

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5222

STATE OF NEW JERSEY

DATED: JUNE 23, 2026

The Assembly Appropriations Committee reports favorably Assembly Bill No. 5222.

As reported, this bill extends certain provisions located in N.J.S.A.30:4-27.9a related to involuntary commitment by eight months. The bill also extends certain provisions located in N.J.S.A.30:4-27.9b related to educating short-term care facilities and individual county assignment judges on the legal obligations of short-term care facilities to accept patients by eight months.

FISCAL IMPACT:

The OLS finds that the bill may increase certain State and local government costs by indeterminate amounts during its eight-month effective period, due to hospital services and legal costs associated with extending initial 72-hour involuntary holds. These extended holds may also increase the likelihood that patients are placed in appropriate psychiatric facilities, generating additional State and local costs for those placements. However, some offsetting savings may result from discharging fewer non-stabilized patients into the community, thereby reducing other expenditures on hospital emergency department services, community-based mental health care, and law enforcement activities.

Potentially affected State and local entities include: NJ FamilyCare, the State Health Benefits Program, and the School Employees' Health Benefits Program, when reimbursing hospital services during members' extended holds and covering any new psychiatric placements (offset to some extent by other decreases in emergency and community-based services); the State court system, when processing applications submitted by hospitals under the bill; the Office of the Public Defender, when representing patients in applicable involuntary commitment cases; University Hospital and Bergen New Bridge Medical Center, as public hospitals, when providing services to uninsured patients during extended holds; State and county psychiatric hospitals, if providing additional placements after extended holds; State and local law enforcement agencies, due to fewer incidents involving non-stabilized patients discharged into the community; and the Department of Health and the Department of Human Services, when fulfilling administrative responsibilities under the bill.