

(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	05/12/2020 12/21/2020

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: No

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

Livio For Times of Trenton, Susan K.. "Nursing homes, hospitals will have to track virus cases Governor signs law that had been sought by union." Times, The (Trenton, NJ), February 6, 2021: 001.

Munoz, Daniel J.. "Hospitals, health providers have to report COVID outbreaks, deaths, under new law." NJBIZ (New Brunswick, NJ), February 5, 2021.

P.L. 2021, CHAPTER 5, *approved February 4, 2021*
Senate, No. 2384 (*Second Reprint*)

1 AN ACT concerning data reporting related to the coronavirus
2 disease 2019 pandemic.

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

6
7 1. a. (1) The Commissioner of Health shall require general acute
8 care hospitals, special hospitals, ambulatory care facilities, ambulatory
9 surgical centers, ¹assisted living facilities, home health agencies,¹ and
10 nursing homes licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et
11 seq.) ¹, as well as hospice programs licensed pursuant to P.L.1997,
12 c.78 (C.26:2H-79 et seq.),¹ to report to the Department of Health ²,
13 either directly or through a non-profit trade association, on a bi-
14 monthly basis, de-identified² data on the number of health care
15 professionals, ancillary health care workers, and emergency medical
16 services personnel ²**[affiliated with]** employed by² the facility who
17 ¹**[;]**¹ tested positive for the coronavirus disease 2019 ¹**[;]**¹ and who¹
18 died from the coronavirus disease 2019 ¹**[;]**¹ and were admitted for
19 treatment for the coronavirus disease 2019¹.

20 (2) ¹The information required pursuant to this subsection shall be
21 filed in a form and manner ²**[,]**² and at such frequencies,² as shall be
22 required by the department. To ensure the integrity and accuracy of
23 the information reported pursuant to this subsection, the department
24 shall seek to identify and minimize duplicative reporting from multiple
25 facilities concerning the same individual in the event that the
26 individual is employed by, or affiliated with, more than one facility
27 that is subject to the reporting requirements set forth in this section.

28 ²**[**(3) The department shall issue guidance concerning the specific
29 health care professionals, ancillary health care workers, and
30 emergency medical services personnel for whom reporting shall be
31 required pursuant to this subsection.

32 (4) The department may require the reporting of any additional
33 information as shall be appropriate to maximize the utility of the
34 information reported pursuant to this subsection, including, but not
35 limited to, requiring specific information be reported concerning the
36 professional licensure or certification or specific job title or category
37 of the individual who is the subject of the report.

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:

¹Senate SBA committee amendments adopted July 28, 2020.

²Assembly AAP committee amendments adopted December 15, 2020.

1 (5)¹ The commissioner shall compile the data reported pursuant to
2 this subsection ¹in the manner the commissioner determines to be the
3 most effective and utilitarian means of compiling and analyzing the
4 data, which may, but shall not be required to, include compiling the
5 data¹ by facility type and by professional license or certification type,
6 if any, or by job title or category.²

7 b. The department shall ²[publish on its Internet website] issue a
8 report concerning² the occupational data received pursuant to
9 subsection a. of this section ²[. The department shall update its
10 Internet website ¹[on a daily basis]¹ by publishing the latest data
11 received by the department pursuant to subsection a. of this section ¹as
12 those data become available¹. To the extent possible, the data
13 reported by the department pursuant to this subsection may be merged
14 and cross-referenced with the data published by the department
15 pursuant to subsection b. of section 1 of P.L.2020, c.28] no later than
16 12 months after the end of both the state of emergency and public
17 health emergency declared in response to the coronavirus disease 2019
18 pandemic².

19 ¹c. Nothing in this section shall be construed to require disclosure
20 of any private health information or personal identifying information
21 in violation of any State or federal law, including the federal "Health
22 Insurance Portability and Accountability Act of 1996," Pub.L.104-191
23 and any regulations promulgated thereunder by the Secretary of the
24 U.S. Department of Health and Human Services.¹

25
26 ²¹2. a. The Commissioner of Health shall require general
27 acute care hospitals, special hospitals, ambulatory care facilities,
28 ambulatory surgical centers, assisted living facilities, home health
29 agencies, and nursing homes licensed pursuant to P.L.1971, c.136
30 (C.26:2H-1 et seq.), as well as hospice programs licensed pursuant
31 to P.L.1997, c.78 (C.26:2H-79 et seq.), to adopt standards,
32 procedures, and protocols that incorporate current guidance issued
33 by the Department of Health and by the federal Centers for Disease
34 Control and Prevention to evaluate and mitigate the risk of exposure
35 to, and spread of, coronavirus disease 2019 (COVID-19) in
36 healthcare settings.

37 b. No later than 60 days after the end of both the state of
38 emergency and the public health emergency declared in response to
39 the COVID-19 pandemic, general acute care hospitals, special
40 hospitals, ambulatory care facilities, ambulatory surgical centers,
41 assisted living facilities, home health agencies, nursing homes, and
42 hospice programs shall complete an analysis of COVID-19
43 exposures identified throughout their workforces during each month
44 in which the state of emergency and public health emergency in

1 response to COVID-19 were in effect, along with the measures
2 taken by the facility to respond to or mitigate the risk of exposure,
3 and shall submit a report of that analysis to the Department of
4 Health concerning recommended best practices and protocols to
5 mitigate the risk of exposure and spread of communicable disease
6 among health care facility staff and personnel during a
7 communicable disease outbreak, epidemic, or pandemic. Reports
8 submitted to the department pursuant to this subsection, and any
9 supporting data submitted with or in relation to a report, shall be
10 held as confidential and shall only be used by the department in the
11 development of strategies, plans, protocols, and best practices to
12 improve the State's response in the event of future communicable
13 disease outbreaks, as well as for the purposes of preparing the
14 report required pursuant to subsection c. of this section. To this
15 end, reports and supporting data submitted pursuant to this
16 subsection shall not be subject to public disclosure, shall not be
17 considered a public record pursuant to P.L.1963, c.73 (C.47:1A-
18 1 et seq.) or P.L.2001, c.404 (C.47:1A-5 et al.), and shall not be
19 used in any adverse licensure action or administrative disciplinary
20 action against the facility submitting the report or data.

21 c. No later than 120 days after the end of both the state of
22 emergency and the public health emergency declared in response to
23 the COVID-19 pandemic, the commissioner shall submit a report to
24 the Governor and, pursuant to section 2 of P.L.1991, c.164
25 (C.52:14-19.1), to the Legislature, outlining the aggregated data and
26 findings reported by general acute care hospitals, special hospitals,
27 ambulatory care facilities, ambulatory surgical centers, assisted
28 living facilities, home health agencies, nursing homes, and hospice
29 programs pursuant to subsection b. of this section and outlining the
30 commissioner's findings and recommendations for legislation or
31 other action to mitigate the risk of exposure and spread of
32 communicable disease among health care facility staff and
33 personnel during a communicable disease outbreak, epidemic, or
34 pandemic. ¹]²

35

36 ¹[2.] ²[3. ¹] 2.² This act shall take effect immediately and shall
37 expire one ¹[month] ²[year¹] after the end of both the state of
38 emergency and the public health emergency declared in response to
39 the coronavirus disease 2019 pandemic] month after issuance of the
40 report required pursuant to subsection b. of section 1 of this act² .

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42

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S2384 [2R]

4

- 1 Requires health care facilities to report certain coronavirus
- 2 disease 2019 (COVID-19) data related to health care workers and
- 3 certain first responders.

SENATE, No. 2384

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED MAY 4, 2020

Sponsored by:

Senator LINDA R. GREENSTEIN

District 14 (Mercer and Middlesex)

Senator NIA H. GILL

District 34 (Essex and Passaic)

Co-Sponsored by:

Senators Addiego, O'Scanlon and Diegnan

SYNOPSIS

Requires health care facilities to report certain coronavirus disease 2019 (COVID-19) data related to health care workers and certain first responders.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 7/28/2020)

1 AN ACT concerning data reporting related to the coronavirus
2 disease 2019 pandemic.

3

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

6

7 1. a. (1) The Commissioner of Health shall require general
8 acute care hospitals, special hospitals, ambulatory care facilities,
9 ambulatory surgical centers, and nursing homes licensed pursuant to
10 P.L.1971, c.136 (C.26:2H-1 et seq.) to report to the Department of
11 Health data on the number of health care professionals, ancillary
12 health care workers, and emergency medical services personnel
13 affiliated with the facility who: tested positive for the coronavirus
14 disease 2019; died from the coronavirus disease 2019; and were
15 admitted for treatment for the coronavirus disease 2019.

16 (2) The commissioner shall compile the data reported pursuant
17 to this subsection by facility type and by professional license or
18 certification type, if any, or by job title or category.

19 b. The department shall publish on its Internet website the
20 occupational data received pursuant to subsection a. of this
21 section. The department shall update its Internet website on a daily
22 basis by publishing the latest data received by the department
23 pursuant to subsection a. of this section. To the extent possible, the
24 data reported by the department pursuant to this subsection may be
25 merged and cross-referenced with the data published by the
26 department pursuant to subsection b. of section 1 of P.L.2020, c.28.

27

28 2. This act shall take effect immediately and shall expire one
29 month after the end of both the state of emergency and the public
30 health emergency declared in response to the coronavirus disease
31 2019 pandemic..

32

33

34

STATEMENT

35

36 This bill establishes certain reporting requirements for health
37 care facilities with regard to the coronavirus disease 2019 (COVID-
38 19) for certain health care workers.

39 Specifically, general acute care hospitals, special hospitals,
40 ambulatory care facilities, ambulatory surgical centers, and nursing
41 homes will be required to report to the Department of Health
42 (DOH) data on the number of health care professionals, ancillary
43 health care workers, and emergency medical services personnel
44 affiliated with the facility who: tested positive for COVID-19; died
45 from COVID-19; and were admitted for treatment for COVID-

1 19. The reported data is to be compiled by facility type and by
2 professional license or certification type, if any, or by job title or
3 category.

4 The DOH will be required to publish on its Internet website the
5 occupational data received under the bill, which data is to be
6 updated daily. To the extent possible, the data reported by the
7 department may be merged and cross-referenced with the
8 demographic data published by the department pursuant to section 1
9 of P.L.2020, c.28.

10 The bill will expire one month after the end of both the state of
11 emergency and the public health emergency declared in response to
12 the COVID-19 pandemic.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 2384

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 15, 2020

The Assembly Appropriations Committee reports favorably and with committee amendments Senate Bill No. 2384 (1R).

As amended by the committee, this bill establishes certain reporting requirements for health care facilities with regard to the coronavirus disease 2019 (COVID-19) for certain health care workers.

Specifically, general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs are required to report to the Department of Health (DOH) either directly or through a non-profit trade association, on a bi-monthly basis, de-identified data on the number of health care professionals, ancillary health care workers, and emergency medical services personnel employed by the facility who tested positive for COVID-19 and who died from COVID-19.

The information to be reported under the bill is to be filed in a form and manner as the DOH requires. To ensure the integrity and accuracy of the information, the DOH is seek to identify and minimize duplicative reporting from multiple facilities concerning the same individual in the event that the individual is employed by, or affiliated with, more than one facility that is subject to the reporting requirements.

The DOH will be required to issue a report concerning the occupational data received pursuant to the bill no later than 12 months after the end of both the state of emergency and public health emergency declared in response to the COVID-19 pandemic.

Nothing in the bill is to be construed to require disclosure of any private health information or personal identifying information in violation of any State or federal law, including the federal "Health Insurance Portability and Accountability Act of 1996," Pub.L.104-191 and any regulations promulgated thereunder by the Secretary of the U.S. Department of Health and Human Services

As amended, the bill will expire one month after the issuance of the report the DOH is required to submit under the bill.

As reported by the committee with amendments, Senate Bill No. 2384 (1R) is identical to Assembly Bill No. 4129, which the committee also reported on this date with amendments.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to make the reporting requirement applicable with regard to employees of health care facilities that are subject to the reporting requirement, rather than individuals affiliated with the health care facility.

The committee amendments remove a requirement for the DOH to publish the reported data on its Internet website, and instead require the DOH to submit a report no later than 12 months after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

The committee amendments remove language providing the DOH with the discretion to determine the specific workers for whom data is required to be reported under the bill, to require additional information be reported, and to determine how best to compile the reported data.

The committee amendments remove a section from the bill that would have required health care facilities to adopt standards, procedures, and protocols for evaluating and mitigating COVID-19 exposure risks in health care settings.

The committee amendments remove a requirement for health care facilities to complete and submit to the DOH an internal COVID-19 exposure analysis.

The committee amendments revise the effective date to provide that the bill will expire one month after the DOH submits the report required under the bill, rather than one year after the end of the state of emergency and public health emergency declared in response to the COVID-19 epidemic.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that the Department of Health may incur indeterminate expenses to collect, tabulate, and publish the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs.

The OLS also concludes that the following health care facilities may experience an increase in expenditures to comply with the bill's reporting requirements: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State; 2) Bergen Regional Medical Center, a county-owned entity; and 3) nursing

homes operated by the Division of Military and Veterans Affairs and certain county governments.

The OLS notes that all costs associated with this bill are limited to an unknown period of time, commencing upon the bill's enactment and expiring one month after the DOH submits a report, as required under the bill, which submission is triggered by the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE, No. 2384

with committee amendments

STATE OF NEW JERSEY

DATED: JULY 28, 2020

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Senate Bill No. 2384.

As amended by the committee, this bill establishes certain reporting requirements for health care facilities with regard to the coronavirus disease 2019 (COVID-19) for certain health care workers.

Specifically, general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs are required to report to the Department of Health (DOH) data on the number of health care professionals, ancillary health care workers, and emergency medical services personnel affiliated with the facility who tested positive for COVID-19 and who died from COVID-19. The DOH is required to issue guidance concerning the specific health care professionals, ancillary health care workers, and emergency medical services personnel for whom reporting will be required.

The required information is to be filed in a form and manner, and at such frequencies, as required by the DOH. To ensure the integrity and accuracy of the information reported, the DOH is to seek to identify and minimize duplicative reporting from multiple facilities concerning the same individual in the event that the individual is employed by, or affiliated with, more than one facility. The DOH is permitted to require the reporting of any additional information as may be appropriate to maximize the utility of the reported information, including, but not limited to, requiring specific information be reported concerning the professional licensure or certification or specific job title or category of the individual who is the subject of the report.

The Commissioner of Health is required to compile the reported data reported in the manner the commissioner determines to be the most effective and utilitarian, which may include compiling the data by facility type and by professional license or certification type, if any, or by job title or category.

The DOH is required to publish on its Internet website the occupational data received under the bill, which data is to be updated as they become available. To the extent possible, the data reported by the DOH may be merged and cross-referenced with the demographic data published by the DOH pursuant to section 1 of P.L.2020, c.28.

The amended bill expressly provides that nothing in its provisions is to be construed to require disclosure of any private health information or personal identifying information in violation of any State or federal law, including the federal "Health Insurance Portability and Accountability Act of 1996 (HIPAA)."

The amended bill further requires general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs to adopt standards, procedures, and protocols to evaluate and mitigate the risk of exposure to, and spread of, COVID-19 in health care settings, which standards, protocols, and procedures are to be consistent with guidance currently published by the DOH and the federal Centers for Disease Control and Prevention.

No later than 60 days after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic, general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs are required to complete an analysis of COVID-19 exposures identified throughout their workforces during each month of the COVID-19 emergency, along with the measures taken by the facility to respond to or mitigate the risk of exposure. The facilities are required to submit a report of that analysis to the DOH concerning recommended best practices and protocols to mitigate the risk of exposure and spread of communicable disease among health care facility staff and personnel during a communicable disease outbreak, epidemic, or pandemic. These facility reports and any supporting data are to be held as confidential and may only be used by the DOH in the development of strategies, plans, protocols, and best practices to improve the State's response in the event of future communicable disease outbreaks, as well as for the purposes of preparing a report required under the bill. To this end, the facility reports and supporting data will be exempt from public disclosure, will not be considered a public record pursuant to P.L.1963, c.73 (C.47:1A-1 et seq.) or P.L.2001, c.404 (C.47:1A-5 et al.), and cannot be used in any adverse licensure action or administrative disciplinary action against the facility.

No later than 120 days after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic, the commissioner is required to submit a report to the Governor and to the Legislature outlining the aggregated data and findings in the confidential health care facility reports and outlining the commissioner's findings and recommendations for legislation or other action to mitigate the risk of exposure and spread of communicable disease among health care facility staff and personnel during a communicable disease outbreak, epidemic, or pandemic.

As amended, the bill is to expire one year after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

COMMITTEE AMENDMENTS:

The committee amendments include assisted living facilities, home health agencies, and hospice care programs in the list of health care facilities that are subject to the reporting requirements of the bill.

The committee amendments remove a requirement that facilities report data concerning admissions of health care workers for treatment for COVID-19.

The committee amendments add provisions specifying that facilities are to report the data under the bill in a form, manner, and frequency as is specified by the DOH, and that the DOH is to implement steps to minimize the risk of duplicative reports concerning an individual health care worker. The DOH is also have the discretion to determine the specific workers for whom data is required to be reported under the bill and to require additional information be reported as is necessary to maximize the utility of the reported information. Finally, the DOH is to have broad discretion in determining how best to compile the reported data.

The committee amendments provide that the DOH's Internet website is to be updated with data reported by facilities as the data become available, rather than daily.

The committee amendments add a provision stating that nothing in the bill is to be construed to authorize the disclosure of personal identifying or private health information in violation of any State or federal law.

The committee amendments add a new section requiring health care facilities to adopt standards, procedures, and protocols for evaluating and mitigating COVID-19 exposure risks in health care settings, which are to be consistent with current guidance issued by the DOH and the federal Centers for Disease Control and Prevention.

The committee amendments require health care facilities to complete and submit to the DOH an internal COVID-19 exposure analysis, along with recommended best practices and protocols to mitigate the spread of communicable disease among health care workers in the event of a future outbreak. These reports to the DOH are to be held confidential and are not subject to public disclosure. However, the DOH is to compile the aggregated data and submit a report to the Governor and the Legislature concerning its recommendations for legislation or other action to mitigate the risks of future communicable disease outbreaks. The reported data may also be used by the DOH to develop strategies, plans, protocols, and best practices to improve the State's response in the event of future communicable disease outbreaks.

The committee amendments revise the effective date of the bill to provide that the bill is to expire one year after the end of the COVID-19 state of emergency and public health emergency, rather than one month after the end of the declared emergencies.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that the Department of Health may incur indeterminate expenses to collect, tabulate, and publish the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs.

The OLS also concludes that the following health care facilities may experience an increase in expenditures to comply with the bill's reporting requirements; to adopt standards, procedures, and protocols for evaluating and mitigating COVID-19 exposure risks; and to complete an internal COVID-19 exposure analysis: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State; 2) Bergen Regional Medical Center, a county-owned entity; and 3) nursing homes operated by the Division of Military and Veterans Affairs and certain county governments.

The OLS notes that all costs associated with this bill are limited to an unknown period of time, commencing upon the bill's enactment and ending one year after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

SENATE, No. 2384

STATE OF NEW JERSEY 219th LEGISLATURE

DATED: DECEMBER 21, 2020

SUMMARY

- Synopsis:** Requires health care facilities to report certain coronavirus disease 2019 (COVID-19) data related to health care workers and certain first responders.
- Type of Impact:** Potential increase in State and county expenditures.
- Agencies Affected:** Department of Health, Division of Military and Veteran Affairs, Bergen Regional Medical Center, University Hospital, certain county governments.

Office of Legislative Services Estimate

Fiscal Impact	<u>Unknown Finite Period</u>
Potential State Cost Increase	Indeterminate
Potential County Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate expenses to collect and report the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs.
- The OLS also concludes that the following health care facilities may experience an increase in expenditures, albeit minimal, to comply with the bill's reporting requirements: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State; 2) Bergen Regional Medical Center, a county-owned entity; and 3) nursing homes operated by the Division of Military and Veterans Affairs and certain county governments.
- The OLS notes that all costs associated with this bill are limited to an unknown period of time, commencing upon the bill's enactment and expiring one month after the DOH submits a report,

as required under the bill, which submission is triggered by the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

BILL DESCRIPTION

This bill requires general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs to report to the Department of Health (DOH) either directly or through a non-profit trade association, on a bi-monthly basis, de-identified data on the number of health care professionals, ancillary health care workers, and emergency medical services personnel employed by the facility who tested positive for COVID-19 and who died from COVID-19.

The information to be reported under the bill is to be filed in a form and manner as the DOH requires. To ensure the integrity and accuracy of the information, the DOH is seek to identify and minimize duplicative reporting from multiple facilities concerning the same individual in the event that the individual is employed by, or affiliated with, more than one facility that is subject to the reporting requirements.

The DOH will be required to issue a report concerning the occupational data received pursuant to the bill no later than 12 months after the end of both the state of emergency and public health emergency declared in response to the COVID-19 pandemic. The bill will expire one month after the issuance of the DOH's report.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that the DOH may incur indeterminate expenses to collect and report the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs. For example, the utilization of existing communication channels may reduce any expenses associated with the collection of data from such facilities.

The OLS also concludes that the following health care facilities may experience an increase in expenditures, albeit minimal, to comply with the bill's reporting requirements: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State; 2) Bergen Regional Medical Center, a county-owned entity; and 3) nursing homes operated by the Division of Military and Veterans Affairs and certain county governments. Currently, the DMAVA operates three facilities, while there are nine county facilities: three in Bergen County; two in Middlesex County; and one each in Atlantic County, Cape May County, Gloucester County, and Passaic County. The OLS assumes that the facilities currently gather the required data, and as such, the costs are likely to be insignificant.

The OLS notes that all costs associated with this bill are limited to an unknown period of time, commencing upon the bill's enactment and expiring one month after the DOH submits a report, as

required under the bill, which submission is triggered by the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

Section: Human Services

*Analyst: Sarah Schmidt
Senior Research Analyst*

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

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 2384

STATE OF NEW JERSEY 219th LEGISLATURE

DATED: AUGUST 5, 2020

SUMMARY

- Synopsis:** Requires health care facilities to report certain coronavirus disease 2019 (COVID-19) data related to health care workers and certain first responders.
- Type of Impact:** Potential indeterminate increase in State and county expenditures.
- Agencies Affected:** Department of Health, Division of Military and Veteran Affairs, Bergen Regional Medical Center, certain county governments.

Office of Legislative Services Estimate

Fiscal Impact	<u>Unknown Finite Period</u>
Potential State Cost Increase	Indeterminate
Potential County Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate expenses to collect, tabulate, publish and report the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs.
- The OLS also concludes that the following health care facilities may experience an increase in expenditures to comply with the bill's reporting requirements; to adopt standards, procedures, and protocols for evaluating and mitigating COVID-19 exposure risks; and to complete an internal COVID-19 exposure analysis: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State; 2) Bergen Regional Medical Center, a county-owned entity; and 3) nursing homes operated by the Division of Military and Veterans Affairs (DMAVA) and certain county governments.
- The OLS notes that all costs associated with this bill are limited to an unknown period of time, commencing upon the bill's enactment and ending one year after the end of both the state of

emergency and the public health emergency declared in response to the COVID-19 pandemic.

BILL DESCRIPTION

This bill requires general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs to report to the DOH data on the number of health care professionals, ancillary health care workers, and emergency medical services personnel affiliated with the facility who tested positive for COVID-19 and who died from COVID-19.

The DOH will be required to issue guidance concerning the specific health care professionals, ancillary health care workers, and emergency medical services personnel for whom reporting will be required. The required information is to be filed in a form and manner, and at such frequencies, as required by the DOH. To ensure the integrity and accuracy of the information reported, the DOH is to seek to identify and minimize duplicative reporting from multiple facilities concerning the same individual in the event that the individual is employed by, or affiliated with, more than one facility. The DOH will be permitted to require the reporting of any additional information as may be appropriate to maximize the utility of the reported information.

The DOH will be required to publish on its Internet website the occupational data received under the bill, which data is to be updated as they become available. To the extent possible, the data reported by the department may be merged and cross-referenced with the demographic data published by the DOH pursuant to section 1 of P.L.2020, c.28, which requires hospitals to report COVID-19 demographic data for patients. The Commissioner of Health will be required to compile the reported data reported in the manner the commissioner determines to be the most effective and utilitarian.

The bill further requires general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs to adopt standards, procedures, and protocols to evaluate and mitigate the risk of exposure to, and spread of, COVID-19 in health care settings, which standards, protocols, and procedures are to be consistent with guidance currently published by the DOH and the federal Centers for Disease Control and Prevention. No later than 60 days after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic, these facilities will also be required to complete and submit to the DOH an analysis of COVID-19 exposures identified throughout their workforces during each month of the COVID-19 emergency, along with the measures taken by the facility to respond to or mitigate the risk of exposure.

No later than 120 days after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic, the commissioner will be required to submit a report to the Governor and to the Legislature outlining the aggregated data and findings in the confidential health care facility reports and outlining the commissioner's findings and recommendations for legislation or other action to mitigate the risk of exposure and spread of communicable disease among health care facility staff and personnel during a communicable disease outbreak, epidemic, or pandemic.

The bill will expire one year after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that the DOH may incur indeterminate expenses to collect, tabulate, publish, and report the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs.

For example, the utilization of existing communication channels may reduce any expenses associated with the collection of data from such facilities. In addition, the department currently provides data to the public on a COVID-19 Dashboard, located on the DOH website, which includes, among other things, the number of COVID-19 cases in the State and patient demographics. It may be possible that this dashboard can be modified to accommodate the publishing provisions of this bill. Certain cost saving may also be achieved in streamlining the provisions of this bill with P.L.2020, c.28, which requires hospitals to report COVID-19 demographic data for patients, as authorized under the bill.

The OLS also concludes that the following facilities may experience an increase in expenditures to comply with the bill's reporting requirements; to adopt standards, procedures, and protocols for evaluating and mitigating COVID-19 exposure risks; and to complete an internal COVID-19 exposure analysis: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark; 2) Bergen Regional Medical Center, a county-owned entity in Paramus; and 3) nursing homes operated by the DMAVA and certain county governments. Currently, the DMAVA operates three facilities, while there are nine county facilities: three in Bergen County; two in Middlesex County; and one each in Atlantic County, Cape May County, Gloucester County, and Passaic County. The OLS is unable to determine the extent to which these facilities currently fulfill these provisions, or have staff available to perform such responsibilities, and hence the cost of the bill to these facilities.

The OLS notes that all costs associated with this bill will be limited to an unknown period of time, commencing upon the enactment of the bill and ending one year after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

Section: Human Services

*Analyst: Sarah Schmidt
Senior 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. 4129

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MAY 4, 2020

Sponsored by:

Assemblyman WILLIAM W. SPEARMAN

District 5 (Camden and Gloucester)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Co-Sponsored by:

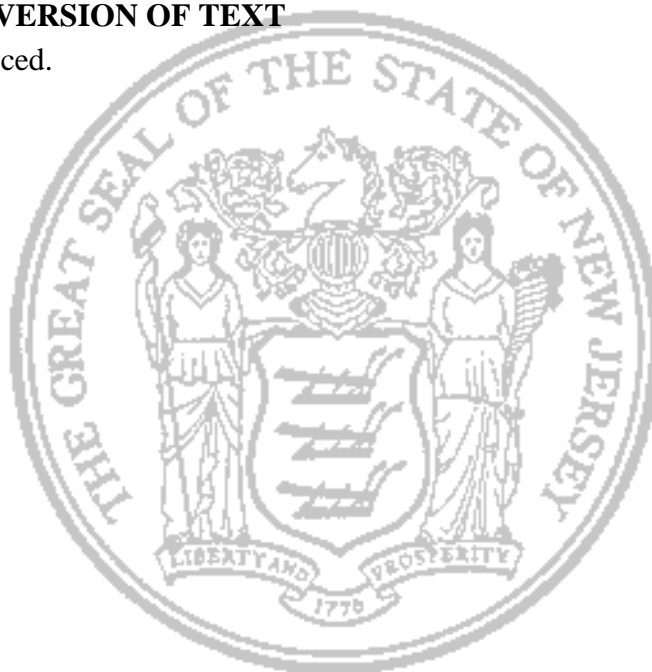
**Assemblywoman Tucker, Assemblyman Giblin, Assemblywoman Downey
and Assemblymen Benson and Danielsen**

SYNOPSIS

Requires health care facilities to report certain coronavirus disease 2019 (COVID-19) data related to health care workers and certain first responders.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/14/2020)

1 AN ACT concerning data reporting related to the coronavirus
2 disease 2019 pandemic.

3

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

6

7 1. a. (1) The Commissioner of Health shall require general
8 acute care hospitals, special hospitals, ambulatory care facilities,
9 ambulatory surgical centers, and nursing homes licensed pursuant to
10 P.L.1971, c.136 (C.26:2H-1 et seq.) to report to the Department of
11 Health data on the number of health care professionals, ancillary
12 health care workers, and emergency medical services personnel
13 affiliated with the facility who: tested positive for the coronavirus
14 disease 2019; died from the coronavirus disease 2019; and were
15 admitted for treatment for the coronavirus disease 2019.

16 (2) The commissioner shall compile the data reported pursuant
17 to this subsection by facility type and by professional license or
18 certification type, if any, or by job title or category.

19 b. The department shall publish on its Internet website the
20 occupational data received pursuant to subsection a. of this
21 section. The department shall update its Internet website on a daily
22 basis by publishing the latest data received by the department
23 pursuant to subsection a. of this section. To the extent possible, the
24 data reported by the department pursuant to this subsection may be
25 merged and cross-referenced with the data published by the
26 department pursuant to subsection b. of section 1 of P.L.2020, c.28.

27

28 2. This act shall take effect immediately and shall expire one
29 month after the end of both the state of emergency and the public
30 health emergency declared in response to the coronavirus disease
31 2019 pandemic.

32

33

34

STATEMENT

35

36 This bill establishes certain reporting requirements for health
37 care facilities with regard to the coronavirus disease 2019 (COVID-
38 19) for certain health care workers.

39 Specifically, general acute care hospitals, special hospitals,
40 ambulatory care facilities, ambulatory surgical centers, and nursing
41 homes will be required to report to the Department of Health
42 (DOH) data on the number of health care professionals, ancillary
43 health care workers, and emergency medical services personnel
44 affiliated with the facility who: tested positive for COVID-19; died
45 from COVID-19; and were admitted for treatment for COVID-

1 19. The reported data is to be compiled by facility type and by
2 professional license or certification type, if any, or by job title or
3 category.

4 The DOH will be required to publish on its Internet website the
5 occupational data received under the bill, which data is to be
6 updated daily. To the extent possible, the data reported by the
7 department may be merged and cross-referenced with the
8 demographic data published by the department pursuant to section 1
9 of P.L.2020, c.28.

10 The bill will expire one month after the end of both the state of
11 emergency and the public health emergency declared in response to
12 the COVID-19 pandemic.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4129

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 15, 2020

The Assembly Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 4129.

As amended by the committee, this bill establishes certain reporting requirements for health care facilities with regard to the coronavirus disease 2019 (COVID-19) for certain health care workers.

Specifically, general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs are required to report to the Department of Health (DOH) either directly or through a non-profit trade association, on a bi-monthly basis, de-identified data on the number of health care professionals, ancillary health care workers, and emergency medical services personnel employed by the facility who tested positive for COVID-19 and who died from COVID-19.

The information to be reported under the bill is to be filed in a form and manner as the DOH requires. To ensure the integrity and accuracy of the information, the DOH is seek to identify and minimize duplicative reporting from multiple facilities concerning the same individual in the event that the individual is employed by, or affiliated with, more than one facility that is subject to the reporting requirements.

The DOH will be required to issue a report concerning the occupational data received pursuant to the bill no later than 12 months after the end of both the state of emergency and public health emergency declared in response to the COVID-19 pandemic.

Nothing in the bill is to be construed to require disclosure of any private health information or personal identifying information in violation of any State or federal law, including the federal "Health Insurance Portability and Accountability Act of 1996," Pub.L.104-191 and any regulations promulgated thereunder by the Secretary of the U.S. Department of Health and Human Services

As amended, the bill will expire one month after the issuance of the report the DOH is required to submit under the bill.

As reported by the committee with amendments, Assembly Bill No. 4129 is identical to Senate Bill No. 2384 (1R), which the committee also reported on this date with amendments.

COMMITTEE AMENDMENTS:

The committee amended the bill to include assisted living facilities, home health agencies, and hospice care programs in the list of health care facilities that are subject to the reporting requirements of the bill.

The committee amendments revise the bill to make the reporting requirement applicable with regard to employees of health care facilities that are subject to the reporting requirement, rather than individuals affiliated with the health care facility.

The committee amendments remove a requirement that facilities report data concerning admissions of health care workers for treatment for COVID-19.

The committee amendments specify that facilities are to report data under the bill in a form and manner as is specified by the DOH, and that the DOH is to implement steps to minimize the risk of duplicative reports concerning an individual health care worker.

The committee amendments remove a requirement for the DOH to publish the reported data on its Internet website, and instead require the DOH to submit a report no later than 12 months after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

The committee amendments add a provision stating that nothing in the bill is to be construed to authorize the disclosure of personal identifying or private health information in violation of any State or federal law.

The committee amendments revise the effective date to provide that the bill will expire one month after the DOH submits the report required under the bill, rather than one year after the end of the state of emergency and public health emergency declared in response to the COVID-19 epidemic.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that the Department of Health may incur indeterminate expenses to collect, tabulate, and publish the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs.

The OLS also concludes that the following health care facilities may experience an increase in expenditures to comply with the bill's reporting requirements: 1) University Hospital, an independent non-

profit legal entity that is an instrumentality of the State; 2) Bergen Regional Medical Center, a county-owned entity; and 3) nursing homes operated by the Division of Military and Veterans Affairs and certain county governments.

The OLS notes that all costs associated with this bill are limited to an unknown period of time, commencing upon the bill's enactment and expiring one month after the DOH submits a report, as required under the bill, which submission is triggered by the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY, No. 4129
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: MAY 12, 2020

SUMMARY

- Synopsis:** Requires health care facilities to report certain coronavirus disease 2019 (COVID-19) data related to health care workers and certain first responders.
- Type of Impact:** Potential indeterminate increase in State and county expenditures.
- Agencies Affected:** Department of Health, Division of Military and Veteran Affairs, Bergen Regional Medical Center, certain county governments.

Office of Legislative Services Estimate

Fiscal Impact	<u>Unknown Finite Period</u>
Potential State Cost Increase	Indeterminate
Potential County Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate expenses to collect, tabulate, and publish the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs.
- The OLS also concludes that the following health care facilities may experience an increase in expenditures to comply with the reporting requirements under the bill: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State; 2) Bergen Regional Medical Center, a county-owned entity; and 3) nursing homes operated by the Division of Military and Veterans Affairs (DMAVA) and certain county governments.
- The OLS notes that all costs associated with this bill are limited to an unknown period of time, commencing upon the bill's enactment and ending one month after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

BILL DESCRIPTION

This bill requires general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, and nursing homes to report to the DOH data on the number of health care professionals, ancillary health care workers, and emergency medical services personnel affiliated with the facility who: tested positive for COVID-19; died from COVID-19; and were admitted for treatment for COVID-19. The reported data is to be compiled by facility type and by professional license or certification type, if any, or by job title or category.

The DOH will be required to publish, and update daily, on its Internet website the data received under the bill. To the extent possible, the data reported by the department may be merged and cross-referenced with the demographic data published by the department pursuant to section 1 of P.L.2020, c.28, which requires hospitals to report COVID-19 demographic data for patients.

The bill will expire one month after the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that the DOH may incur indeterminate expenses to collect, tabulate, and publish the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs.

For example, the utilization of existing communication channels may reduce any expenses associated with the collection of data from such facilities. In addition, the department currently provides data to the public on a COVID-19 Dashboard, located on the DOH website, which includes, among other things, the number of COVID-19 cases in the State and patient demographics. It may be possible that this dashboard can be modified to accommodate the publishing provisions of this bill. Certain cost saving may also be achieved in streamlining the provisions of this bill with P.L.2020, c.28, which requires hospitals to report COVID-19 demographic data for patients, as authorized under the bill.

The OLS also concludes that the following facilities may experience an increase in expenditures to comply with the reporting requirement under the bill: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark; 2) Bergen Regional Medical Center, a county-owned entity in Paramus; and 3) nursing homes operated by the DMAVA and certain county governments. Currently, the DMAVA operates three facilities, while there are nine county facilities: three in Bergen County; two in Middlesex County; and one each in Atlantic County, Cape May County, Gloucester County, and Passaic County. The OLS is unable to determine the extent to which these facilities currently collect such data, or have staff available to perform such a responsibility, and hence the cost of the bill to these facilities.

The OLS notes that all costs associated with this bill will be limited to an unknown period of time, commencing upon the enactment of the bill and ending one month after the end of both the

state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

Section: Human Services

*Analyst: Sarah Schmidt
Senior 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.).

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 4129

STATE OF NEW JERSEY 219th LEGISLATURE

DATED: DECEMBER 21, 2020

SUMMARY

- Synopsis:** Requires health care facilities to report certain coronavirus disease 2019 (COVID-19) data related to health care workers and certain first responders.
- Type of Impact:** Potential increase in State and county expenditures.
- Agencies Affected:** Department of Health, Division of Military and Veteran Affairs, Bergen Regional Medical Center, University Hospital, certain county governments.

Office of Legislative Services Estimate

Fiscal Impact	<u>Unknown Finite Period</u>
Potential State Cost Increase	Indeterminate
Potential County Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that the Department of Health (DOH) may incur indeterminate expenses to collect and report the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs.
- The OLS also concludes that the following health care facilities may experience an increase in expenditures, albeit minimal, to comply with the bill's reporting requirements: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State; 2) Bergen Regional Medical Center, a county-owned entity; and 3) nursing homes operated by the Division of Military and Veterans Affairs and certain county governments.
- The OLS notes that all costs associated with this bill are limited to an unknown period of time, commencing upon the bill's enactment and expiring one month after the DOH submits a report,

as required under the bill, which submission is triggered by the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

BILL DESCRIPTION

This bill requires general acute care hospitals, special hospitals, ambulatory care facilities, ambulatory surgical centers, assisted living facilities, home health agencies, nursing homes, and hospice programs to report to the Department of Health (DOH) either directly or through a non-profit trade association, on a bi-monthly basis, de-identified data on the number of health care professionals, ancillary health care workers, and emergency medical services personnel employed by the facility who tested positive for COVID-19 and who died from COVID-19.

The information to be reported under the bill is to be filed in a form and manner as the DOH requires. To ensure the integrity and accuracy of the information, the DOH is seek to identify and minimize duplicative reporting from multiple facilities concerning the same individual in the event that the individual is employed by, or affiliated with, more than one facility that is subject to the reporting requirements.

The DOH will be required to issue a report concerning the occupational data received pursuant to the bill no later than 12 months after the end of both the state of emergency and public health emergency declared in response to the COVID-19 pandemic. The bill will expire one month after the issuance of the DOH's report.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that the DOH may incur indeterminate expenses to collect and report the data required to be reported by health care facilities under the bill. The OLS is unable to quantify this amount, however, as the cost and the duration of these activities are unknown. The OLS does assume that the department will be capable of using existing staff and infrastructure to accomplish these goals, at least in part, thereby minimizing or eliminating any costs. For example, the utilization of existing communication channels may reduce any expenses associated with the collection of data from such facilities.

The OLS also concludes that the following health care facilities may experience an increase in expenditures, albeit minimal, to comply with the bill's reporting requirements: 1) University Hospital, an independent non-profit legal entity that is an instrumentality of the State; 2) Bergen Regional Medical Center, a county-owned entity; and 3) nursing homes operated by the Division of Military and Veterans Affairs and certain county governments. Currently, the DMAVA operates three facilities, while there are nine county facilities: three in Bergen County; two in Middlesex County; and one each in Atlantic County, Cape May County, Gloucester County, and Passaic County. The OLS assumes that the facilities currently gather the required data, and as such, the costs are likely to be insignificant.

The OLS notes that all costs associated with this bill are limited to an unknown period of time, commencing upon the bill's enactment and expiring one month after the DOH submits a report, as

required under the bill, which submission is triggered by the end of both the state of emergency and the public health emergency declared in response to the COVID-19 pandemic.

Section: Human Services

*Analyst: Sarah Schmidt
Senior Research Analyst*

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

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).