

[Second Reprint]

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)

Assemblywoman LINDA S. CARTER

District 22 (Middlesex, Somerset and Union)

Co-Sponsored by:

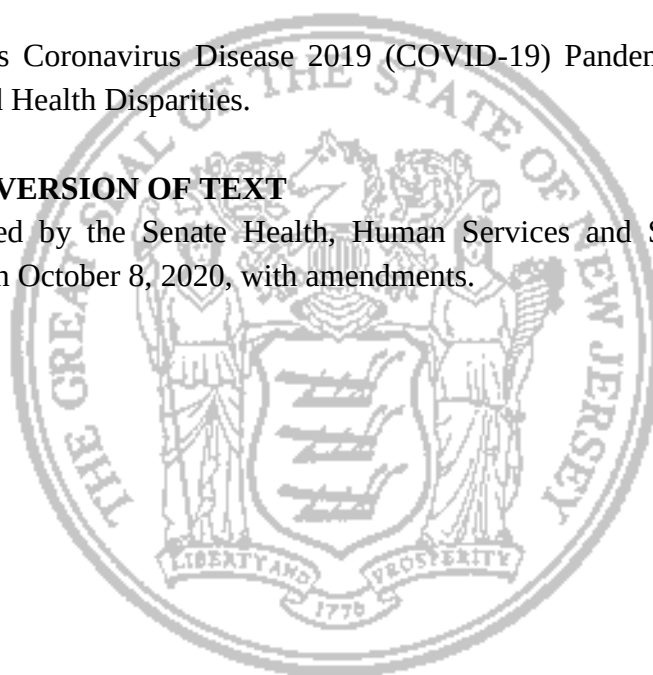
Assemblymen Caputo, Wimberly, Assemblywoman Jasey, Assemblyman Chiaravalloti, Assemblywoman Reynolds-Jackson, Assemblyman McKeon, Assemblywomen Lopez, Swain, Assemblyman Tully, Assemblywomen Tucker, McKnight and Quijano

SYNOPSIS

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

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on October 8, 2020, with amendments.



(Sponsorship Updated As Of: 6/29/2020)

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~~ 21'¹ members as
 11 follows:

12 (1) the Chief Diversity Officer of New Jersey; a representative
 13 of the Department of Health whose duties or expertise includes
 14 expanding access by minority populations to clinically appropriate
 15 healthcare services or eliminating discrimination in the
 16 implementation of healthcare programs, policies, or initiatives; 'a
 17 representative of the Department of Community Affairs; a
 18 representative of the Department of Human Services; a
 19 representative of the Department of Children and Families; a
 20 representative of the Housing and Mortgage Financing Agency;'¹
 21 and a representative of the Office of Emergency Management;

22 (2) two members of the Senate, one of whom shall be a member
 23 of the New Jersey Black Legislative Caucus, and one of whom shall
 24 be a member of the New Jersey Latino Caucus, appointed by the
 25 Senate President;

26 (3) two members of the General Assembly, one of whom shall
 27 be a member of the New Jersey Black Legislative Caucus, and one
 28 whom shall be a member of the New Jersey Latino Caucus,
 29 appointed by the Speaker of the General Assembly; and

30 (4) '~~8~~ ten'¹ public members appointed by the Governor, who
 31 shall include: a representative of the New Jersey Institute for Social
 32 Justice; a representative of a federally qualified health center; a
 33 physician licensed to practice in this State who specializes in
 34 providing care to patients in the State's minority and vulnerable
 35 communities; a nurse licensed to practice in this State who
 36 specializes in providing care to patients in the State's minority and
 37 vulnerable communities who may be a school nurse; a
 38 representative of a general hospital located in the State's minority
 39 and vulnerable communities 'with direct experience working with
 40 minority and vulnerable communities; a representative of the
 41 Maternal and Child Health Consortia'¹; a representative of the New
 42 Jersey Urban Mayor's Association; and '~~two~~ three'¹
 43 representatives of '~~two~~ three'¹ different non-profit organizations
 44 that conduct research, education, and training on, and develop
 45 policy initiatives to '~~1~~ address'¹ health equity in this State.

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.

1 b. Vacancies in the membership of the task force shall be filled
2 in
3 the same manner provided for the original appointments. The
4 public members of the task force shall serve without compensation
5 but may be reimbursed for traveling and other miscellaneous
6 expenses necessary to perform their duties within the limits of funds
7 made available to the task force for its purposes.

8 c. The task force shall organize as soon as practicable after the
9 appointment of its members and shall select a chairperson and vice-
10 chairperson from among its members. The chairperson shall
11 appoint a secretary who need not be a member of the task force.

12 d. The task force may meet at the call of its chairperson and
13 hold ²at a minimum, three public² hearings, ²with at least one
14 hearing to be held in each of the northern, southern, and central
15 regions of the State, which hearings shall be conducted² remotely,
16 as appropriate, by telephone, computer, or other means of live audio
17 or video communication, at the times and in the places it deems
18 appropriate and necessary to fulfill its charge. The task force shall
19 be entitled to call to its assistance, and avail itself of the services of
20 the employees of, any State, county, or municipal department,
21 board, bureau, commission, or agency as it may require and as may
22 be available to it for its purposes.

23 e. The Chief Diversity Officer of New Jersey shall consult with
24 members of the Governor's cabinet on matters related to the
25 functions of the task force, and shall invite representatives of any
26 State department to attend hearings called by the chairperson of the
27 task force, as appropriate.

28 f. The Department of Health shall provide staff services to the
29 task force.

30

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

32 a. conduct a thorough and comprehensive study on the ²ways
33 in which, and the² reasons ²**[how]** why² the ²**[COVID-19]**
34 coronavirus disease 2019 (COVID-19)² pandemic has
35 disproportionately affected the State's minority and vulnerable
36 communities, and the short-term and long-term consequences of the
37 pandemic on these communities;

38 b. improve existing data systems to ensure that the health
39 information that is collected relating to COVID-19 infections and
40 deaths, ¹**[include]** includes¹ specific race, ethnicity, and
41 demographic identifiers to develop a better statistical understanding
42 of how the COVID-19 pandemic has affected the State's minority
43 and vulnerable communities;

44 c. evaluate the issues relating to the quality of, and access to,
45 ¹physical and mental¹ ²health² treatment and services provided to
46 various racial and ethnic populations in the State during the
47 COVID-19 pandemic; ²**[and]**²

- 1 d. ²solicit and receive testimony from members of the State's
2 minority and vulnerable communities based on their experiences
3 during the COVID-19 pandemic;
- 4 e.² develop effective strategies to:
- 5 (1) address the racial, ethnic, and health disparities, and
6 historical and systematic inequalities pertaining to race and
7 ethnicity that have amplified the death rate in the State's minority
8 and vulnerable communities during the COVID-19 pandemic;
9 ¹~~and~~¹ ²and²
- 10 (2) reduce and eliminate disparities among the various racial
11 and ethnic populations within the State's minority and vulnerable
12 communities with respect to health status, access to high-quality
13 health care, and utilization of health care services ¹;
- 14 ²~~e.~~ ²hold a minimum of three public hearings, either in-person
15 or remotely, as appropriate, by telephone, computer, or other means
16 of live audio or video communication, with at least one hearing to
17 be held in the northern, southern, and central regions of the State, to
18 solicit and receive testimony from community members based on
19 their experiences during the COVID-19 pandemic;²
- 20 f. evaluate ²~~communications, messages, and modes of~~ the
21 communication, messaging, and² dissemination ²of information²
22 regarding testing, contact tracing, and other related public health
23 ²~~matters~~ approaches necessary² to achieve health care equity and
24 cultural competence ²in the provision of physical and mental health
25 treatment and services to the State's minority and vulnerable
26 communities during the COVID-19 pandemic² ;
- 27 g. evaluate impediments that may interfere with an individual's
28 ability to quarantine or isolate ²during the COVID-19 pandemic²;
- 29 h. analyze the distribution of resources, including personal
30 protective equipment and food, in the State's minority and
31 vulnerable communities;
- 32 i. examine the impact of the COVID-19 pandemic on the
33 physical and mental health of essential employees ²from the State's
34 minority and vulnerable communities² ;
- 35 j. examine the impact of the COVID-19 pandemic on access to
36 child care services ²in the State's minority and vulnerable
37 communities² ;
- 38 k. investigate the prevalence of intimate partner violence ²in
39 the State's minority and vulnerable communities² during the
40 COVID-19 pandemic; and
- 41 l. identify best practices, opportunities for shared services, or
42 potential partnerships that would increase the communication of
43 health care information and materials in multiple languages for
44 ²~~individuals~~ members of the State's minority and vulnerable
45 communities² , including persons with developmental disabilities
46 and senior citizens¹ .

- 1 3. a. No later than one year after the public health emergency
2 declared ²【pursuant to P.L.2005, c.222 (C.26:13-1 et seq.)】² in
3 response to the coronavirus disease 2019 (COVID-19) is lifted, the
4 task force shall report to the Governor and, pursuant to section 2 of
5 P.L.1991, c.164 (C.52:14-19.1), to the Legislature, on the activities
6 of the task force and its findings and recommendations on strategies
7 to:
- 8 (1) address the racial, ethnic, and health disparities and
9 historical and systematic inequalities pertaining to race and
10 ethnicity that have amplified the death rate in the State's minority
11 and vulnerable communities during the COVID-19 pandemic;
- 12 (2) address the short- and long-term consequences of the
13 COVID-19 pandemic on the State's minority and vulnerable
14 communities; and
- 15 (3) reduce and eliminate disparities among the various racial
16 and ethnic populations within the State's minority and vulnerable
17 communities with respect to health status, access to high-quality
18 health care, and utilization of health care services.
- 19 b. The task force shall expire 30 days after the issuance of its
20 report.
- 21
- 22 4. This act shall take effect immediately.