

LEGISLATIVE FISCAL ESTIMATE:

No

VETO MESSAGE:

Yes

GOVERNOR'S PRESS RELEASE ON SIGNING:

Yes

FOLLOWING WERE PRINTED:

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No

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No

P.L. 2021, CHAPTER 106, *approved June 11, 2021*
Assembly, No. 4004 (*Fifth Reprint*)

1 AN ACT establishing the Coronavirus Disease 2019 (COVID-19)
2 Pandemic Task Force on Racial and Health Disparities.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. There is established the Coronavirus Disease 2019 (COVID-
8 19) Pandemic Task Force on Racial and Health Disparities in the
9 Department of Health.

10 a. The task force shall consist of ¹[15] ⁵[21¹] 23⁵ members as
11 follows:

12 (1) the Chief Diversity Officer ³[of New Jersey]³; a
13 representative of the Department of Health whose duties or
14 expertise includes expanding access by minority populations to
15 clinically appropriate healthcare services or eliminating
16 discrimination in the implementation of healthcare programs,
17 policies, or initiatives; ¹a representative of the Department of
18 Community Affairs; a representative of the Department of Human
19 Services; a representative of the Department of Children and
20 Families; a representative of the Housing and Mortgage Financing
21 Agency;¹ ⁵a representative of the Division of Consumer Affairs in
22 the Department of Law and Public Safety; a representative of the
23 Division on Civil Rights in the Department of Law and Public
24 Safety;⁵ and a representative of the Office of Emergency
25 Management;

26 (2) two ⁴public⁴ members ⁴[of] appointed by⁴ the ⁵Governor,
27 upon recommendation by the⁵ Senate ⁴President⁴, one of whom
28 shall be ⁴[a member] ⁵[appointed] recommended⁵ based on the
29 recommendation⁴ of the New Jersey Black Legislative Caucus, and
30 one of whom shall be ⁴[a member] ⁵[appointed] recommended⁵
31 based on the recommendation⁴ of the New Jersey Latino Caucus ⁴[,
32 appointed by the Senate President]⁴;

33 (3) two ⁴public⁴ members ⁴appointed by the ⁵Governor, upon
34 recommendation by the⁵ Speaker⁴ of the General Assembly, one of
35 whom shall be ⁴[a member] ⁵[appointed] recommended⁵ based on
36 the recommendation⁴ of the New Jersey Black Legislative Caucus,

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted June 22, 2020.

²Senate SHH committee amendments adopted October 8, 2020.

³Senate floor amendments adopted October 29, 2020.

⁴Senate floor amendments adopted January 28, 2021.

⁵Assembly amendments adopted in accordance with Governor's recommendations May 17, 2021.

1 and one whom shall be ⁴**[a member]** ⁵**[appointed]** recommended⁵
2 based on the recommendation⁴ of the New Jersey Latino Caucus ⁴**[**,
3 appointed by the Speaker of the General Assembly**]**⁴ ; and

4 (4) ¹**[8]** ten¹ public members appointed by the Governor, who
5 shall include: a representative of the New Jersey Institute for Social
6 Justice; a representative of a federally qualified health center; a
7 physician licensed to practice in this State who specializes in
8 providing care to patients in the State's minority and vulnerable
9 communities; a nurse licensed to practice in this State who
10 specializes in providing care to patients in the State's minority and
11 vulnerable communities who may be a school nurse; a
12 representative of a general hospital located in the State's minority
13 and vulnerable communities ¹with direct experience working with
14 minority and vulnerable communities; a representative of the
15 Maternal and Child Health Consortia¹; a representative of the New
16 Jersey Urban Mayor's Association; and ¹**[two]** three¹
17 representatives of ¹**[two]** three¹ different non-profit organizations
18 that conduct research, education, and training on, and develop
19 policy initiatives to ¹**[,]** ¹address^{1, 1} health equity in this State.

20 b. Vacancies in the membership of the task force shall be filled
21 in the same manner provided for the original appointments. The
22 public members of the task force shall serve without compensation
23 but may be reimbursed for traveling and other miscellaneous
24 expenses necessary to perform their duties within the limits of funds
25 made available to the task force for its purposes.

26 c. The task force shall organize as soon as practicable after the
27 appointment of its members and shall select a chairperson and vice-
28 chairperson from among its members. The chairperson shall
29 appoint a secretary who need not be a member of the task force.

30 d. The task force may meet at the call of its chairperson and
31 hold ²at a minimum, three public² hearings, ²with at least one
32 hearing to be held in each of the northern, southern, and central
33 regions of the State, which hearings shall be conducted² remotely,
34 as appropriate, by telephone, computer, or other means of live audio
35 or video communication, at the times and in the places it deems
36 appropriate and necessary to fulfill its charge. The task force shall
37 be entitled to call to its assistance, and avail itself of the services of
38 the employees of, any State, county, or municipal department,
39 board, bureau, commission, or agency as it may require and as may
40 be available to it for its purposes.

41 e. ³**[The** Chief Diversity Officer of New Jersey shall consult
42 with members of the Governor's cabinet on matters related to the
43 functions of the task force, and shall invite representatives of any
44 State department to attend hearings called by the chairperson of the
45 task force, as appropriate.

46 f.³ **[The** Department of Health shall provide staff services to
47 the task force.

- 1 2. The purpose of the task force shall be to:
- 2 a. conduct a thorough and comprehensive study on the ²ways
- 3 in which, and the² reasons ²[how] why² the ²[COVID-19]
- 4 coronavirus disease 2019 (COVID-19)² pandemic has
- 5 disproportionately affected the State's minority and vulnerable
- 6 communities, and the short-term and long-term consequences of the
- 7 pandemic on these communities;
- 8 b. ⁵study and make recommendations to⁵ improve existing data
- 9 systems to ensure that the health information that is collected
- 10 relating to COVID-19 infections and deaths, ¹[include] includes¹
- 11 specific race, ethnicity, and demographic identifiers to develop a
- 12 better statistical understanding of how the COVID-19 pandemic has
- 13 affected the State's minority and vulnerable communities;
- 14 c. evaluate the issues relating to the quality of, and access to,
- 15 ¹physical and mental¹ ²health² treatment and services provided to
- 16 various racial and ethnic populations in the State during the
- 17 COVID-19 pandemic; ²[and]²
- 18 d. ²solicit and receive testimony from members of the State's
- 19 minority and vulnerable communities based on their experiences
- 20 during the COVID-19 pandemic;
- 21 e.² develop effective strategies to:
- 22 (1) address the racial, ethnic, and health disparities, and
- 23 historical and systematic inequalities pertaining to race and
- 24 ethnicity that have amplified the death rate in the State's minority
- 25 and vulnerable communities during the COVID-19 pandemic;
- 26 ¹[and]¹ ²and²
- 27 (2) reduce and eliminate disparities among the various racial
- 28 and ethnic populations within the State's minority and vulnerable
- 29 communities with respect to health status, access to high-quality
- 30 health care, and utilization of health care services ¹;
- 31 ²[e. hold a minimum of three public hearings, either in-person
- 32 or remotely, as appropriate, by telephone, computer, or other means
- 33 of live audio or video communication, with at least one hearing to
- 34 be held in the northern, southern, and central regions of the State, to
- 35 solicit and receive testimony from community members based on
- 36 their experiences during the COVID-19 pandemic;]²
- 37 f. evaluate ²[communications, messages, and modes of] the
- 38 communication, messaging, and² dissemination ²of information²
- 39 regarding testing, contact tracing, and other related public health
- 40 ²[matters] approaches necessary² to achieve health care equity and
- 41 cultural competence ²in the provision of physical and mental health
- 42 treatment and services to the State's minority and vulnerable
- 43 communities during the COVID-19 pandemic² ;
- 44 g. evaluate impediments that may interfere with an individual's
- 45 ability to quarantine or isolate ²during the COVID-19 pandemic²;

- 1 h. analyze the distribution of resources, including personal
2 protective equipment and food, in the State's minority and
3 vulnerable communities;
4 i. examine the impact of the COVID-19 pandemic on the
5 physical and mental health of essential employees ²from the State's
6 minority and vulnerable communities² ;
7 j. examine the impact of the COVID-19 pandemic on access to
8 child care services ²in the State's minority and vulnerable
9 communities² ;
10 k. investigate the prevalence of intimate partner violence ²in
11 the State's minority and vulnerable communities² during the
12 COVID-19 pandemic; and
13 l. identify best practices, opportunities for shared services, or
14 potential partnerships that would increase the communication of
15 health care information and materials in multiple languages for
16 ²[individuals] members of the State's minority and vulnerable
17 communities² , including persons with developmental disabilities
18 and senior citizens¹ .

19
20 3. a. No later than one year after the public health emergency
21 declared ²[pursuant to P.L.2005, c.222 (C.26:13-1 et seq.)]² in
22 response to the coronavirus disease 2019 (COVID-19) is lifted, the
23 task force shall report to the Governor and, pursuant to section 2 of
24 P.L.1991, c.164 (C.52:14-19.1), to the Legislature, on the activities
25 of the task force and its findings and recommendations on strategies
26 to:

27 (1) address the racial, ethnic, and health disparities and
28 historical and systematic inequalities pertaining to race and
29 ethnicity that have amplified the death rate in the State's minority
30 and vulnerable communities during the COVID-19 pandemic;

31 (2) address the short- and long-term consequences of the
32 COVID-19 pandemic on the State's minority and vulnerable
33 communities; and

34 (3) reduce and eliminate disparities among the various racial
35 and ethnic populations within the State's minority and vulnerable
36 communities with respect to health status, access to high-quality
37 health care, and utilization of health care services.

38 b. The task force shall expire 30 days after the issuance of its
39 report.

40
41 4. This act shall take effect immediately.

42
43
44
45
46 Establishes Coronavirus Disease 2019 (COVID-19) Pandemic
47 Task Force on Racial and Health Disparities.

ASSEMBLY, No. 4004

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MAY 4, 2020

Sponsored by:

Assemblywoman SHAVONDA E. SUMTER

District 35 (Bergen and Passaic)

Assemblywoman ANGELICA M. JIMENEZ

District 32 (Bergen and Hudson)

Co-Sponsored by:

Assemblyman Caputo

SYNOPSIS

Establishes the Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/14/2020)

1 AN ACT establishing the Coronavirus Disease 2019 (COVID-19)
2 Pandemic Task Force on Racial and Health Disparities.

3

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

6

7 1. There is established the Coronavirus Disease 2019 (COVID-
8 19) Pandemic Task Force on Racial and Health Disparities in the
9 Department of Health.

10 a. The task force shall consist of 15 members as follows:

11 (1) the Chief Diversity Officer of New Jersey; a representative of
12 the Department of Health whose duties or expertise includes
13 expanding access by minority populations to clinically appropriate
14 healthcare services or eliminating discrimination in the
15 implementation of healthcare programs, policies, or initiatives; and
16 a representative of the Office of Emergency Management;

17 (2) two members of the Senate, one of whom shall be a member
18 of the New Jersey Black Legislative Caucus, and one of whom shall
19 be a member of the New Jersey Latino Caucus, appointed by the
20 Senate President;

21 (3) two members of the General Assembly, one of whom shall be
22 a member of the New Jersey Black Legislative Caucus, and one
23 whom shall be a member of the New Jersey Latino Caucus, appointed
24 by the Speaker of the General Assembly; and

25 (4) 8 public members appointed by the Governor, who shall
26 include: a representative of the New Jersey Institute for Social
27 Justice; a representative of a federally qualified health center; a
28 physician licensed to practice in this State who specializes in
29 providing care to patients in the State's minority and vulnerable
30 communities; a nurse licensed to practice in this State who
31 specializes in providing care to patients in the State's minority and
32 vulnerable communities who may be a school nurse; a representative
33 of a general hospital located in the State's minority and vulnerable
34 communities; a representative of the New Jersey Urban Mayor's
35 Association; and two representatives of two different non-profit
36 organizations that conduct research, education, and training on, and
37 develop policy initiatives to, address health equity in this State.

38 b. Vacancies in the membership of the task force shall be filled
39 in the same manner provided for the original appointments. The
40 public members of the task force shall serve without compensation
41 but may be reimbursed for traveling and other miscellaneous
42 expenses necessary to perform their duties within the limits of funds
43 made available to the task force for its purposes.

44 c. The task force shall organize as soon as practicable after the
45 appointment of its members and shall select a chairperson and vice-
46 chairperson from among its members. The chairperson shall appoint
47 a secretary who need not be a member of the task force.

1 d. The task force may meet at the call of its chairperson and hold
2 hearings, remotely, as appropriate, by telephone, computer, or other
3 means of live audio or video communication, at the times and in the
4 places it deems appropriate and necessary to fulfill its charge. The
5 task force shall be entitled to call to its assistance, and avail itself of
6 the services of the employees of, any State, county, or municipal
7 department, board, bureau, commission, or agency as it may require
8 and as may be available to it for its purposes.

9 e. The Chief Diversity Officer of New Jersey shall consult with
10 members of the Governor's cabinet on matters related to the
11 functions of the task force, and shall invite representatives of any
12 State department to attend hearings called by the chairperson of the
13 task force, as appropriate.

14 f. The Department of Health shall provide staff services to the
15 task force.

16

17 2. The purpose of the task force shall be to:

18 a. conduct a thorough and comprehensive study on the reasons
19 how the COVID-19 pandemic has disproportionately affected the
20 State's minority and vulnerable communities, and the short-term and
21 long-term consequences of the pandemic on these communities;

22 b. improve existing data systems to ensure that the health
23 information that is collected relating to COVID-19 infections and
24 deaths, include specific race, ethnicity, and demographic identifiers
25 to develop a better statistical understanding of how the COVID-19
26 pandemic has affected the State's minority and vulnerable
27 communities;

28 c. evaluate the issues relating to the quality of, and access to,
29 treatment and services provided to various racial and ethnic
30 populations in the State during the COVID-19 pandemic; and

31 d. develop effective strategies to:

32 (1) address the racial, ethnic, and health disparities, and historical
33 and systematic inequalities pertaining to race and ethnicity that have
34 amplified the death rate in the State's minority and vulnerable
35 communities during the COVID-19 pandemic; and

36 (2) reduce and eliminate disparities among the various racial and
37 ethnic populations within the State's minority and vulnerable
38 communities with respect to health status, access to high-quality
39 health care, and utilization of health care services.

40

41 3. a. No later than one year after the public health emergency
42 declared pursuant to P.L.2005, c.222 (C.26:13-1 et seq.) in response
43 to the coronavirus disease 2019 (COVID-19) is lifted, the task force
44 shall report to the Governor and, pursuant to section 2 of P.L.1991,
45 c.164 (C.52:14-19.1), to the Legislature, on the activities of the task
46 force and its findings and recommendations on strategies to:

47 (1) address the racial, ethnic, and health disparities and historical
48 and systematic inequalities pertaining to race and ethnicity that have

1 amplified the death rate in the State's minority and vulnerable
2 communities during the COVID-19 pandemic;

3 (2) address the short- and long-term consequences of the COVID-
4 19 pandemic on the State's minority and vulnerable communities;
5 and

6 (3) reduce and eliminate disparities among the various racial and
7 ethnic populations within the State's minority and vulnerable
8 communities with respect to health status, access to high-quality
9 health care, and utilization of health care services.

10 b. The task force shall expire 30 days after the issuance of its
11 report.

12

13 4. This act shall take effect immediately.

14

15

16

STATEMENT

17

18 This bill establishes the 15-member Coronavirus Disease 2019
19 (COVID-19) Pandemic Task Force on Racial and Health Disparities
20 in the Department of Health.

21 The membership of the advisory council will consist of: the Chief
22 Diversity Officer of New Jersey; a representative of the Department
23 of Health whose duties or expertise includes expanding access by
24 minority populations to clinically appropriate healthcare services or
25 eliminating discrimination in the implementation of healthcare
26 programs, policies, or initiatives; and a representative from the
27 Office of Emergency Management; two members of the Senate, one
28 of whom shall be a member of the New Jersey Black Legislative
29 Caucus, and one of whom shall be a member of the New Jersey
30 Latino Caucus, appointed by the Senate President; two members of
31 the General Assembly, one of whom shall be a member of the New
32 Jersey Black Legislative Caucus, and one whom shall be a member
33 of the New Jersey Latino Caucus, appointed by the Speaker of the
34 General Assembly; and 8 public members appointed by the
35 Governor, who includes: a representative of the New Jersey Institute
36 for Social Justice; a representative of a federally qualified health
37 center; a physician licensed to practice in this State who specializes
38 in providing care to patients in the State's minority and vulnerable
39 communities; a nurse licensed to practice in this State who
40 specialized in providing care to patients in the State's minority and
41 vulnerable communities who may be a school nurse; a representative
42 of a general hospital located in the State's minority and vulnerable
43 communities; a mayor of a city located in the State's minority and
44 vulnerable communities who is a member of the Urban Mayor's
45 Association; and two representatives of two different non-profit
46 organizations that conduct research, education, and training on, and
47 develop policy initiatives to, address health equity in this State.

1 The purpose of the task force will be to: conduct a thorough and
2 comprehensive study on the reasons how the COVID-19 pandemic
3 has disproportionately affected the State’s minority and vulnerable
4 communities, and the short-term and long-term consequences of the
5 pandemic on these communities; investigate and evaluate strategies
6 to address the racial, ethnic, and health disparities, and historical and
7 systematic inequalities pertaining to race and ethnicity that have
8 amplified the death rate in the State’s minority and vulnerable
9 communities; improve existing data systems to ensure that the health
10 information that is collected relating to COVID-19 infections and
11 deaths, include specific race, ethnicity, and demographic identifiers
12 to develop a better statistical understanding of how the COVID-19
13 pandemic has affected the State’s minority and vulnerable
14 communities; evaluate the issues relating to the quality of, and access
15 to, treatment and services provided to various racial and ethnic
16 populations in the State during the COVID-19 pandemic; and
17 develop effective strategies to: address the racial, ethnic, and health
18 disparities, and historical and systematic inequalities pertaining to
19 race and ethnicity that have amplified the death rate in the State’s
20 minority and vulnerable communities during the COVID-19
21 pandemic; and reduce and eliminate disparities among the various
22 racial and ethnic populations within the State’s minority and
23 vulnerable communities with respect to health status, access to high-
24 quality health care, and utilization of health care services.

25 Finally, the bill requires the task force to: report to the Governor
26 and the Legislature, no later than one year after the COVID-19 public
27 health emergency is lifted, on its findings and recommendations; and
28 expire 30 days after the issuance of its report.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4004

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 23, 2020

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 4004.

As amended, this bill establishes the Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities (task force) in the Department of Health.

The task force is to consist of 21 members as follows: (1) the Chief Diversity Officer of New Jersey; a representative of the Department of Health whose duties or expertise includes expanding access by minority populations to clinically appropriate healthcare services or eliminating discrimination in the implementation of healthcare programs, policies, or initiatives; a representative of the Department of Community Affairs; a representative of the Department of Human Services; a representative of the Department of Children and Families; a representative of the Housing and Mortgage Financing Agency; and a representative of the Office of Emergency Management; (2) two members of the Senate, one of whom is to be a member of the New Jersey Black Legislative Caucus, and one of whom is to be a member of the New Jersey Latino Caucus, appointed by the Senate President; (3) two members of the General Assembly, one of whom is to be a member of the New Jersey Black Legislative Caucus, and one whom is to be a member of the New Jersey Latino Caucus, appointed by the Speaker of the General Assembly; and (4) 10 public members appointed by the Governor, who are to include: a representative of the New Jersey Institute for Social Justice; a representative of a federally qualified health center; a physician licensed to practice in this State who specializes in providing care to patients in the State's minority and vulnerable communities; a nurse licensed to practice in this State who specializes in providing care to patients in the State's minority and vulnerable communities who may be a school nurse; a representative of a general hospital located in the State's minority and vulnerable communities with direct experience working with minority and vulnerable communities; a representative of the Maternal and Child Health Consortia; a representative of the New Jersey Urban Mayor's Association; and three representatives of three different non-profit organizations that conduct research,

education, and training on, and develop policy initiatives to address, health equity in this State.

The purpose of the task force is to:

- 1) conduct a thorough and comprehensive study on the reasons how the COVID-19 pandemic has disproportionately affected the State's minority and vulnerable communities, and the short-term and long-term consequences of the pandemic on these communities;
- 2) improve existing data systems to ensure that the health information that is collected relating to COVID-19 infections and deaths, includes specific race, ethnicity, and demographic identifiers to develop a better statistical understanding of how the COVID-19 pandemic has affected the State's minority and vulnerable communities;
- 3) evaluate the issues relating to the quality of, and access to, physical and mental treatment and services provided to various racial and ethnic populations in the State during the COVID-19 pandemic;
- 4) develop effective strategies to: address the racial, ethnic, and health disparities, and historical and systematic inequalities pertaining to race and ethnicity that have amplified the death rate in the State's minority and vulnerable communities during the COVID-19 pandemic; and reduce and eliminate disparities among the various racial and ethnic populations within the State's minority and vulnerable communities with respect to health status, access to high-quality health care, and utilization of health care services;
- 5) hold a minimum of three public hearings, either in-person or remotely, as appropriate, by telephone, computer, or other means of live audio or video communication, with at least one hearing to be held in the northern, southern, and central regions of the State, to solicit and receive testimony from community members based on their experiences during the COVID-19 pandemic;
- 6) evaluate communications, messages, and modes of dissemination regarding testing, contact tracing, and other related public health matters to achieve health care equity and cultural competence;
- 7) evaluate impediments that may interfere with an individual's ability to quarantine or isolate;
- 8) analyze the distribution of resources, including personal protective equipment and food, in the State's minority and vulnerable communities;
- 9) examine the impact of the COVID-19 pandemic on the physical and mental health of essential employees;
- 10) examine the impact of the COVID-19 pandemic on access to child care services;
- 11) investigate the prevalence of intimate partner violence during the COVID-19 pandemic; and
- 12) identify best practices, opportunities for shared services, or potential partnerships that would increase the communication of health care information and materials in multiple languages for individuals, including persons with developmental disabilities and senior citizens.

COMMITTEE AMENDMENTS:

The committee amendments make technical changes as to punctuation and usage, which includes a change to the synopsis. The

amendments provide that a representative of a general hospital located in the State's minority and vulnerable communities is to have direct experience working with minority and vulnerable communities.

The amendments also provide that the purpose of the task force is to:

- 1) evaluate the issues relating to the quality of, and access to, physical and mental treatment and services provided to various racial and ethnic populations in the State;
- 2) hold a minimum of three public hearings;
- 3) evaluate communications, messages, and modes of dissemination regarding testing, contact tracing, and other related public health matters;
- 4) evaluate impediments that may interfere with an individual's ability to quarantine or isolate;
- 5) analyze the distribution of resources, including personal protective equipment and food, in the State's minority and vulnerable communities;
- 6) examine the impact of the COVID-19 pandemic on the physical and mental health of essential employees;
- 7) examine the impact of the COVID-19 pandemic on access to child care services;
- 8) investigate the prevalence of intimate partner violence during the COVID-19 pandemic;
- 9) identify best practices, opportunities for shared services, or potential partnerships that would increase the communication of health care information and materials in multiple languages for individuals, including persons with developmental disabilities and senior citizens; and
- 10) increase the membership of the task force from 15 to 21 members.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 4004

with committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 8, 2020

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Assembly Bill No. 4004 (1R).

As amended by the committee, this bill establishes the Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities (task force) in the Department of Health.

The task force is to consist of 21 members as follows: (1) the Chief Diversity Officer of New Jersey; a representative of the Department of Health whose duties or expertise includes expanding access by minority populations to clinically appropriate healthcare services or eliminating discrimination in the implementation of healthcare programs, policies, or initiatives; a representative of the Department of Community Affairs; a representative of the Department of Human Services; a representative of the Department of Children and Families; a representative of the Housing and Mortgage Financing Agency; and a representative of the Office of Emergency Management; (2) two members of the Senate, one of whom is to be a member of the New Jersey Black Legislative Caucus, and one of whom is to be a member of the New Jersey Latino Caucus, appointed by the Senate President; (3) two members of the General Assembly, one of whom is to be a member of the New Jersey Black Legislative Caucus, and one whom is to be a member of the New Jersey Latino Caucus, appointed by the Speaker of the General Assembly; and (4) 10 public members appointed by the Governor, who are to include: a representative of the New Jersey Institute for Social Justice; a representative of a federally qualified health center; a physician licensed to practice in New Jersey who specializes in providing care to patients in the State's minority and vulnerable communities; a nurse licensed to practice in this State who specializes in providing care to patients in the State's minority and vulnerable communities who may be a school nurse; a representative of a general hospital located in the State's minority and vulnerable communities with direct experience working with minority and vulnerable communities; a representative

of the Maternal and Child Health Consortia; a representative of the New Jersey Urban Mayor's Association; and three representatives of three different non-profit organizations that conduct research, education, and training on, and develop policy initiatives to address, health equity in this State.

The purpose of the task force is to: conduct a thorough and comprehensive study on the reasons how the COVID-19 pandemic has disproportionately affected the State's minority and vulnerable communities, and the short-term and long-term consequences of the pandemic on these communities; improve existing data systems to ensure that the health information that is collected relating to COVID-19 infections and deaths includes specific race, ethnicity, and demographic identifiers to develop a better statistical understanding of how the COVID-19 pandemic has affected the State's minority and vulnerable communities; evaluate the issues relating to the quality of, and access to, physical and mental health treatment and services provided to various racial and ethnic populations in the State during the COVID-19 pandemic; solicit and receive testimony from members of the State's minority and vulnerable communities concerning their experiences during the COVID-19 pandemic; develop effective strategies to: address the racial, ethnic, and health disparities, and historical and systematic inequalities pertaining to race and ethnicity, that have amplified the death rate in the State's minority and vulnerable communities during the COVID-19 pandemic; reduce and eliminate disparities among the various racial and ethnic populations within the State's minority and vulnerable communities with respect to health status, access to high-quality health care, and reduce and eliminate disparities among the various racial and ethnic populations within the State's minority and vulnerable communities with respect to health status, access to high-quality health care, and utilization of health care services; evaluate communication, messaging, and dissemination of information regarding testing, contact tracing, and other related public health approaches necessary to achieve health care equity and cultural competence in the provision of physical and mental health treatment and services to the State's minority and vulnerable communities during the COVID-19 pandemic; evaluate impediments that may interfere with an individual's ability to quarantine or isolate; analyze the distribution of resources, including personal protective equipment and food, in the State's minority and vulnerable communities; examine the impact of the COVID-19 pandemic on the physical and mental health of essential employees from the State's minority and vulnerable communities; examine the impact of the COVID-19 pandemic on access to child care services in the State's minority and vulnerable communities; investigate the prevalence of intimate partner violence in the State's minority and vulnerable communities during the COVID-19 pandemic; and identify best practices, opportunities for shared services, or potential partnerships

that would increase the communication of health care information and materials in multiple languages for members of the State's minority and vulnerable communities, including persons with developmental disabilities and senior citizens.

As reported by the committee with amendments, Assembly Bill No. 4004 (1R) is identical to Senate Bill No. 2410, which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS

The committee amendments clarify that the task force is to evaluate issues relating to the quality of, and access to, physical and mental health treatment and services provided to various racial and ethnic populations in the State during the COVID-19 pandemic.

The committee amendments clarify in the list of the task force's duties that those duties are to focus on the effects of the COVID-19 pandemic on members of the State's minority and vulnerable communities.

The committee amendments also make technical changes as to grammar, punctuation, syntax, and usage.

STATEMENT TO
[Second Reprint]
ASSEMBLY, No. 4004

with Assembly Floor Amendments
(Proposed by Senator CUNNINGHAM)

ADOPTED: OCTOBER 29, 2020

This Senate amendment replaces references to “the Chief Diversity Officer of New Jersey” with “the Chief Diversity Officer” to reflect the title as it is assigned in statute.

The amendment also deletes language that requires the Chief Diversity Officer to consult with members of the Governor’s cabinet on matters related to the functions of the task force and to invite representatives of any State department to attend hearings called by the chairperson of the task force.

STATEMENT TO
[Third Reprint]
ASSEMBLY, No. 4004

with Senate Floor Amendments
(Proposed by Senator CUNNINGHAM)

ADOPTED: JANUARY 28, 2021

These Senate amendments revise the membership of the task force to replace a provision requiring two members of the Senate and two members of the General Assembly be appointed to the commission, with one member from each House being a member of the New Jersey Black Caucus and one member from each House being a member of the New Jersey Latino Caucus, to instead require the Senate President and the Speaker of the General Assembly to each appoint two public members, with the Senate President and the Speaker of the General Assembly each appointing one public member based on the recommendations of the New Jersey Black Legislative Caucus and one public member based on the recommendation of the New Jersey Latino Legislative Caucus.

SENATE, No. 2410

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MAY 7, 2020

Sponsored by:

Senator SANDRA B. CUNNINGHAM

District 31 (Hudson)

SYNOPSIS

Establishes the Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities.

CURRENT VERSION OF TEXT

As introduced.



S2410 CUNNINGHAM

2

1 AN ACT establishing the Coronavirus Disease 2019 (COVID-19)
2 Pandemic Task Force on Racial and Health Disparities.

3

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

6

7 1. There is established the Coronavirus Disease 2019 (COVID-
8 19) Pandemic Task Force on Racial and Health Disparities in the
9 Department of Health.

10 a. The task force shall consist of 15 members as follows:

11 (1) the Chief Diversity Officer of New Jersey; a representative of
12 the Department of Health whose duties or expertise include
13 expanding access by minority populations to clinically appropriate
14 healthcare services or eliminating discrimination in the
15 implementation of healthcare programs, policies, or initiatives; and
16 a representative of the Office of Emergency Management;

17 (2) two members of the Senate, one of whom shall be a member
18 of the New Jersey Black Legislative Caucus, and one of whom shall
19 be a member of the New Jersey Latino Caucus, appointed by the
20 Senate President;

21 (3) two members of the General Assembly, one of whom shall be
22 a member of the New Jersey Black Legislative Caucus, and one
23 whom shall be a member of the New Jersey Latino Caucus,
24 appointed by the Speaker of the General Assembly; and

25 (4) 8 public members appointed by the Governor, who shall
26 include: a representative of the New Jersey Institute for Social
27 Justice; a representative of a federally qualified health center; a
28 physician licensed to practice in this State who specializes in
29 providing care to patients in the State's minority and vulnerable
30 communities; a nurse licensed to practice in this State who
31 specializes in providing care to patients in the State's minority and
32 vulnerable communities who may be a school nurse; a
33 representative of a general hospital located in the State's minority
34 and vulnerable communities; a representative of the New Jersey
35 Urban Mayor's Association; and two representatives of two
36 different non-profit organizations that conduct research, education,
37 and training on, and develop policy initiatives to, address health
38 equity in this State.

39 b. Vacancies in the membership of the task force shall be filled
40 in the same manner provided for the original appointments. The
41 public members of the task force shall serve without compensation
42 but may be reimbursed for traveling and other miscellaneous
43 expenses necessary to perform their duties within the limits of funds
44 made available to the task force for its purposes.

45 c. The task force shall organize as soon as practicable after the
46 appointment of its members and shall select a chairperson and vice-
47 chairperson from among its members. The chairperson shall
48 appoint a secretary who need not be a member of the task force.

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1 d. The task force may meet at the call of its chairperson and
2 hold hearings, remotely, as appropriate, by telephone, computer, or
3 other means of live audio or video communication, at the times and
4 in the places it deems appropriate and necessary to fulfill its charge.
5 The task force shall be entitled to call to its assistance, and avail
6 itself of the services of the employees of, any State, county, or
7 municipal department, board, bureau, commission, or agency as it
8 may require and as may be available to it for its purposes.

9 e. The Chief Diversity Officer of New Jersey shall consult with
10 members of the Governor's cabinet on matters related to the
11 functions of the task force, and shall invite representatives of any
12 State department to attend hearings called by the chairperson of the
13 task force, as appropriate.

14 f. The Department of Health shall provide staff services to the
15 task force.

16

17 2. The purpose of the task force shall be to:

18 a. conduct a thorough and comprehensive study on the reasons
19 how the COVID-19 pandemic has disproportionately affected the
20 State's minority and vulnerable communities, and the short-term
21 and long-term consequences of the pandemic on these communities;

22 b. improve existing data systems to ensure that the health
23 information that is collected relating to COVID-19 infections and
24 deaths, include specific race, ethnicity, and demographic identifiers
25 to develop a better statistical understanding of how the COVID-19
26 pandemic has affected the State's minority and vulnerable
27 communities;

28 c. evaluate the issues relating to the quality of, and access to,
29 treatment and services provided to various racial and ethnic
30 populations in the State during the COVID-19 pandemic; and

31 d. develop effective strategies to:

32 (1) address the racial, ethnic, and health disparities, and
33 historical and systematic inequalities pertaining to race and
34 ethnicity that have amplified the death rate in the State's minority
35 and vulnerable communities during the COVID-19 pandemic; and

36 (2) reduce and eliminate disparities among the various racial and
37 ethnic populations within the State's minority and vulnerable
38 communities with respect to health status, access to high-quality
39 health care, and utilization of health care services.

40

41 3. a. No later than one year after the public health emergency
42 declared pursuant to P.L.2005, c.222 (C.26:13-1 et seq.) in response
43 to the coronavirus disease 2019 (COVID-19) is lifted, the task force
44 shall report to the Governor and, pursuant to section 2 of P.L.1991,
45 c.164 (C.52:14-19.1), to the Legislature, on the activities of the task
46 force and its findings and recommendations on strategies to:

47 (1) address the racial, ethnic, and health disparities and historical
48 and systematic inequalities pertaining to race and ethnicity that

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4

1 have amplified the death rate in the State's minority and vulnerable
2 communities during the COVID-19 pandemic;

3 (2) address the short- and long-term consequences of the
4 COVID-19 pandemic on the State's minority and vulnerable
5 communities; and

6 (3) reduce and eliminate disparities among the various racial and
7 ethnic populations within the State's minority and vulnerable
8 communities with respect to health status, access to high-quality
9 health care, and utilization of health care services.

10 b. The task force shall expire 30 days after the issuance of its
11 report.

12

13 4. This act shall take effect immediately.

14

15

16

STATEMENT

17

18 This bill establishes the 15-member Coronavirus Disease 2019
19 (COVID-19) Pandemic Task Force on Racial and Health Disparities
20 in the Department of Health.

21 The membership of the advisory council will consist of: the
22 Chief Diversity Officer of New Jersey; a representative of the
23 Department of Health whose duties or expertise include expanding
24 access by minority populations to clinically appropriate healthcare
25 services or eliminating discrimination in the implementation of
26 healthcare programs, policies, or initiatives; and a representative
27 from the Office of Emergency Management; two members of the
28 Senate, one of whom shall be a member of the New Jersey Black
29 Legislative Caucus, and one of whom shall be a member of the New
30 Jersey Latino Caucus, appointed by the Senate President; two
31 members of the General Assembly, one of whom shall be a member
32 of the New Jersey Black Legislative Caucus, and one whom shall be
33 a member of the New Jersey Latino Caucus, appointed by the
34 Speaker of the General Assembly; and 8 public members appointed
35 by the Governor, who includes: a representative of the New Jersey
36 Institute for Social Justice; a representative of a federally qualified
37 health center; a physician licensed to practice in this State who
38 specializes in providing care to patients in the State's minority and
39 vulnerable communities; a nurse licensed to practice in this State
40 who specialized in providing care to patients in the State's minority
41 and vulnerable communities who may be a school nurse; a
42 representative of a general hospital located in the State's minority
43 and vulnerable communities; a mayor of a city located in the State's
44 minority and vulnerable communities who is a member of the
45 Urban Mayor's Association; and two representatives of two
46 different non-profit organizations that conduct research, education,
47 and training on, and develop policy initiatives to, address health
48 equity in this State.

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1 The purpose of the task force will be to: conduct a thorough and
2 comprehensive study on the reasons how the COVID-19 pandemic
3 has disproportionately affected the State’s minority and vulnerable
4 communities, and the short-term and long-term consequences of the
5 pandemic on these communities; investigate and evaluate strategies
6 to address the racial, ethnic, and health disparities, and historical
7 and systematic inequalities pertaining to race and ethnicity that
8 have amplified the death rate in the State’s minority and vulnerable
9 communities; improve existing data systems to ensure that the
10 health information that is collected relating to COVID-19 infections
11 and deaths, include specific race, ethnicity, and demographic
12 identifiers to develop a better statistical understanding of how the
13 COVID-19 pandemic has affected the State’s minority and
14 vulnerable communities; evaluate the issues relating to the quality
15 of, and access to, treatment and services provided to various racial
16 and ethnic populations in the State during the COVID-19 pandemic;
17 and develop effective strategies to: address the racial, ethnic, and
18 health disparities, and historical and systematic inequalities
19 pertaining to race and ethnicity that have amplified the death rate in
20 the State’s minority and vulnerable communities during the
21 COVID-19 pandemic; and reduce and eliminate disparities among
22 the various racial and ethnic populations within the State’s minority
23 and vulnerable communities with respect to health status, access to
24 high-quality health care, and utilization of health care services.

25 Finally, the bill requires the task force to: report to the Governor
26 and the Legislature, no later than one year after the COVID-19
27 public health emergency is lifted, on its findings and
28 recommendations; and expire 30 days after the issuance of its
29 report.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 2410

with committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 8, 2020

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2410.

As amended by the committee, this bill establishes the Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities (task force) in the Department of Health.

The task force is to consist of 21 members as follows: (1) the Chief Diversity Officer of New Jersey; a representative of the Department of Health whose duties or expertise includes expanding access by minority populations to clinically appropriate healthcare services or eliminating discrimination in the implementation of healthcare programs, policies, or initiatives; a representative of the Department of Community Affairs; a representative of the Department of Human Services; a representative of the Department of Children and Families; a representative of the Housing and Mortgage Financing Agency; and a representative of the Office of Emergency Management; (2) two members of the Senate, one of whom is to be a member of the New Jersey Black Legislative Caucus, and one of whom is to be a member of the New Jersey Latino Caucus, appointed by the Senate President; (3) two members of the General Assembly, one of whom is to be a member of the New Jersey Black Legislative Caucus, and one whom is to be a member of the New Jersey Latino Caucus, appointed by the Speaker of the General Assembly; and (4) 10 public members appointed by the Governor, who are to include: a representative of the New Jersey Institute for Social Justice; a representative of a federally qualified health center; a physician licensed to practice in New Jersey who specializes in providing care to patients in the State's minority and vulnerable communities; a nurse licensed to practice in this State who specializes in providing care to patients in the State's minority and vulnerable communities who may be a school nurse; a representative of a general hospital located in the State's minority and vulnerable communities with direct experience working with minority and vulnerable communities; a representative of the Maternal and Child Health Consortia; a representative of the

New Jersey Urban Mayor's Association; and three representatives of three different non-profit organizations that conduct research, education, and training on, and develop policy initiatives to address, health equity in this State.

The purpose of the task force is to: conduct a thorough and comprehensive study on the reasons how the COVID-19 pandemic has disproportionately affected the State's minority and vulnerable communities, and the short-term and long-term consequences of the pandemic on these communities; improve existing data systems to ensure that the health information that is collected relating to COVID-19 infections and deaths includes specific race, ethnicity, and demographic identifiers to develop a better statistical understanding of how the COVID-19 pandemic has affected the State's minority and vulnerable communities; evaluate the issues relating to the quality of, and access to, physical and mental health treatment and services provided to various racial and ethnic populations in the State during the COVID-19 pandemic; solicit and receive testimony from members of the State's minority and vulnerable communities concerning their experiences during the COVID-19 pandemic; develop effective strategies to: address the racial, ethnic, and health disparities, and historical and systematic inequalities pertaining to race and ethnicity, that have amplified the death rate in the State's minority and vulnerable communities during the COVID-19 pandemic; reduce and eliminate disparities among the various racial and ethnic populations within the State's minority and vulnerable communities with respect to health status, access to high-quality health care, and utilization of health care services; evaluate communication, messaging, and dissemination of information regarding testing, contact tracing, and other related public health approaches necessary to achieve health care equity and cultural competence in the provision of physical and mental health treatment and services to the State's minority and vulnerable communities during the COVID-19 pandemic; evaluate impediments that may interfere with an individual's ability to quarantine or isolate; analyze the distribution of resources, including personal protective equipment and food, in the State's minority and vulnerable communities; examine the impact of the COVID-19 pandemic on the physical and mental health of essential employees from the State's minority and vulnerable communities; examine the impact of the COVID-19 pandemic on access to child care services in the State's minority and vulnerable communities; investigate the prevalence of intimate partner violence in the State's minority and vulnerable communities during the COVID-19 pandemic; and identify best practices, opportunities for shared services, or potential partnerships that would increase the communication of health care information and materials in multiple languages for members of the State's minority and vulnerable communities, including persons with developmental disabilities and senior citizens.

As reported by the committee with amendments, Senate Bill No. 2410 is identical to Assembly Bill No. 4004 (1R), which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS

The committee amended the bill to increase the membership of the task force from 15 to 21 members. The additional members include: one representative each of the Department of Community Affairs, the Department of Human Services, the Department of Children and Families, and the Housing and Mortgage Financing Agency; a representative of the Maternal and Child Health Consortia; and one additional representative of a non-profit organization that conducts research, education, and training on, develop policy initiatives to address health equity in the State.

The committee amendments clarify that the task force member who is a representative of a general hospital located in the State's minority and vulnerable communities is to have direct experience working with minority and vulnerable communities.

The committee amendments stipulate that the task force is to hold, at a minimum, three public hearings, with at least one hearing to be held in each of the northern, southern, and central regions of the State.

The amendments expand and clarify the duties of the task force, including to clarify that the task force is to: evaluate issues relating to both physical and mental health, develop outreach strategies to achieve equity and cultural competence in health services provided, analyze the distribution of available resources, assess specific populations and behavioral trends, and identify best practices with regard to the effects of the COVID-19 pandemic on minority and vulnerable communities.

The committee amendments also make technical changes as to grammar, punctuation, syntax, and usage, including a change to the synopsis.

STATEMENT TO
[First Reprint]
SENATE, No. 2410

with Senate Floor Amendments
(Proposed by Senator CUNNINGHAM)

ADOPTED: OCTOBER 29, 2020

This Senate amendment replaces references to “the Chief Diversity Officer of New Jersey” with “the Chief Diversity Officer” to reflect the title as it is assigned in statute.

The amendment also deletes language that requires the Chief Diversity Officer to consult with members of the Governor’s cabinet on matters related to the functions of the task force and to invite representatives of any State department to attend hearings called by the chairperson of the task force.

STATEMENT TO
[Second Reprint]
SENATE, No. 2410

with Senate Floor Amendments
(Proposed by Senator CUNNINGHAM)

ADOPTED: JANUARY 28, 2021

These Senate amendments revise the membership of the task force to replace a provision requiring two members of the Senate and two members of the General Assembly be appointed to the commission, with one member from each House being a member of the New Jersey Black Caucus and one member from each House being a member of the New Jersey Latino Caucus, to instead require the Senate President and the Speaker of the General Assembly to each appoint two public members, with the Senate President and the Speaker of the General Assembly each appointing one public member based on the recommendations of the New Jersey Black Legislative Caucus and one public member based on the recommendation of the New Jersey Latino Legislative Caucus.

ASSEMBLY BILL NO. 4004
(Fourth Reprint)

To the General Assembly:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I herewith return for Assembly Bill No. 4004 (Fourth Reprint) with my recommendations for reconsideration.

This bill establishes the Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities in the Department of Health ("task force"). The task force will study the ways in which, and the reasons why, the COVID-19 pandemic has disproportionately affected the State's minority and vulnerable communities, and the short-term and long-term consequences of the pandemic on these communities. It will develop strategies to address racial and ethnic disparities in the health arena and propose ways to improve data systems, communication, resource distribution, treatment access, and partnerships so that our minority and vulnerable communities are heard and connected to the resources they need.

The COVID-19 pandemic has had a disproportionate impact on minority communities, prompting a number of studies and a presidential task force, commissioned by President Biden on January 21, 2021. The statistics surrounding this issue are indeed alarming and provide an unfortunate reminder of how far we still have to go. I stand with the sponsors of this bill in seeking to explore ways to eliminate existing disparities and commend their commitment to promoting the change necessary to reach health care equity. The recommendations suggested here are proposed with the full support of the bill's sponsors, whose willingness to work together to strengthen the bill underscores their commitment to achieving meaningful reform. These changes appropriately modify the roles of the different branches in the appointment process and revise certain tasks to more closely align with the advisory nature of the task force. My recommended changes supplement the membership of the task force with representatives from additional State entities, including the Division on Civil Rights in the Department of Law and Public Safety, to ensure

that the task force has the benefit of additional relevant Executive Branch expertise and perspectives in carrying out its mission.

Therefore, I herewith return Assembly Bill No. 4004 (Fourth Reprint) and recommend that it be amended as follows:

- Page 2, Section 1, Line 10: Delete "21" and insert "23"
- Page 2, Section 1, Line 21: After "Agency;" insert "a representative of the Division of Consumer Affairs in the Department of Law and Public Safety; a representative of the Division on Civil Rights in the Department of Law and Public Safety;"
- Page 2, Section 1, Line 23: After "the" insert "Governor, upon recommendation by the"
- Page 2, Section 1, Line 24: Delete "appointed" and insert "recommended"
- Page 2, Section 1, Line 26: Delete "appointed" and insert "recommended"
- Page 2, Section 1, Line 29: After "by the" insert "Governor, upon recommendation by the"
- Page 2, Section 1, Line 30: Delete "appointed" and insert "recommended"
- Page 2, Section 1, Line 32: Delete "appointed" and insert "recommended"
- Page 3, Section 2, Line 44: After "b." insert "study and make recommendations to"

[seal]

Respectfully,

/s/ Philip D. Murphy

Governor

Attest:

/s/ Parimal Garg

Chief Counsel to the Governor

Governor Murphy Signs Legislation Creating COVID-19 Pandemic Task Force on Racial and Health Disparities

06/11/2021

TRENTON – Governor Phil Murphy today signed A4004 wGR/S2410, which would create the Coronavirus Disease (COVID-19) Pandemic Task Force on Racial and Health Disparities. Last month, the bill was returned to the Legislature with recommendations to strengthen the task force by adding additional members, including representation from the Division on Civil Rights and the Division of Consumer Affairs, both in the Department of Law and Public Safety. The Legislature concurred with the Governor's conditional veto.

"The COVID-19 pandemic has disproportionately impacted our minority communities and we must work together to eliminate the existing racial disparities in health care," **said Governor Murphy**. "The revisions sent back to the Legislature further strengthen this bill and will bring together the perspectives and expertise necessary to achieve equity and meaningful healthcare reform."

The bill was sponsored by Senators Cunningham and Pou and Assemblywomen Sumter, Jimenez, and Carter.

"The COVID-19 pandemic ravaged minority communities throughout the United States," **said Senator Cunningham**. "Predominantly Black counties account for only 30 percent of the U.S. population, and yet they were the location of 56 percent of COVID-19 deaths. In order to effectively help these communities and prevent this from happening again in the future, we must understand why the pandemic hit them so hard and come up with long-lasting strategies to eradicate health disparities."

"The tragedy of the COVID-19 pandemic exposed the importance of addressing racial and ethnic health care disparities," **said Senator Nellie Pou**. "We should take the lessons of this tragedy and learn from them. Inequalities in care and treatment for communities of color and our most vulnerable populations are unacceptable, and establishing this task force is a positive step towards safeguarding all of our residents, regardless of race, ethnicity or geography, during the remainder of the COVID crisis, and in the days and years to come."

"Long before the COVID-19 pandemic began, people of color faced enormous disparities in our healthcare system," **said Assemblywoman Shavonda Sumter**. "African-American and Latino mothers saw higher mortality rates. A disproportionate number of minority families lacked access to health insurance and care. Communities of color have been impacted by COVID-19 at an alarming rate. We need to understand how and why these disparities are happening, and what we can do to mitigate the harm this pandemic has caused."

"This public health crisis has exacerbated deep inequities across New Jersey, particularly racial health disparities," **said Assemblywoman Angelica Jimenez**. "Communities of color have shouldered a large burden in this pandemic and will undoubtedly need unique assistance to recover. The work of this task force will help us get a clearer picture of the extent of the pandemic's toll on these communities and continue our efforts to promote health equity for all."

"As our state recovers from this public health and economic crisis, we must begin asking ourselves some tough questions, including why this pandemic is disproportionately affecting people of color," **said Assemblywoman Linda Carter**. "The numbers are staggering and unnerving. We must take action to end inequalities that impact social determinants of health like access to healthcare, work opportunities and transportation."

This Week in NJ: June 11th, 2021

06/11/2021



GOVERNOR MURPHY ANNOUNCES MILESTONE FOR LATEST CLASS OF NJ TRANSIT LOCOMOTIVE ENGINEERS

Governor Phil Murphy, New Jersey Department of Transportation Commissioner and NJ TRANSIT Board Chair Diane Gutierrez-Scaccetti, and NJ TRANSIT President & CEO Kevin S. Corbett recognized NJ TRANSIT's latest Locomotive Engineer training class for finalizing their formal classroom training and passing the Northeast Operating Rules of Advisory Committee (NORAC) and physical characteristics exams.

"I would like to congratulate those on their way to becoming the newest NJ TRANSIT engineers," **said Governor Murphy.** "Since the beginning of our administration, we have made it clear that the days of underinvesting in NJ TRANSIT and hollowing engineer ranks are over. As our state is emerging from the COVID-19 pandemic and mass transit demand increases, new and returning commuters will get to experience a more reliable and improved NJ TRANSIT."

[READ MORE](#)

GOVERNOR MURPHY ANNOUNCES INTENTION TO CLOSE THE EDNA MAHAN CORRECTIONAL FACILITY FOR WOMEN

Governor Phil Murphy announced his intention to close the Edna Mahan Correctional Facility for Women, New Jersey's only women's correctional facility.

"After learning about the violent attacks that took place on January 11 at Edna Mahan Correctional Facility for Women, I ordered an independent investigation to determine what happened, how it happened, and to ensure a situation like this never occurs again in our correctional facilities," **said Governor Murphy.** "With former New Jersey State Comptroller Matt Boxer's detailed investigative report, we now have key information about the circumstances surrounding the incidents that night and a roadmap to prevent unauthorized cell extractions and violence against inmates."

[READ MORE](#)

GOVERNOR MURPHY, SECRETARY OF HIGHER EDUCATION DR. BRIAN BRIDGES, IRVINGTON MAYOR TONY VAUSS, AND N&N BARBERSHOP OWNER HUGEA NEWMAN PARTICIPATE IN ROUNDTABLE DISCUSSION ON BOOSTING VACCINE CONFIDENCE AMONG BLACK MEN

Governor Murphy, New Jersey Secretary of Higher Education Dr. Brian Bridges, Irvington Mayor Tony Vauss, and N&N Barber Shop Owner Huga Newman participated in a roundtable discussion on boosting vaccine confidence among Black men. Following the discussion, the Governor visited a pop-up vaccine site in Irvington.

[VIEW PHOTOS](#)



GOVERNOR MURPHY SIGNS LEGISLATION CREATING COVID-19 PANDEMIC TASK FORCE ON RACIAL AND HEALTH DISPARITIES

Governor Phil Murphy signed A4004 wGR/S2410, which would create the Coronavirus Disease (COVID-19) Pandemic Task Force on Racial and Health Disparities.

"The COVID-19 pandemic has disproportionately impacted our minority communities and we must work together to eliminate the existing racial disparities in health care," **said Governor Murphy.** "The revisions sent back to the Legislature further strengthen this bill and will bring together the perspectives and expertise necessary to achieve equity and meaningful healthcare reform."

[READ MORE](#)



AG GREWAL ISSUES GUIDANCE SETTING 60-DAY DEADLINE FOR LAW ENFORCEMENT AGENCIES TO ISSUE PUBLIC REPORTS ON MAJOR DISCIPLINARY VIOLATIONS BY OFFICERS

Following Monday's unanimous 7-0 decision by the New Jersey Supreme Court upholding his 2020 directive regarding the release of police disciplinary records, Attorney General Gurbir S. Grewal issued a supplemental directive setting a 60-day deadline for all law enforcement agencies to publish their first public reports identifying officers who committed serious disciplinary violations.

"This week's Supreme Court decision heralded a new chapter for police transparency and accountability in New Jersey," **said Attorney General Grewal.** "Today's directive restarts the process that was put on hold by the courts last summer and lays the groundwork for an initial round of public disclosures in the next few months. By lifting the cloak of secrecy over our state's police disciplinary process, we are not simply ensuring accountability for those who engage in misconduct; we are also demonstrating that the vast majority of law enforcement officers work hard and play by the rules."

[READ MORE](#)



