

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 1352

STATE OF NEW JERSEY

222nd LEGISLATURE

DATED: JUNE 16, 2026

SUMMARY

Synopsis: “Dementia Dignity and Advance Care Planning Act.”

Type of Impact: Annual State expenditure increase.

Agencies Affected: Department of Health.

Office of Legislative Services Estimate

Annual Fiscal Impact	
State Expenditure Increase	\$500,000 to \$750,000

- The Office of Legislative Services (OLS) determines that the bill will result in additional annual expenditures between \$500,000 and \$750,000 for the Department of Health to establish and maintain a secure electronic Dementia Advance Directive Registry of executed Dementia-Specific Advance Directives. This estimate is based on recent annual expenditures by the State on similar registries.
- Some additional one-time and ongoing costs will accrue to the department to develop the optional training programs for health care professionals and long-term care staff on Dementia-Specific Advance Directives and comfort feeding practices and to collect and publish data annually on the use of such directives on its website.

BILL DESCRIPTION

The Dementia Dignity and Advance Care Planning Act allows a competent adult diagnosed with Alzheimer’s disease or other neurodegenerative dementia to execute a Dementia-Specific Advance Directive, which is a written document an individual with decisional capacity can use to specify the health care preferences that are to apply if the individual later enters the advanced stages of dementia.

The Department of Health will establish and maintain a secure electronic registry to store Dementia-Specific Advance Directives and will develop optional training for health care

professionals and long-term care staff on Dementia-Specific Advance Directives and comfort feeding practices. The department will also collect and publish annually on its website de-identified data on the number of Dementia-Specific Advance Directives filed, honored, and revoked.

Under the bill, licensed hospitals, nursing homes, assisted living facilities, hospices, and health care professionals will be immune from civil and criminal liability and from discipline by the department or professional licensing boards if acting in good faith reliance on a Dementia-Specific Advance Directive.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS determines that the bill will result in additional annual expenditures between \$500,000 and \$750,000 for the Department of Health to establish and maintain a secure electronic Dementia Advance Directive Registry of executed Dementia-Specific Advance Directives. This estimate is based on recent annual expenditures by the department from FY 2023 through FY 2025 on the Statewide Birth Defects Registry and the Autism Registry.

Annual Expenditures			
	FY 2023	FY 2024	FY 2025
Statewide Birth Defects Registry	\$514,504	\$493,505	\$514,307
Autism Registry	\$750,000	\$750,000	\$747,338

Some additional one-time and ongoing costs will accrue to the department to develop the optional training programs for health care professionals and long-term care staff on Dementia-Specific Advance Directives and comfort feeding practices and to collect and publish data annually on the use of such directives on its website. The OLS lacks the informational basis to estimate these costs since their magnitude would depend on whether the department utilizes existing staff and available resources to fulfill these obligations or if the department contracts with a third party to do so. Any additional costs beyond staff time would push the fiscal impact of this bill toward the higher end of the provided range or perhaps beyond it.

Nevada is currently the only state that offers Dementia-Specific Advance Directives, pursuant to a 2019 statute. Recent data on the number of United States residents with advance directives are scant; however, a 2017 *Health Affairs* article reported that 36.7 percent of adults had completed an advance directive, while 38.2 percent of individuals with a chronic illness had completed an advance directive.

The OLS notes that the bill’s provision granting hospitals, long-term care facilities, hospices, and health care professionals with immunity from civil and criminal liability and discipline by the department or professional licensing boards for acting in good faith reliance on a Dementia-Specific Advance Directive could cause State revenues to decrease by an indeterminate amount, in the form of avoided payment of fines and penalties imposed under current law.

Section: Human Services

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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.).