

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1352

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 9, 2026

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 1352.

The bill, as amended, establishes the “Dementia Dignity and Advance Care Planning Act,” which permits any competent adult diagnosed with Alzheimer’s disease or another neurodegenerative dementia to execute a “Dementia-Specific Advance Directive” (DSAD). A DSAD is a written document, executed pursuant to the bill by an individual with decisional capacity, specifying health care preferences to apply in the event the individual later enters advanced stages of dementia.

The DSAD is to: (1) be signed and dated by the declarant while the declarant still has decisional capacity; (2) be witnessed by two adults, at least one of whom is not a relative, health care provider, or entitled to any portion of the declarant’s estate, or notarized; (3) specify the individual’s wishes regarding: feeding preferences, hospitalization, resuscitation, artificial nutrition and hydration, intravenous fluids, antibiotics, and other life-prolonging measures; and conditions that will trigger comfort-only care. The declarant may revoke his or her DSAD at any time while retaining decisional capacity.

The amended bill provides that no provision therein will be construed to invalidate, replace, or supersede a previously-executed advance directive unless expressly stated by the declarant. If a declarant has executed multiple advance directives, including a DSAD, the directive most recently executed will control unless the declarant provides otherwise. In the case of an irreconcilable conflict between directives, the declarant’s designated health care representative will interpret the directives according to the declarant’s known wishes and best interest.

The Department of Health (department) will establish and maintain a secure, electronic Dementia Advance Directive Registry to store DSADs; develop optional training programs for health care professionals and long-term care staff on dementia-specific advance care planning, execution and recognition of DSADs, and comfort feeding practices, for which clinicians may secure continuing medical education credits. The department shall also collect and

publish annually on its website de-identified data on the number of DSADs filed, honored, and revoked.

Every licensed hospital, nursing home, assisted living facility, hospice, and health care professional is to: (1) honor a valid DSAD executed under the bill; (2) offer patients and families the option of comfort feeding only orders consistent with a DSAD; (3) 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 DSAD; and (4) not be compelled to make a treatment decision contrary to one's conscience, provided that the timely transfer of care will be arranged to ensure the patient's wishes are respected.

This bill was pre-filed for introduction in the 2026-2027 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

COMMITTEE AMENDMENTS:

The committee amendments remove a definition of the term "advanced dementia."

The committee amendments stipulate that a DSAD executed under the bill will be deemed a form of instruction directive under P.L.1991, c.201 (C.26:2H-53 et seq.) and will be subject to all rights, duties, and protections afforded therein.

The committee amendments provide that nothing in the bill will be construed to invalidate, replace, or supersede a previously executed advance directive unless expressly stated by the declarant.

The committee amendments stipulate that, in the event a declarant has multiple advance directives, including a DSAD, the directive most recently executed will control unless the declarant provides otherwise.

The committee amendments provide that a DSAD will govern decisions arising only from a diagnosis of dementia or related neurodegenerative conditions and will not control medical decisions unrelated to such condition unless expressly stated. A DSAD will not preclude consideration of other diagnosed medical conditions, and health care decisions will be made consistent with the declarant's expressed wishes and applicable medical standards.

The committee amended the bill to omit a provision requiring a licensed hospital, nursing home, assisted living facility, and hospice to incorporate DSAD education into patient intake and care planning processes.

The committee amendments provide that the training programs developed by the department will be optional for health care professionals and long-term care staff, for which certain clinicians may secure continuing medical education credits.

The committee amendments renumber certain sections of the bill and make technical changes to the bill concerning punctuation.