

[Third Reprint]

## **ASSEMBLY, No. 4004**

# **STATE OF NEW JERSEY**

## **219th LEGISLATURE**

INTRODUCED MAY 4, 2020

**Sponsored by:**

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**District 35 (Bergen and Passaic)**

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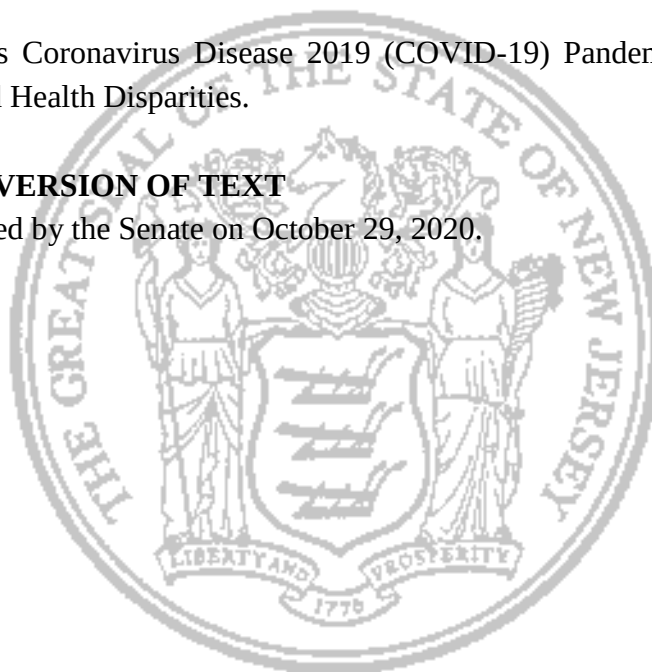
**Assemblymen Caputo, Wimberly, Assemblywoman Jasey, Assemblyman Chiaravalloti, Assemblywoman Reynolds-Jackson, Assemblyman McKeon, Assemblywomen Lopez, Swain, Assemblyman Tully, Assemblywomen Tucker, McKnight and Quijano**

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

As amended by the Senate on October 29, 2020.



**(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 <sup>1</sup>~~15~~ 21<sup>1</sup> members as  
11 follows:

12 (1) the Chief Diversity Officer <sup>3</sup>~~of New Jersey~~<sup>3</sup>; a  
13 representative of the Department of Health whose duties or  
14 expertise includes expanding access by minority populations to  
15 clinically appropriate healthcare services or eliminating  
16 discrimination in the implementation of healthcare programs,  
17 policies, or initiatives; <sup>1</sup>a representative of the Department of  
18 Community Affairs; a representative of the Department of Human  
19 Services; a representative of the Department of Children and  
20 Families; a representative of the Housing and Mortgage Financing  
21 Agency;<sup>1</sup> and a representative of the Office of Emergency  
22 Management;

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

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

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

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:

<sup>1</sup>Assembly AHE committee amendments adopted June 22, 2020.

<sup>2</sup>Senate SHH committee amendments adopted October 8, 2020.

<sup>3</sup>Senate floor amendments adopted October 29, 2020.

1 that conduct research, education, and training on, and develop  
2 policy initiatives to <sup>1</sup>address<sup>1</sup> health equity in this State.

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

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

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

24 e. <sup>3</sup>**The** Chief Diversity Officer of New Jersey shall consult  
25 with members of the Governor's cabinet on matters related to the  
26 functions of the task force, and shall invite representatives of any  
27 State department to attend hearings called by the chairperson of the  
28 task force, as appropriate.

29 f. <sup>3</sup>**The** Department of Health shall provide staff services to the  
30 task force.

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

33 a. conduct a thorough and comprehensive study on the <sup>2</sup>ways  
34 in which, and the<sup>2</sup> reasons <sup>2</sup>how why<sup>2</sup> the <sup>2</sup>COVID-19  
35 coronavirus disease 2019 (COVID-19)<sup>2</sup> pandemic has  
36 disproportionately affected the State's minority and vulnerable  
37 communities, and the short-term and long-term consequences of the  
38 pandemic on these communities;

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

45 c. evaluate the issues relating to the quality of, and access to,  
46 <sup>1</sup>physical and mental <sup>2</sup>health<sup>2</sup> treatment and services provided to  
47 various racial and ethnic populations in the State during the  
48 COVID-19 pandemic; <sup>2</sup>**and**<sup>2</sup>

- 1 d. <sup>2</sup>solicit 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.<sup>2</sup> 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 <sup>1</sup>~~and~~<sup>1</sup> <sup>2</sup>and<sup>2</sup>
- 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 <sup>1</sup>;
- 14 <sup>2</sup>~~e.~~ <sup>2</sup>hold 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;<sup>2</sup>
- 20 f. evaluate <sup>2</sup>~~communications, messages, and modes of~~ the  
21 communication, messaging, and<sup>2</sup> dissemination <sup>2</sup>of information<sup>2</sup>  
22 regarding testing, contact tracing, and other related public health  
23 <sup>2</sup>~~matters~~ approaches necessary<sup>2</sup> to achieve health care equity and  
24 cultural competence <sup>2</sup>in the provision of physical and mental health  
25 treatment and services to the State's minority and vulnerable  
26 communities during the COVID-19 pandemic<sup>2</sup> ;
- 27 g. evaluate impediments that may interfere with an individual's  
28 ability to quarantine or isolate <sup>2</sup>during the COVID-19 pandemic<sup>2</sup>;
- 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 <sup>2</sup>from the State's  
34 minority and vulnerable communities<sup>2</sup> ;
- 35 j. examine the impact of the COVID-19 pandemic on access to  
36 child care services <sup>2</sup>in the State's minority and vulnerable  
37 communities<sup>2</sup> ;
- 38 k. investigate the prevalence of intimate partner violence <sup>2</sup>in  
39 the State's minority and vulnerable communities<sup>2</sup> 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 <sup>2</sup>~~individuals~~ members of the State's minority and vulnerable  
45 communities<sup>2</sup> , including persons with developmental disabilities  
46 and senior citizens<sup>1</sup> .

- 1       3. a. No later than one year after the public health emergency  
2 declared <sup>2</sup>【pursuant to P.L.2005, c.222 (C.26:13-1 et seq.)】<sup>2</sup> 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.