevention Project in long-term care facilities that would be operable during public emergencies.

At a minimum, the Isolation Prevention Project is to require each long-term care facility in the State to adopt and institute a written isolation prevention plan and have appropriate technology, staff, and other capabilities in place to prevent the facility's residents from becoming isolated during public emergencies.

The isolation prevention plan adopted by each long-term care facility is to:

1) authorize residents of the facility to continue to engage in in-person contact and communication with other facility residents and with family members, friends, and other external support systems during a public emergency, to the extent that such in-person contact remains consistent with the circumstances of the public emergency, the orders that have been implemented to address that public emergency, and the facility's outbreak response plan. The plan is to provide that, if in-person contact and communication is physically impossible or is deemed to pose a danger to the facility's residents, due to environmental or other factors or circumstances resulting from the public emergency, or if in-person contact is officially limited or prohibited by the terms of the facility's communicable disease outbreak response plan or by the orders that are implemented to address the emergency, as in the case of social distancing requirements imposed in response to the COVID-19 outbreak, residents will be required to adhere to applicable social distancing guidelines or requirements or other official limitations or prohibitions imposed on in-person contact and communication, as appropriate, but will remain authorized to engage in contact and communication by alternative electronic means, as provided by the bill;

2) authorize residents of the facility, including residents who may be physically isolated as a result of the implementation of the facility's outbreak response plan, to engage in face-to-face or verbal/auditory contact and communication with other facility

1 residents and with family members, friends, and other external
2 support systems during a public emergency, through the use of
3 electronic or virtual means and methods, including, but not limited
4 to, computer technology, the Internet, social media,
5 videoconferencing, and other innovative technological means or
6 methods;
7 3) provide for residents of the facility who have disabilities that
8 impede their ability to communicate, including, but not limited to,
9 residents who are blind, deaf, or deaf-blind, residents who have
10 Alzheimer's disease or other related dementias, and residents who
11 have developmental disabilities, to be given access to assistive and
12 supportive technology as may be necessary to facilitate the
13 residents' face-to-face or verbal/auditory contact and
14 communication with other residents, family members, friends, and
15 other external support systems, through electronic means;
16 4) provide for the facility to preemptively acquire, and to
17 engage in the ongoing maintenance and replacement of, computers,
18 videoconferencing equipment, distance-based communications
19 technology, assistive and supportive technology and devices, and
20 other technological equipment and accessories or electronic licenses
21 as may be necessary to ensure that residents of the facility are able
22 to engage in face-to-face or verbal/auditory communications with
23 other facility residents and with family members, friends, and
24 external support systems, through electronic means, during times of
25 public emergency; and include a budget outlining the projected
26 costs associated with the purchase, maintenance, and replacement of
27 equipment, technology, and licenses pursuant to this paragraph; and
28 5) provide for the facility to employ a sufficient number of
29 qualified staff to train and daily assist residents in successfully
30 accessing and using the technology and equipment acquired by the
31 facility, pursuant to the bill, for the purposes of engaging in face-to-
32 face or verbal/auditory contact and communication with other
33 residents, family members, friends, or external support systems,
34 through electronic means; and include a budget outlining the
35 projected costs associated with the hiring and retention of such staff
36 or the training of existing staff to perform these tasks.
37 Due to the current COVID-19 public health emergency and the
38 resulting threat of isolation that is now being faced by the residents
39 of long-term care facilities, the bill would require the Commissioner
40 of Health to adopt rules and regulations, on an emergency basis, to
41 implement its provisions. Such rules and regulations are to be
42 adopted within 30 days after the date of the bill's enactment,
43 notwithstanding the provisions of the "Administrative Procedure
44 Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to the contrary.
45 A long-term care facility will be required to prepare and submit
46 an isolation prevention plan to the department, within 30 days after
47 the bill's enactment, regardless of whether the department has
48 finalized the emergency adoption of rules and regulations pursuant

1 to the bill's provisions. To the extent necessary, the plan is to be
2 revised and reapproved following the commissioner's adoption of
3 emergency rules and regulations. The long-term care facility will
4 also be required to review and revise the plan on at least a biennial
5 basis after the plan is initially approved and implemented. Any
6 revised plan is to be submitted to the department for approval
7 within 10 days after material changes are made thereto.
8 Within 30 days after receipt of a proposed or revised plan
9 submitted under the bill, the department will be required to review
10 and either approve or conditionally approve the plan. The
11 department is to approve the plan, so long as it complies with the
12 provisions of the bill and the rules and regulations adopted pursuant
13 thereto, to the extent that those rules and regulations have been
14 adopted. If the department conditionally approves the plan, it will
15 be required to state, in writing, the reasons for the conditional
16 approval and the revisions that are to be made to the plan in order to
17 ensure that it complies with the bill and the rules and regulations
18 adopted pursuant thereto. The long-term care facility will be
19 required to adopt, and implement the plan in accordance with, any
20 mandatory revisions that are identified by the department in a
21 conditional approval. If the department does not respond to the
22 submission within 30 days, the proposed or revised plan will be
23 deemed to have been approved on a non-conditional basis, and the
24 facility may proceed to implement the plan without change.
25 Notwithstanding the bill's provisions to the contrary, if a plan is
26 submitted to the department for review during a time of documented
27 public emergency, as is currently the case with the COVID-19
28 pandemic, the plan will be deemed to be tentatively approved as of
29 the date of its submission to the department, and the plan is to be
30 put into immediate effect, pending the department's final
31 conditional or non-conditional approval pursuant to the procedures
32 established by the bill.

ASSEMBLY AGING AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR **ASSEMBLY, No. 4007**

STATE OF NEW JERSEY

DATED: AUGUST 21, 2020

The Assembly Aging and Senior Services Committee reports favorably a committee substitute for Assembly Bill No. 4007.

The committee substitute would provide for each long-term care facility in the State, as a condition of facility licensure, to adopt and implement written policies, and have appropriate technology, staff, and other capabilities in place, to prevent the social isolation of facility residents at all times during operation. As introduced, the bill would only have required long-term care facilities to adopt a plan to prevent social isolation of residents during times of public emergency.

The substitute bill would require the social isolation prevention policies adopted by each long-term care facility to authorize, and include specific protocols and procedures to encourage and enable, residents of the facility to engage in in-person contact, communications, and religious and recreational activities with other facility residents and with family members, friends, and other external support systems, except when such in-person contact, communication, or activities are prohibited, restricted, or limited, as permitted by federal and State statute, rule, or regulation. The social isolation prevention policies would additionally be required to:

1) authorize, and include specific protocols and procedures to encourage and enable, residents to engage in face-to-face or verbal/auditory-based contact, communication, and religious and recreational activities with other facility residents and with family members, friends, and other external support systems, through the use of electronic or virtual means and methods, including, but not limited to, computer technology, the Internet, social media, videoconferencing, and other innovative technological means or methods, whenever such residents are subject to restrictions that limit their ability to engage in in-person contact, communications, or religious and recreational activities;

2) provide for residents of the facility who have disabilities that impede their ability to communicate to be given access to assistive and supportive technology as may be necessary to facilitate the residents' engagement in social interactions and religious and recreational activities with other residents, family members, friends, and other external support systems, through electronic means;

3) include specific administrative policies, procedures, and protocols governing: a) the acquisition, maintenance, and replacement of computers, videoconferencing equipment, distance-based communications technology, assistive and supportive technology and devices, and other technological equipment, accessories, and electronic licenses, as may be necessary to enable residents to engage in electronic communications and activities, as specified in the bill; b) the use of environmental barriers and other controls when the equipment and devices acquired pursuant to this section are in use, especially in cases where the equipment or devices are likely to become contaminated with bodily substances, are touched frequently with gloved or ungloved hands, or are difficult to clean; and c) the regular cleaning of the equipment and devices acquired pursuant to this paragraph and any environmental barriers or other physical controls used in association therewith;

4) require appropriate staff to assess and regularly reassess the individual needs and preferences of facility residents with respect to their participation in social interactions and religious and recreational activities, and include specific protocols and procedures to ensure that the quantity of devices and equipment maintained on-site at the facility remains sufficient, at all times, to meet the assessed social and activities needs and preferences of each facility resident;

5) require appropriate staff, upon the request of a resident or the resident's family members or guardian, to develop an individualized visitation plan for the resident, which plan is to: a) identify the assessed needs and preferences of the resident and any preferences specified by the resident's family members; b) address the need for a visitation schedule, and establish a visitation schedule if deemed to be appropriate; c) describe the location and modalities to be used in visitation; and d) describe the respective responsibilities of staff, visitors, and the resident when engaging in visitation pursuant to the individualized visitation plan;

6) include specific policies, protocols, and procedures governing a resident's requisition, use, and return of devices and equipment maintained pursuant to the bill, and require appropriate staff to communicate those policies, protocols, and procedures to residents; and

7) designate at least one member of the therapeutic recreation or activities department, or, if the facility does not have a relevant department, designate at least one senior staff member, as determined by facility management, to train other appropriate facility employees, including, but not limited to, activities professionals and volunteers, social workers, occupational therapists, and therapy assistants, to provide direct assistance to residents, upon request and on an as-needed basis, as necessary to ensure that each resident is able to successfully access and use the technology, devices, and equipment acquired pursuant to the bill.

The bill would require the DOH to distribute civil monetary penalty (CMP) funds, as approved by the federal Centers for Medicare and Medicaid Services, and other available federal and State funds, upon request, to facilities for communicative technologies and accessories needed for the bill's purposes. The bill would further require the DOH, whenever it conducts an inspection of a long-term care facility, to determine whether the long-term facility is in compliance with the bill's provisions and the policies, protocols, and procedures adopted pursuant thereto.

In addition to any other applicable penalties provided by law, a long-term care facility that fails to comply with the bill's provisions or properly implement the policies, protocols, and procedures adopted pursuant thereto, will be liable to pay an administrative penalty and may be subject to adverse licensure action, as deemed by the DOH to be appropriate. The amount of the administrative penalty imposed is to be determined in accordance with a schedule established by department regulation, which schedule is to provide for an enhanced administrative penalty in the case of a repeat or ongoing violation.

The substitute bill would further specify that, whenever a complaint received or an investigation conducted by the Office of the State Long-Term Care Ombudsman discloses evidence that a long-term care facility has failed to comply with the bill's provisions or has failed to properly implement the policies, protocols, and procedures adopted pursuant thereto, the Office of the State Long-Term Care Ombudsman will be required to refer the matter to the DOH, as provided by existing law, and, notwithstanding such referral, may take any other appropriate investigatory or enforcement action, with respect to the matter, as may be authorized by P.L.1977, c.239 (C.52:27G-1 et seq.).

The substitute bill would require the DOH to adopt rules and regulations, on an emergency basis, within 60 days after the bill's effective date, in order to implement the bill's provisions. The rules and regulations are to include, but need not be limited to, minimum standards for social isolation prevention policies adopted under the bill and a penalty schedule to be used when penalizing violations of the bill. The emergency rules and regulations would remain in effect for a period of not more than one year before being subject to readoption or amendment.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR

ASSEMBLY, No. 4007

STATE OF NEW JERSEY

DATED: AUGUST 24, 2020

The Assembly Appropriations Committee reports favorably Assembly Bill No. 4007 ACS.

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4) require appropriate staff to assess and regularly reassess the individual needs and preferences of facility residents with respect to their participation in social interactions and religious and recreational activities, and include specific protocols and procedures to ensure that the quantity of devices and equipment maintained on-site at the facility remains sufficient, at all times, to meet the assessed social and activities needs and preferences of each facility resident;

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FISCAL IMPACT:

The Office of Legislative Services (OLS) concludes that the State would incur an indeterminate increase in annual costs for the Department of Health (DOH) and the New Jersey Long-Term Care Ombudsman (LTCO) to enforce the Isolation Prevention Program policies, protocols, and procedures required pursuant to this bill. The DOH would realize additional annual costs to determine, as part of the department's periodic inspections of long-term care facilities, whether

facilities are in compliance with the Isolation Prevention Program requirements.

The OLS also finds that nursing homes operated by the Department of Military and Veterans Affairs (DMAVA) and by six New Jersey counties would incur significant additional costs to comply with the requirements established under this bill. In particular, the DMAVA and county nursing homes would face substantial costs to purchase or lease, maintain, and replace the devices and technology required to enable nursing home residents to engage in virtual communications and activities with other facility residents, family members, and friends when in-person interactions are limited, prohibited or restricted by federal or State statute, regulation, or rules.

Under the bill, State revenues could increase from a requirement that the DOH establish, through regulation, a schedule of financial penalties for long-term care facilities that fail to comply with the Isolation Prevention Program policies and protocols. The DOH could impose enhanced penalties for facilities that repeatedly fail to comply with these requirements. However, without specific information on these penalties, or the number of long-term care facilities likely to face such penalties, the OLS is unable to determine the increase in State revenues.

Governor Murphy Signs Legislation Requiring Reforms to Long-Term Care Industry

10/23/2020

Bills Establish Minimum Staffing Ratios and Require Policies to Prevent Social Isolation of Residents

RED BANK – Governor Phil Murphy today signed two bills (S2712 and S2785) ordering reforms to the long-term care industry. The bills implement recommendations from the Manatt Health Report, released on June 3, 2020.

S2712 requires minimum direct care staff-to-resident ratios in New Jersey long-term care facilities. Additionally, the legislation will establish the Special Task Force on Direct Care Workforce Retention and Recruitment. S2785 requires long-term care facilities to institute policies that prevent social isolation of residents, addressing issues experienced by LTC residents and their families as a result of prohibitions and limitations on visitation during the COVID-19 pandemic.

"Sadly, too many nursing homes are run by companies more interested in making money than protecting patients," **said Governor Murphy.** "These long-sought reforms will help bring accountability to the industry and protect residents, staff, and family members with a loved one living in a long-term care facility. I am proud to have worked with our partners in organized labor, health care advocates, and legislative sponsors to finally implement safe staffing ratios in our nursing homes, as well as other long overdue reforms."

“Staff caring for our most vulnerable residents in long-term care settings are the backbone of these facilities,” said **Health Commissioner Judith Persichilli.** “As a nurse, I know there is no more important role than as a caregiver and all of those working in these facilities are healthcare heroes. We have to support this workforce and give them an opportunity to grow and advance in their careers, so it is not only a more rewarding job, but also results in improved care.”

Primary sponsors for S2712 include Senators Brian P. Stack, Patrick J. Diegnan, and Joseph F. Vitale, and Assemblymembers Angelica M. Jimenez, Gordon M. Johnson, and Pedro Mejia.

“New Jersey got an F rating and was ranked 43 out of 50 in direct care staffing hours per nursing home resident. These gaping problems have become even more apparent since the start of the COVID-19 pandemic. This is unacceptable and we all know we can do better,” **said Senator Brian Stack.** “These are our parents and grandparents and soon, they will be us. This law will ensure that every resident in our nursing homes receives the care and attention we all deserve.”

“Increasing the amount of staff in nursing homes will improve the quality of services provided to the elderly in the state,” **said Senator Patrick Diegnan**. “Because nursing home patients often need close supervision, increasing the amount of staff will ensure that these senior citizens have the attention and care they need.”

“By establishing a task force, we will be able to develop the best strategies for recruiting new direct care staff,” **said Senate Health Committee chair, Senator Joseph Vitale.** “It is imperative to develop a viable and robust pipeline of workers in order to meet the requirements of this bill and provide better care to the senior citizens of this state.”

“There isn’t a more important time than now to act to ensure New Jersey’s nursing homes have adequate staffing of direct care professionals for their residents. The onset of Covid-19 quickly illuminated the numerous inefficiencies in staffing, preparedness, and medical equipment in our nursing homes. They were dangerously unprepared for the rapid response needed to address the demands of a public health crisis,” said **Assemblymembers Angelica Jimenez, Gordon Johnson, and Pedro Mejia in a joint statement**. “Nursing home care has, for far too long, been under scrutiny in the state and it’s time now to address the

concerns. A mandatory minimum for staff-to-patient ratios in these facilities will be critical to fixing the long term healthcare system in the state."

S2712 establishes minimum direct care staff-to-resident ratios in nursing homes. The Manatt Report cited longstanding staffing shortages as one of the systemic issues that exacerbated the industry's COVID-19-response challenges. Specifically, the law requires:

- One CNA to every eight residents for the day shift;
- One direct care staff member (RN, LPN, or CNA) to every 10 residents for the evening shift; and
- One direct care staff member (RN, LPN, or CNA) to every 14 residents for the night shift.

The bill also establishes the Special Task Force on Direct Care Workforce Retention and Recruitment, which will evaluate job supports and incentives, training opportunities, wages and benefits, educational initiatives, and certification reciprocity rules. The Task Force will be required to submit a report to the Governor and the Legislature within one year of its first meeting, which must occur within 180 days of signing.

Primary sponsors for S2785 include Senators Vin Gopal and Nellie Pou, and Assemblymembers Valerie Vainieri Huttle, Angela V. McKnight, and Carol A. Murphy.

"One of the debilitating effects of the spread of the coronavirus has been the heightened sense of isolation it has placed on residents of long-term care facilities. There is little doubt that the limits on physical visitation have had a harmful effect on residents' mental and physical well-being," **said Senator Vin Gopal.** "Many residents in these facilities are already susceptible to loneliness and potential isolation. Facilities should act now to implement plans to prevent such isolation in the event of a public health emergency and be able to mitigate its worst effects on both residents and their loved ones."

"Long term care facilities can be lonely places for our elderly residents. The limitations we saw on visitation early on in the pandemic, while in the best interest of patients, had an immense impact on their mental wellbeing," **said Senator Nellie Pou.** "This program will help to ensure our facilities are better equipped to prevent feelings of social isolation in the event of future public health emergencies that require them to go into lockdown to prevent the spread of illness."

"For months at the start of the pandemic, family and friends were not allowed to visit their loved ones in long-term care facilities to mitigate the spread of COVID-19," **said Assemblywoman Valerie Vainieri Huttle, chair of the Assembly Aging and Senior Services Committee.** "Though this precaution was intended to protect the physical health of residents, for many the sustained social isolation took a toll on their mental health. Eight months into this crisis, we've learned social distancing doesn't have to mean isolation or loneliness. Whether it be a natural disaster or a public health crisis, we must ensure that residents in these facilities can stay connected to their families and loved ones remotely when in-person visits are not feasible."

"Even before COVID-19, many residents in long-term care felt socially isolated and lonely," **said Assemblywoman Angela McKnight.** "The pandemic has exacerbated this problem. Most of us at one point or another have leaned on family and friends for support in these uncertain times. We must make sure those in long-term care - many of them elderly or disabled - are able to stay in touch with their support systems."

"Mental health and physical health are equally important. During COVID-19 and beyond, the mental health of long-term care residents must be a priority," **said Assemblywoman Carol Murphy.** "Now more than ever, we must keep residents connected to their families, both for the sake of their mental health and to ensure families are able to advocate for their loved ones."

The bill requires long-term care facilities, as a condition of licensure, to implement policies to prevent social isolation of residents. The bill is intended to address the tremendous strain experienced by long-term care residents and families of residents as a result of the prohibition of and limitation on visitation during the pandemic. The bill requires facilities to create social isolation prevention policies to authorize residents of the facility to engage in in-person contact, communications, and religious and recreational activities with other facility residents and with family members, friends, and other external support systems, except when prohibited, restricted, or limited. The bill further requires policies to consider means to promote virtual visitation and resident recreational activities during periods where in-person engagement is limited/prohibited, and requires facilities to maintain the appropriate technology to implement that mandate.

“Today New Jersey enacts one of the most meaningful pieces of nursing home legislation our state has seen in decades,” **said Milly Silva, Executive Vice President of 1199SEIU United Healthcare Workers East.** “This law will fundamentally improve standards of quality care in nursing homes by ensuing that facilities hire sufficient frontline staff to meet the basic needs of residents. We commend Gov. Murphy and our legislative leadership for taking this step which establishes New Jersey as a national model for compassionate staffing levels in nursing homes.”

“Today I care for nearly twice as many residents as I did when I became a CNA seventeen years ago,” **said Margaret Boyce, certified nursing assistant and member of 1199SEIU.** “This law means that I will again be able to give my residents the type of care that they deserve. After all they have gone through during this pandemic, no nursing home resident should ever again have to miss a meal, or a shower, or feel lonely because there’s no one available to assist them.”

On behalf of the members I represent, I applaud Governor Murphy and the NJ Legislature for their support of long term care patients and workers. This has been a very difficult time for patients and their caregivers at NJ nursing homes**,” said Susan Cleary, President of District 1199J, National Union of Hospital and Health Care Employees.** “It is my sincere hope as President of District 1199J, representing 10,000 workers which include 35 long term care facilities, that as a State we will protect our most vulnerable citizens, recognize and compensate those who provide quality and compassionate care, and continue to work toward policies that keep our long term care community safe and strong.

This Week in New Jersey: October 23, 2020

10/23/2020

Governor Murphy Nominates Dr. Angelica Allen-McMillan as Commissioner of the New Jersey Department of Education

Governor Phil Murphy announced his nomination of Dr. Angelica Allen-McMillan, Ed.D., as the next Commissioner of the New Jersey Department of Education.

"From day one, I pledged to select a Commissioner of Education with experience in public education. We fulfilled that promise through the nomination of Dr. Repollet, and maintain that promise today," said Governor Murphy. "A product of New Jersey's public schools, Angelica has worked at all levels of education and knows exactly what our teachers and students need to succeed. She is an exemplary educator and I'm confident she is the leader we need to carry our school communities through the remainder of this pandemic and beyond."
"I'd also like to thank outgoing Interim Commissioner Kevin Dehmer for his tireless service during an unprecedented time for the Department and our state," continued Governor Murphy. "He'll continue to serve the DOE as CFO and Assistant Commissioner and will work alongside Angelica to advance an agenda that puts our students' health, achievement, and well-being first, and maintains our state's reputation as home to the nation's best public education system."

"I am a proud product of New Jersey's magnificent public education system and I have dedicated my career to ensuring

that the children of this state continue to get the type of education I received," said incoming Acting DOE Commissioner Dr. Angelica Allen-McMillan. "I am extremely proud the Governor has put his faith in me to continue New Jersey's tradition of educational excellence."

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Governor Murphy Signs Sentencing Reform Legislation

Governor Phil Murphy signed three bills (A2370, A4371, and A4373) which together establish a compassionate release program for certain inmates, require a cost savings study of compassionate release programs and elimination of mandatory minimum terms, establish a "Corrections Rehabilitation and Crime Prevention Fund," and add a defendant's youth to the list of permissible mitigating factors a court may consider when sentencing a defendant.

"Our administration has been committed to criminal justice reform since day one, and we have taken many steps to address the wide disparities present in our justice system," said Governor Murphy. "I am proud to sign these three bills today, which will further our commitment to sentencing reform."

"However, it is imperative that we also enact existing legislation that implements the recommendations of the Criminal Sentencing and Disposition Commission to eliminate certain mandatory minimum terms of imprisonment for offenses specified by the Commission, allow the mandatory minimum reforms to apply retroactively, and allow for the resentencing of some inmates. We have made great progress on remaking our criminal justice system into one that reforms people instead of breaking them, but there is still much to be done. I look forward to working with advocates and our partners in the Legislature to see through the adoption of the rest of this critical bill package."

"Today the Governor has signed three important bills into law," said former Chief Justice Deborah Poritz, Chair of the Criminal Sentencing and Disposition Commission. "I urge the swift enactment of the Commission's other recommendations, including the elimination of mandatory minimums as specifically identified by the Commission in its initial report."

"The New Jersey Department of Corrections is proud to be part of the bi-partisan Criminal Sentencing Disposition Committee and seeing the committee's recommendations to right-size disparities in the judicial system come to

fruition," said New Jersey Department of Corrections Commissioner Marcus O. Hicks, Esq. "Together with my committee members, we will continue to explore opportunities that support the well-being of all those in state custody while balancing public safety."

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Governor Murphy Signs Legislation Requiring Public Health Emergency Credits To Be Awarded to Certain Inmates and Parolees During a Public Health Emergency

Governor Phil Murphy signed legislation (S2519) which requires public health emergency credits to be awarded to certain inmates and parolees during a public health emergency. The legislation includes certain exclusions and prohibits inmates or parolees to contact their victims upon their release.

"Since the beginning of the COVID-19 pandemic, our administration has worked tirelessly to save as many lives as possible and to stem the spread of COVID-19," said Governor Murphy. "Since March, the population in State correctional facilities has decreased by nearly 3,000 people (16%), including more than 1,200 people who were released under Executive Order 124. This dramatic reduction has allowed for critical social distancing as part of the fight against COVID-19.

"Thanks to the efforts of our correctional leadership, the COVID-19 positivity rate among our incarcerated population is at an impressive low of 0.09%. But the threat of COVID-19 is still present," continued Governor Murphy. "Reducing our prison population will undoubtedly further our mission to combat COVID-19. This law further reduces the prison population to allow for even more social distancing."

"The New Jersey Department of Corrections has taken numerous steps, grounded in public health guidance, to ensure staff safety and the safety of those in the state's custody during this unprecedented pandemic," said New Jersey Department of Corrections Commissioner Marcus O. Hicks. Esq. "These measures, including E.O. 124 providing for the release of certain offenders, combined with paroles and individuals completing their sentences, has decreased our population by more than 2,800. The Department will continue to lend support and take action in furtherance of public health and public safety."

“The State Parole Board recognizes Governor Murphy and the New Jersey State Legislature for their commitment in creating a safe, healthy, and sustainable parolee release program,” said New Jersey State Parole Board Chairman Samuel J. Plumeri, Jr. “This law takes into consideration those serving their sentences in our state prisons as well as those within the communities that they will return to.”

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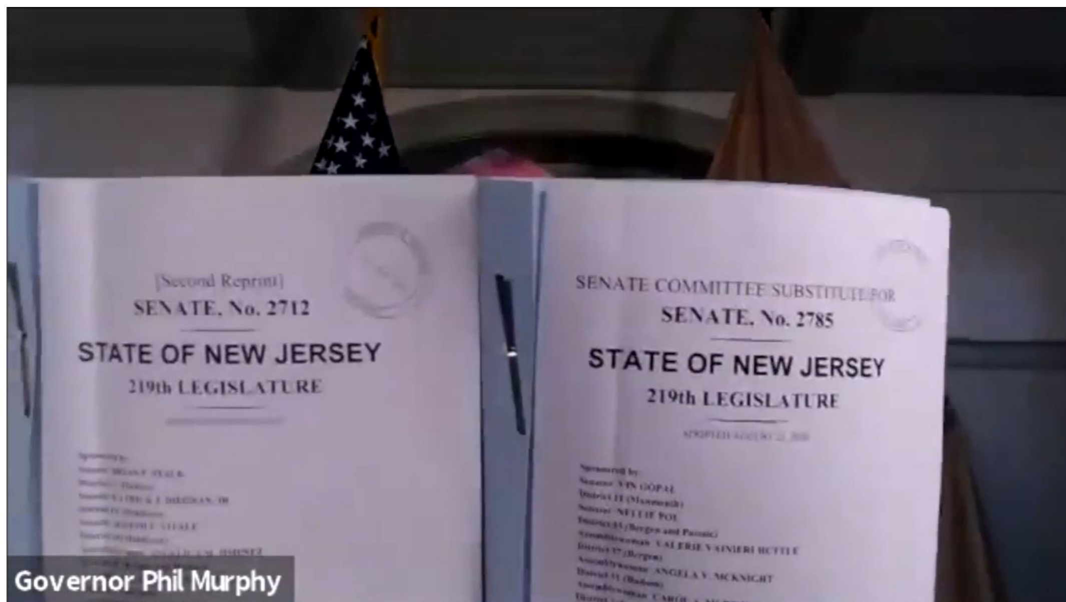
Governor Murphy Signs Legislation Requiring Reforms to Long-Term Care Industry



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Governor Murphy, Congressman Norcross Announce New Workforce Development Programs from Coronavirus Relief Fund

Governor Phil Murphy and Congressman Donald Norcross announced $14 million in additional Coronavirus Aid Relief and Economic Security (CARES) Act funding to develop workforce development programs. The programs are designed to help businesses impacted by COVID-19 replenish their workforce and help jobless residents learn new skills that lead to successful reemployment.

“As this pandemic continues to threaten our public health, we must work to ensure that a stronger, fairer, and more resilient New Jersey emerges on the other side of COVID-19,” said Governor Murphy. “With today’s announcement, we are investing in opportunities for job training in our workforce that will reignite and grow our economy.”

“The Coronavirus pandemic has upended our economy, but we will recover by working together,” said Congressman Norcross. “Using federal CARES Act funding, New Jersey is helping workers and businesses get back on their feet. These workforce programs will help employers provide skill-building opportunities and on the job training, connecting New Jerseyans with the services they need to get the job they deserve.”

“The need is everywhere,” said Labor Commissioner Robert Asaro-Angelo. “We all know of businesses that are struggling or have closed, and workers who have been laid off or have had their hours drastically reduced as a result of the pandemic. We are grateful for the opportunity to use these funds to turn lives around and help our state recover economically.”

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