[Fourth Reprint]

ASSEMBLY, No. 4004

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED MAY 4, 2020

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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 January 28, 2021.

(Sponsorship Updated As Of: 3/1/2021)

AN ACT establishing the Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. There is established the Coronavirus Disease 2019 (COVID-19) Pandemic Task Force on Racial and Health Disparities in the Department of Health.

a. The task force shall consist of [1][15] 21[1] members as follows:

(1) the Chief Diversity Officer [3][of New Jersey][3]; a representative of the Department of Health whose duties or expertise includes expanding access by minority populations to clinically appropriate healthcare services or eliminating discrimination in the implementation of healthcare programs, policies, or initiatives; [1]a representative of the Department of Community Affairs; a representative of the Department of Human Services; a representative of the Department of Children and Families; a representative of the Housing and Mortgage Financing Agency;[1] and a representative of the Office of Emergency Management;

(2) two [4]public[4] members [4][of] appointed by[4] the Senate [4]President[4] , one of whom shall be [4][a member] appointed based on the recommendation[4] of the New Jersey Black Legislative Caucus, and one of whom shall be [4][a member] appointed based on the recommendation[4] of the New Jersey Latino Caucus [4][, appointed by the Senate President][4] ;

(3) two [4]public[4] members [4]appointed by the Speaker[4] of the General Assembly, one of whom shall be [4][a member] appointed based on the recommendation[4] of the New Jersey Black Legislative Caucus, and one whom shall be [4][a member] appointed based on the recommendation[4] of the New Jersey Latino Caucus [4][, appointed by the Speaker of the General Assembly][4] ; and

(4) [1][8] ten[1] public members appointed by the Governor, who shall include: a representative of the New Jersey Institute for Social Justice; a representative of a federally qualified health center; a physician licensed to practice in this State who specializes in providing care to patients in the State's minority and vulnerable communities; a nurse licensed to practice in this State who specializes in providing care to patients in the State's minority and vulnerable communities who may be a school nurse; a representative of a general hospital located in the State's minority

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:
[1]Assembly AHE committee amendments adopted June 22, 2020.
[2]Senate SHH committee amendments adopted October 8, 2020.
[3]Senate floor amendments adopted October 29, 2020.
[4]Senate floor amendments adopted January 28, 2021.

and vulnerable communities [1]with direct experience working with minority and vulnerable communities; a representative of the Maternal and Child Health Consortia[1]; a representative of the New Jersey Urban Mayor's Association; and [1]**[**two**]** three[1] representatives of [1]**[**two**]** three[1] different non-profit organizations that conduct research, education, and training on, and develop policy initiatives to [1]**[**, **]**[1] address[1],[1] health equity in this State.

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

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

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

e. [3]**[**The Chief Diversity Officer of New Jersey shall consult with members of the Governor's cabinet on matters related to the functions of the task force, and shall invite representatives of any State department to attend hearings called by the chairperson of the task force, as appropriate.

f.**]**[3] The Department of Health shall provide staff services to the task force.

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

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

b. improve existing data systems to ensure that the health information that is collected relating to COVID-19 infections and deaths, [1]**[**include**]** includes[1] specific race, ethnicity, and demographic identifiers to develop a better statistical understanding

of how the COVID-19 pandemic has affected the State's minority and vulnerable communities;

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

d. [2]solicit and receive testimony from members of the State's minority and vulnerable communities based on their experiences during the COVID-19 pandemic;

e.[2] develop effective strategies to:

(1) address the racial, ethnic, and health disparities, and historical and systematic inequalities pertaining to race and ethnicity that have amplified the death rate in the State's minority and vulnerable communities during the COVID-19 pandemic; [1]**[**and**]**[1] [2]and[2]

(2) reduce and eliminate disparities among the various racial and ethnic populations within the State's minority and vulnerable communities with respect to health status, access to high-quality health care, and utilization of health care services [1];[1]

[2]**[**e. hold a minimum of three public hearings, either in-person or remotely, as appropriate, by telephone, computer, or other means of live audio or video communication, with at least one hearing to be held in the northern, southern, and central regions of the State, to solicit and receive testimony from community members based on their experiences during the COVID-19 pandemic;**]**[2]

f. evaluate [2]**[**communications, messages, and modes of**]** the communication, messaging, and[2] dissemination [2]of information[2] regarding testing, contact tracing, and other related public health [2]**[**matters**]** approaches necessary[2] to achieve health care equity and cultural competence [2]in the provision of physical and mental health treatment and services to the State's minority and vulnerable communities during the COVID-19 pandemic[2] ;

g. evaluate impediments that may interfere with an individual's ability to quarantine or isolate [2]during the COVID-19 pandemic[2];

h. analyze the distribution of resources, including personal protective equipment and food, in the State's minority and vulnerable communities;

i. examine the impact of the COVID-19 pandemic on the physical and mental health of essential employees [2]from the State's minority and vulnerable communities[2] ;

j. examine the impact of the COVID-19 pandemic on access to child care services [2]in the State's minority and vulnerable communities[2] ;

k. investigate the prevalence of intimate partner violence [2]in the State's minority and vulnerable communities[2] during the COVID-19 pandemic; and

l. identify best practices, opportunities for shared services, or potential partnerships that would increase the communication of health care information and materials in multiple languages for [2][individuals] members of the State's minority and vulnerable communities[2] , including persons with developmental disabilities and senior citizens[1] .

3. a. No later than one year after the public health emergency declared [2][pursuant to P.L.2005, c.222 (C.26:13-1 et seq.)][2] in response to the coronavirus disease 2019 (COVID-19) is lifted, the task force shall report to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, on the activities of the task force and its findings and recommendations on strategies to:

(1) address the racial, ethnic, and health disparities and historical and systematic inequalities pertaining to race and ethnicity that have amplified the death rate in the State's minority and vulnerable communities during the COVID-19 pandemic;

(2) address the short- and long-term consequences of the COVID-19 pandemic on the State's minority and vulnerable communities; and

(3) reduce and eliminate disparities among the various racial and ethnic populations within the State's minority and vulnerable communities with respect to health status, access to high-quality health care, and utilization of health care services.

b. The task force shall expire 30 days after the issuance of its report.

4. This act shall take effect immediately.