

ASSEMBLY, No. 4476

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED JULY 30, 2020

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman LOUIS D. GREENWALD

District 6 (Burlington and Camden)

Assemblyman CHRISTOPHER P. DEPHILLIPS

District 40 (Bergen, Essex, Morris and Passaic)

Co-Sponsored by:

Assemblyman Benson, Assemblywomen Speight, Dunn, Assemblyman Caputo, Assemblywomen McKnight, DiMaso, Reynolds-Jackson and Assemblyman Johnson

SYNOPSIS

Establishes certain requirements concerning State's preparedness and response to infectious disease outbreaks, including coronavirus disease 2019 (COVID-19) pandemic.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 8/24/2020)

1 AN ACT concerning the State's response to outbreaks, epidemics,
2 and pandemics involving infectious diseases and supplementing
3 Title 26 of the Revised Statutes and P.L.2005, c.222 (C.26:13-1
4 et seq.).

5
6 **BE IT ENACTED** by the Senate and General Assembly of the State
7 of New Jersey:

8
9 1. a. There is established in the Department of Health the
10 Long-Term Care Emergency Operations Center (LTCEOC), which
11 shall serve as the centralized command and resource center for
12 long-term care facility response efforts and communications during
13 infectious disease outbreaks, epidemics, and pandemics affecting or
14 likely to affect one or more long-term care facilities. The LTCEOC
15 shall build off and integrate with existing State, county, and local
16 emergency response systems. The LTCEOC shall be established
17 and operational within 30 days after the effective date of this act.

18 b. The Department of Health shall have primary responsibility
19 for the operations of the LTCEOC, but the Department of Human
20 Services and other appropriate State agencies shall provide any staff
21 support as shall be requested by the Commissioner of Health. The
22 Commissioner of Health may additionally contract with a third
23 party entity to provide staffing services as needed. At a minimum,
24 the Commissioner of Health shall ensure that the LTCEOC has on
25 call at all times such appropriate staff and consultants as are needed
26 to respond to an emerging or ongoing infectious disease outbreak,
27 epidemic, or pandemic affecting or likely to affect one or more
28 long-term care facilities, including representatives from nursing
29 homes, long-term care facilities, nursing home and long-term care
30 facility staff, county and local boards of health, the Office of the
31 New Jersey Long-Term Care Ombudsman, and the Office of
32 Emergency Management in the New Jersey State Police, as well as
33 experts in public health, infection control, elder affairs, disability
34 services, emergency response, and medical transportation.

35 c. The LTCEOC shall establish ongoing, direct communication
36 mechanisms and feedback loops, including an advisory council, to
37 obtain real-time input from the owners and staff of long-term care
38 facilities, unions, advocates representing residents of long-term care
39 facilities and their families, individuals with expertise in the needs
40 of people with specialized health care needs, and such other
41 stakeholders as the Commissioner of Health deems necessary and
42 appropriate during an infectious disease outbreak, epidemic, or
43 pandemic affecting or likely to affect one or more long-term care
44 facilities.

45 d. The LTCEOC shall designate a staff person from the
46 Department of Health who shall serve as the designated liaison to
47 the long-term care industry during an infectious disease outbreak,

1 epidemic, or pandemic affecting or likely to affect one or more long
2 term care facilities.

3 e. The LTCEOC shall provide guidance to the State and to the
4 Office of Emergency Management to ensure that: supplies needed
5 to respond to an outbreak, epidemic, or pandemic involving an
6 infectious disease are acquired and distributed in an effective and
7 efficient manner among long-term care facilities; critical staffing
8 shortages in long-term care facilities are identified and resolved
9 quickly and effectively; issues that would jeopardize the health or
10 safety of staff or residents of a long-term care facility, or that would
11 impede or disrupt efforts to respond to an outbreak, epidemic, or
12 pandemic involving an infectious disease, are promptly identified
13 and addressed in an appropriate manner; and all policies and
14 guidance are effectively communicated to all long-term care
15 industry stakeholders to maximize the coordination and
16 effectiveness of the State's response to an outbreak, epidemic, or
17 pandemic involving an infectious disease affecting one or more
18 long-term care facilities.

19 f. The LTCEOC may develop a data dashboard to collect and
20 analyze real-time issues and challenges occurring in long-term care
21 facilities during an outbreak, epidemic, or pandemic involving an
22 infectious disease, as well as emerging issue areas and items of
23 concern, so as to enable the appropriate authorities to direct a
24 proactive response to those challenges and issues before the
25 challenges and issues develop into matters of critical concern. Any
26 dashboard developed by the LTCEOC may build from or
27 incorporate materials from other data dashboards or similar features
28 developed and maintained by any other entity of State, county, or
29 local government, to the extent necessary to avoid duplication of
30 work, facilitate communications and data sharing, and ensure the
31 integrity, comprehensiveness, and utility of information included in
32 the LTCEOC data dashboard.

33 g. The LTCEOC shall develop guidance and best practices in
34 response to an outbreak, epidemic, or pandemic involving an
35 infectious disease concerning, as appropriate, infection control,
36 symptom monitoring, and the use of telemedicine and telehealth to
37 provide contactless health care services. The guidance and best
38 practices shall be transmitted to appropriate State, county, and local
39 departments and agencies for dissemination to industry and to
40 providers. The guidance and best practices may additionally be
41 transmitted to federal agencies coordinating the national response to
42 the outbreak, epidemic, or pandemic, if any, including, but not
43 limited to, the federal Centers for Disease Control and Prevention,
44 the federal Centers for Medicare and Medicaid Services, and the
45 U.S. Department of Health and Human Services, as well as such
46 international bodies, including the World Health Organization, as
47 may be involved with the response to the outbreak, epidemic, or
48 pandemic.

1 h. As used in sections 1 through 3 of P.L. , c. (C.)
2 (pending before the Legislature as this bill), “infectious disease”
3 means a disease caused by a living organism or other pathogen,
4 including a fungus, bacteria, parasite, protozoan, virus, or prion.
5 An infectious disease may, or may not, be transmissible from
6 person to person, animal to person, or insect to person.
7

8 2. a. No later than 90 days after the effective date of this act,
9 the Department of Health shall institute a regional medical
10 coordination center model for disaster response to facilitate regional
11 capacity coordination and communication across county and local
12 boards of health, hospitals, long-term care facilities, emergency
13 medical services providers and other first responders, and entities
14 providing medical transportation services, in the event of a public
15 health emergency involving an outbreak, epidemic, or pandemic
16 involving an infectious disease. At a minimum, the model shall
17 include a system for pairing long-term care facilities, emergency
18 medical services providers and other first responders, and entities
19 providing medical transportation services with a hospital located in
20 the same region for the purpose of providing the long-term care
21 facility, emergency medical services provider or other first
22 responder, and medical transportation provider with consultative
23 services regarding infectious diseases, infection control, and
24 emergency resource coordination, as well as support testing as may
25 be needed.

26 b. The department shall identify appropriate sources of State,
27 federal, and private funding to facilitate the implementation of this
28 section, including, but not limited to, any funding or other support
29 as may be available through the Federal Emergency Management
30 Agency.
31

32 3. a. No later than 60 days after the effective date of this act,
33 each long-term care facility shall develop plans, in coordination
34 with the LTCEOC established pursuant to section 1 of this act, to
35 maintain mandatory long-term care facility staffing levels by
36 replacing facility staff members who are required to isolate or
37 quarantine because of exposure to or infection with an infectious
38 disease, particularly during periods when there is an outbreak,
39 epidemic, or pandemic involving the infectious disease. Long-term
40 care facility plans may include, but shall not be limited to:

41 (1) establishing staffing teams to provide temporary interim
42 support in the event of staff shortages at the facility, which teams
43 may be developed and operated in coordination with a general acute
44 care hospital;

45 (2) executing contracts with other long-term care facilities and
46 with general acute care hospitals located in the same region to
47 provide staff support on an as-needed basis;

1 (3) utilizing the National Guard or other resources as may be
2 deployed or otherwise made available to respond to an outbreak,
3 epidemic, or pandemic involving the infectious disease; and

4 (4) utilizing the services of qualified volunteers, within the
5 scope of the volunteers' training and experience, which volunteer
6 services are coordinated through the LTCEOC.

7 b. During an outbreak, epidemic, or pandemic of an infectious
8 disease affecting or likely to affect long-term care facilities, the
9 Department of Health shall require long-term care facilities to
10 provide the LTCEOC with an outline of the facility's regular
11 staffing requirements, and to promptly notify the LTCEOC in the
12 event any staff member tests positive for the infectious disease or is
13 required to isolate or quarantine based on infection with or exposure
14 to the infectious disease. The LTCEOC shall utilize the data
15 submitted to it pursuant to this subsection to identify staffing needs
16 throughout the State, anticipate potential staffing shortages, and
17 develop strategies to promptly respond to anticipated shortages.

18 c. During an outbreak, epidemic, or pandemic involving an
19 infectious disease, the LTCEOC shall establish a system for
20 communicating test results for the infectious disease among long-
21 term care facilities for individuals who are employed or providing
22 services at multiple facilities, provided that such system is limited
23 to ensuring facilities are on notice of which employees of the
24 facility have tested positive for the infectious disease and otherwise
25 includes safeguards against the unlawful disclosure of personal
26 identifying information and private health information. Facilities
27 receiving information about an employee through the system
28 established under this subsection shall not use or disseminate the
29 reported information for any purpose other than to ensure the
30 facility's staffing needs are met and to identify and prevent against
31 the possible transmission of the infectious disease at the facility
32 through possible contact with the identified employee.

33
34 4. The Department of Health shall develop plans for the
35 placement of patients who acquire an infectious disease during an
36 outbreak, epidemic, or pandemic involving the infectious disease
37 but who do not require hospitalization, which plan shall apply in the
38 event of a surge in cases of the infectious disease that exceeds safe
39 capacity levels in long-term care facilities. At a minimum, the
40 placement plan shall include protocols for the rapid establishment
41 of at least three regional hubs capable of accepting patients who
42 have, and are capable of transmitting, the infectious disease and
43 who do not require hospitalization, which hubs shall comply with
44 State and federal guidance regarding infection control practices
45 related to the infectious disease. In the event of a surge in cases of
46 the infectious disease, the LTCEOC shall actively monitor capacity
47 levels at long-term care facilities and at any regional hubs
48 established under this section, and shall take steps to direct patient

1 placements as necessary to manage capacity levels and ensure, to
2 the extent possible, that no regional hub or long-term care facility
3 exceeds safe capacity levels.

4
5 5. a. No later than 30 days after the effective date of this act,
6 the Department of Health shall develop a plan and provide guidance
7 to long-term care facilities on how the facilities can comply with
8 and implement federal guidance on accepting new residents at the
9 facility and allowing in-person visits with residents of the facility
10 during the ongoing coronavirus disease 2019 (COVID-19)
11 pandemic, which guidance shall be developed in consultation with
12 the LTCEOC established pursuant to section 1 of this act. The
13 guidance shall, at a minimum:

14 (1) require each long-term care facility to have:

15 (a) adequate isolation rooms or isolation capabilities to allow
16 for effective cohorting of both residents and staff;

17 (b) an adequate minimum supply of personal protective
18 equipment and test kits for COVID-19 on hand; and

19 (c) sufficient staff, which may be augmented through
20 contingency plans and training programs, to enable the facility to
21 fully meet its responsibilities to residents as well as to ensuring the
22 safety of staff and residents;

23 (2) define acceptable models of cohorting, appropriate staffing
24 levels and staffing ratios, standards and protocols for distribution
25 and use of personal protective equipment, and standards and
26 protocols for COVID-19 testing; and

27 (3) establish standards and procedures for ensuring distribution
28 of personal protective equipment and COVID-19 test kits to
29 facilities that are unable to obtain them on their own.

30 b. The department shall establish a centralized online resource
31 to answer frequently asked questions and provide educational
32 sessions, focus groups, and support services to the long-term care
33 industry in implementing the guidance developed pursuant to
34 subsection a. of this section.

35 c. Each long-term care facility in the State shall submit to the
36 department, prior to admitting new residents to the facility and
37 allowing in-person visits with residents of the facility to resume, an
38 attestation of compliance with federal requirements and the
39 guidelines issued pursuant to subsection a. of this section. If, at any
40 time after resuming new admissions and in-person visitations, the
41 long-term care facility identifies issues or encounters circumstances
42 that require a modified approach to new admissions and in-person
43 visits or that require ending new admissions or in-person visits, the
44 facility shall promptly report those issues or circumstances to the
45 LTCEOC.

46 d. No general acute care hospital shall discharge any patient to
47 a long-term care facility during the COVID-19 pandemic unless the
48 facility has submitted an attestation to the department pursuant to

1 subsection c. of this section and is currently accepting new
2 residents.

3 e. The LTCEOC shall establish a compliance check system
4 comprising, as appropriate, testing, assistance, and clinical teams,
5 to:

6 (1) periodically evaluate the ability of long-term care facilities to
7 resume admitting new residents and allow in-person visits with
8 residents; and

9 (2) render assistance to long-term care facilities as needed,
10 including staff support and assistance in obtaining personal
11 protective equipment, COVID-19 testing kits, or other necessary
12 resources.

13 f. In developing guidance pursuant to subsection a. of this
14 section, the department shall plan for potential or anticipated
15 changes in federal policy that could affect the ability of long-term
16 care facilities, or health care professionals in general, to respond to
17 the COVID-19 pandemic, including changes that could restrict
18 professional scope of practice or coverage under a health benefits
19 plan for services provided to long-term care facility residents.

20

21 6. a. No later than 30 days after the effective date of this act,
22 the Department of Health shall develop standards and protocols for
23 COVID-19 testing in long-term care facilities in order to minimize
24 the risk that staff and residents of long-term care facilities may be
25 exposed to COVID-19 through interaction with other persons
26 present at the facility.

27 b. The standards and protocols developed pursuant to
28 subsection a. of this section shall:

29 (1) prioritize use of the most effective forms and methods of
30 testing as are currently available;

31 (2) provide guidance for long-term care facilities to implement
32 comprehensive testing using the facility's own resources and
33 funding;

34 (3) establish methods to avoid duplicative testing of staff
35 members employed by or providing professional services at more
36 than one long-term care facility, including facilitating
37 communication among facilities employing or utilizing the services
38 of the same professionals;

39 (4) require long-term care facilities to provide on-site testing
40 services to facility staff at a frequency as shall be required by the
41 Department of Health;

42 (5) include protocols for establishing mobile testing units,
43 supported by a general acute care hospital, on an expedited basis
44 when needed to respond to COVID-19 testing demands; and

45 (6) in the event that it becomes necessary to establish routine
46 testing at a long-term care facility, allow for use of the least
47 invasive, most cost-effective method of testing that is consistent

1 with department guidelines and best practices for infection control
2 and reducing the risk of COVID-19 transmission.

3 c. The standards and protocols developed pursuant to
4 subsection a. of this section may include:

5 (1) specific testing requirements based on local infection rates
6 and risk factors;

7 (2) protocols for determining when testing will be limited to
8 those symptomatic for COVID-19, when testing will be mandated
9 for all visitors to a long-term care facility, and when testing will be
10 at the discretion of the long-term care facility;

11 (3) a mechanism for long-term care facilities to partner with a
12 general acute care hospital in the region for the purpose of
13 providing or supporting COVID-19 testing at the long-term care
14 facility; and

15 (4) the establishment of a network of preferred clinical
16 laboratories for the purposes of performing COVID-19 testing.

17 d. The LTCEOC established pursuant to section 1 of this act
18 shall support COVID-19 testing protocols in long-term care
19 facilities through the coordinated distribution of available supplies
20 and other resources to long-term care facilities and by assisting
21 facilities to identify and access available sources of funding.

22 e. The Commissioner of Health, the Commissioner of Human
23 Services, and the Commissioner of Banking and Insurance shall
24 jointly develop strategies to ensure reimbursement of COVID-19
25 tests performed pursuant to this section through health benefits
26 plans, Medicaid and NJ FamilyCare, Medicare, and State and
27 federal funds made available for this purpose.

28
29 7. The Commissioner of Health and the Commissioner of
30 Human Services shall take steps to ensure available and appropriate
31 sources of federal funding provided to states in response to the
32 COVID-19 pandemic are made available to long-term care
33 facilities. The commissioners may condition awards of funding
34 made pursuant to this section on long-term care facilities providing
35 regular reports on how the funding is used, including any evidence
36 as may be needed to confirm the facilities are complying with all
37 terms and conditions that attach to the funding, as well as
38 information concerning steps the facility is taking to improve the
39 facility's preparedness and response to the COVID-19 pandemic,
40 including establishing and updating staff and patient safety and
41 isolation protocols, expanding access to personal protective
42 equipment and COVID-19 testing, and making improvements to the
43 facility's equipment and physical plant that will help prevent the
44 spread of communicable diseases within the facility.

45
46 8. a. No later than 60 days after the effective date of this act,
47 the Department of Health shall coordinate with appropriate State
48 and federal entities to consolidate all State and federal data

1 reporting related to the COVID-19 pandemic through the NJHA
2 PPE, Supply & Capacity Portal maintained by the New Jersey
3 Hospital Association. The department shall migrate the NJHA
4 portal onto department systems and shall communicate the changes
5 made pursuant to this subsection to long-term care facilities. The
6 department may enter into such agreements with the New Jersey
7 Hospital Association as are necessary to implement the provisions
8 of this subsection.

9 b. No later than 30 days after the effective date of this act, the
10 department shall undertake a review of State, federal, county, and
11 local reporting requirements for long-term care facilities related to
12 COVID-19 and take steps to standardize and consolidate the
13 reporting requirements for the purpose of reducing the
14 administrative demand on the facilities of complying with reporting
15 requirements and improving the utility of the reported data and the
16 ability to share the data across systems, including systems
17 maintained by other State departments and agencies, county and
18 local agencies, and federal authorities.

19 c. No later than 90 days after the effective date of this act, the
20 department shall centralize its internal COVID-19 and long-term
21 care facility data reporting and storage systems for the purpose of
22 improving the utility of the reported data and the ability to share the
23 data across systems, including systems maintained by other State
24 departments and agencies, county and local agencies, and federal
25 authorities charged with responding to the COVID-19 pandemic.
26 At a minimum, the centralized systems shall:

27 (1) incorporate a function that automatically transmits alerts
28 concerning long-term care facilities that report COVID-19 metrics
29 exceeding established thresholds for new COVID-19 cases and
30 COVID-19-related deaths to governmental points-of-contact at
31 departments, agencies, and entities having jurisdiction over the
32 long-term care facility or that are otherwise to be involved in the
33 COVID-19 response at the facility; and

34 (2) receive and compile complaints concerning long-term care
35 facilities received from any other State department or agency,
36 which complaints shall be reviewed by the department on a regular
37 basis for the purpose of identifying and formulating an appropriate
38 response to facilities with chronic, repeat, or acute issues presenting
39 a threat to the health or safety of residents and staff at the facility.

40 d. The department shall provide support to smaller long-term
41 care facilities to assist the facilities in upgrading and enhancing
42 their health information technology systems to allow for ready
43 communication with State, county, and local entities to which the
44 facilities are required to report or with which the facilities are
45 required to communicate regarding COVID-19. Support provided
46 to the facilities under this section shall include, as necessary, staff
47 support, technical assistance, and financial support, including
48 identifying available State, federal, and private sources of funding

1 as may be available to the facilities to upgrade and enhance their
2 health information technology systems.

3

4 9. This act shall take effect immediately.

5

6

7

STATEMENT

8

9 This bill establishes certain requirements concerning the State's
10 preparedness and response regarding infectious disease outbreaks,
11 epidemics, and pandemics affecting long-term care facilities.
12 Certain of the requirements established under the bill are specific to
13 the coronavirus disease 2019 (COVID-19) pandemic, other
14 requirements will apply to both the COVID-19 pandemic and to
15 future infectious disease outbreaks, epidemics, and pandemics.

16 The bill establishes the Long-Term Care Emergency Operations
17 Center (LTCEOC) in the Department of Health (DOH), which will
18 serve as the centralized command and resource center for long-term
19 care facility response efforts and communications during infectious
20 disease outbreaks, epidemics, and pandemics affecting or likely to
21 affect one or more long-term care facilities. The LTCEOC, which
22 is to be established no later than 30 days after the effective date of
23 the bill, is to build off and integrate with existing emergency
24 response systems.

25 The DOH will have primary responsibility for the operations of
26 the LTCEOC, but the Department of Human Services and other
27 appropriate State agencies are to provide any staff support
28 requested by the DOH. The DOH may additionally contract with a
29 third party entity to provide staffing services as needed. At a
30 minimum, the LTCEOC will be required to have on call at all times
31 such appropriate staff and consultants as are needed to respond to
32 an emerging or ongoing outbreak, epidemic, or pandemic, including
33 representatives from nursing homes, long-term care facilities,
34 nursing home and long-term care facility staff, county and local
35 boards of health, the Office of the New Jersey Long-Term Care
36 Ombudsman, and the Office of Emergency management in the New
37 Jersey State Police, as well as experts in public health, infection
38 control, elder affairs, disability services, emergency response, and
39 medical transportation.

40 The LTCEOC will be required to establish ongoing, direct
41 communication mechanisms and feedback loops, including an
42 advisory council, to obtain real-time input from the owners and
43 staff of long-term care facilities, unions, advocates representing
44 residents of long-term care facilities and their families, individuals
45 with expertise in the needs of people with specialized health care
46 needs, and such other stakeholders as the DOH deems necessary
47 and appropriate during an outbreak, epidemic, or pandemic
48 affecting or potentially affecting long-term care facilities. The

1 LTCEOC will also designate a staff person from the DOH who will
2 serve as designated liaison to the long-term care industry during an
3 outbreak, epidemic, or pandemic.

4 The LTCEOC will provide guidance to the State and to the
5 Office of Emergency Management to ensure that: supplies needed
6 to respond to an outbreak, epidemic, or pandemic are acquired and
7 distributed in an effective and efficient manner; critical staffing
8 shortages in long-term care facilities are identified and resolved in
9 an effective and efficient manner; issues that would jeopardize the
10 health or safety of staff or residents of a long-term care facility, or
11 that would impede or disrupt efforts to respond to an outbreak,
12 epidemic, or pandemic are promptly identified and appropriately
13 addressed; and all policies and guidance are effectively
14 communicated to all long-term care industry stakeholders to
15 maximize the coordination and effectiveness of the State's response
16 to an outbreak, epidemic, or pandemic affecting long-term care
17 facilities.

18 The LTCEOC will have the authority to develop a data
19 dashboard to collect and analyze real-time issues and challenges
20 occurring in long-term care facilities during an infectious disease
21 outbreak, epidemic, or pandemic, as well as emerging issue areas
22 and items of concern, so as to enable the appropriate authorities to
23 direct a proactive response to those challenges and issues before the
24 challenges and issues develop into matters of critical concern. Any
25 dashboard developed by the LTCEOC may build from or
26 incorporate materials from other data dashboards or similar features
27 developed and maintained by any other entity of State, county, or
28 local government, to the extent necessary to avoid duplication of
29 work, facilitate communications and data sharing, and ensure the
30 integrity, comprehensiveness, and utility of information included in
31 the LTCEOC data dashboard.

32 The LTCEOC will be required to develop guidance and best
33 practices in response to an infectious disease outbreak, epidemic, or
34 pandemic concerning, as may be appropriate, infection control,
35 symptom monitoring, and the use of telemedicine and telehealth to
36 provide contactless health care services. The guidance and best
37 practices are to be transmitted to appropriate State, county, and
38 local departments and agencies for dissemination to industry and to
39 providers. The guidance and best practices may additionally be
40 transmitted to any federal and international agencies as may be
41 involved with a national or international response to the infectious
42 disease outbreak, epidemic, or pandemic.

43 The bill requires the DOH to institute, no later than 90 days after
44 the effective date of the bill, a regional medical coordination center
45 model for disaster response to facilitate regional capacity
46 coordination and communication across county and local boards of
47 health, hospitals, long-term care facilities, emergency medical
48 services providers and other first responders, and entities providing

1 medical transportation, in the event of a public health emergency
2 involving a communicable disease outbreak, epidemic, or
3 pandemic. At a minimum, the model is to include a system for
4 pairing long-term care facilities, emergency medical services
5 providers and other first responders, and medical transportation
6 entities with a hospital located in the same region for the purpose of
7 providing the long-term care facility with consultative services
8 regarding infectious diseases, infection control, and emergency
9 resource coordination, as well as support testing as may be needed.
10 The DOH is to identify appropriate sources of State, federal, and
11 private funding to implement the regional medical coordination
12 center model.

13 Within 60 days after the effective date of the bill, each long-term
14 care facility will be required to develop plans, in coordination with
15 the LTCEOC, to maintain mandatory long-term care facility
16 staffing levels by replacing facility staff who isolate or quarantine
17 because of infection with or exposure to an infectious disease,
18 particularly during an outbreak, epidemic, or pandemic involving
19 the infectious disease. These plans may include: establishing
20 staffing teams to provide temporary interim support; executing
21 contracts with other long-term care facilities and with general acute
22 care hospitals located in the same region to provide staff support on
23 an as-needed basis; utilizing the National Guard or other resources
24 as may be deployed or otherwise made available in response to an
25 outbreak, epidemic, or pandemic; and utilizing the services of
26 qualified volunteers.

27 During an outbreak, epidemic, or pandemic involving an
28 infectious disease, long-term care facilities are to provide the
29 LTCEOC with an outline of the facility's regular staffing
30 requirements and promptly notify the LTCEOC in the event any
31 staff member tests positive for the infectious disease or is required
32 to isolate or quarantine based on infection or exposure to the
33 infectious disease. The LTCEOC will utilize this data to identify
34 staffing needs throughout the State, anticipate potential staffing
35 shortages, and develop strategies to promptly respond to anticipated
36 shortages.

37 During an outbreak, epidemic, or pandemic involving an
38 infectious disease, the LTCEOC will be required to establish a
39 system for communicating test results for the infectious disease
40 among long-term care facilities for individuals who are employed
41 by or providing services in multiple facilities. The system will be
42 limited to ensuring facilities are on notice of which employees of
43 the facility have tested positive for the infectious disease, and will
44 include safeguards against the unlawful disclosure of personal
45 identifying information and private health information. Facilities
46 receiving information about an employee through the system will be
47 prohibited from using or disseminating the reported information for
48 any purpose other than to ensure the facility's staffing needs are

1 met and to identify and prevent against the possible transmission of
2 the infectious disease at the facility through contact with the
3 identified employee.

4 The DOH will be required to develop plans for the placement of
5 patients who contract an infectious disease during an outbreak,
6 epidemic, or pandemic of the disease but who do not require
7 hospitalization, which plan will apply in the event of a surge in new
8 cases of the infectious disease that exceeds safe capacity levels in
9 long-term care facilities. At a minimum, the placement plan is to
10 include the rapid establishment of at least three regional hubs
11 capable of accepting patients with the infectious disease who do not
12 require hospitalization, which hubs are to comply with State and
13 federal guidance regarding infection control practices related to the
14 infectious disease. In the event of a surge in cases of the infectious
15 disease, the LTCEOC will be required to actively monitor capacity
16 levels at long-term care facilities and at regional hubs and take steps
17 to direct patient placements as necessary to manage safe capacity
18 levels.

19 Within 30 days after the effective date of the bill, the DOH will
20 be required to develop a plan and provide guidance to long-term
21 care facilities on how the facilities can comply with and implement
22 federal guidance on accepting new residents at the facility and
23 allow in-person visits with residents of the facility during the
24 ongoing coronavirus disease 2019 (COVID-19) pandemic, which
25 guidance is to be developed in consultation with the LTCEOC. The
26 guidance is to include specific requirements related to isolation and
27 cohorting, stockpiling and distributing personal protective
28 equipment (PPE) and COVID-19 test kits, and staffing. The DOH
29 will be required to establish a centralized online resource to answer
30 frequently asked questions and provide educational sessions, focus
31 groups, and support services to the long-term care industry in
32 implementing the guidance developed under the bill.

33 In developing guidance, the DOH will be required to plan for
34 potential or anticipated changes in federal policy that could affect
35 the ability of long-term care facilities, or health care professionals
36 in general, to respond to the COVID-19 pandemic, including
37 changes that could restrict professional scope of practice or
38 coverage under a health benefits plan for services provided to long-
39 term care facility residents.

40 Each long-term care facility will be required to submit to the
41 DOH, prior to admitting new residents to the facility and resuming
42 in-person visitation with facility residents during the ongoing
43 COVID-19 pandemic, an attestation of compliance with federal
44 requirements and the guidelines issued under the bill. If, at any
45 time after resuming new admissions and in-person visitations, the
46 long-term care facility identifies issues or encounters circumstances
47 that require a modified approach to new admissions and in-person
48 visits or that require ending new admissions or in-person visits, the

1 facility will be required to promptly report those issues or
2 circumstances to the LTCEOC. The bill prohibits general acute
3 care hospitals from discharging any patient to a long-term care
4 facility during the COVID-19 pandemic if the facility has not met
5 these requirements.

6 The LTCEOC will be required to establish a compliance check
7 system comprising, as appropriate, testing, assistance, and clinical
8 teams, to periodically evaluate the ability of long-term care
9 facilities to resume new admissions and in-person visitation and
10 render assistance to the facilities as needed, including staff support
11 and assistance in obtaining PPE, COVID-19 testing kits, or other
12 necessary resources.

13 Within 30 days after the effective date of the bill, the DOH will
14 be required to develop standards and protocols for COVID-19
15 testing in long-term care facilities in order to minimize the risk that
16 staff and residents of long-term care facilities may be exposed to
17 COVID-19 through interaction with other persons present at the
18 facility. The standards and protocols are to prioritize use of the
19 most effective forms and methods of testing, provide guidance for
20 facilities to implement comprehensive testing using the facility's
21 own resources and funding; establish methods to avoid duplicative
22 testing of staff members employed by or providing professional
23 services at more than one long-term care facility, require long-term
24 care facilities to provide on-site testing services to facility staff,
25 include protocols for establishing mobile testing units on an
26 expedited basis when needed, and allow facilities flexibility in
27 implementing routine testing if it becomes necessary.

28 The standards and protocols may additionally include specific
29 testing requirements based on local infection rates and risk factors,
30 protocols for determining in which situations testing will be
31 mandatory, a mechanism for hospitals to provide or support
32 COVID-19 testing in long-term care facilities, and the
33 establishment of a network of preferred clinical laboratories for
34 COVID-19 testing.

35 The LTCEOC will be required to support COVID-19 testing
36 protocols in long-term care facilities through the coordinated
37 distribution of available supplies and other resources to long-term
38 care facilities and by assisting facilities with identifying and
39 accessing available sources of funding.

40 The Commissioner of Health, the Commissioner of Human
41 Services, and the Commissioner of Banking and Insurance will be
42 required to jointly develop strategies to ensure reimbursement of
43 COVID-19 tests performed under the bill through health benefits
44 plans, Medicaid and NJ FamilyCare, Medicare, and State and
45 federal funds made available for this purpose.

46 The bill requires the Commissioner of Health and the
47 Commissioner of Human Services to take steps to ensure available
48 and appropriate sources of federal funding provided to states in

1 response to the COVID-19 pandemic are made available to long-
2 term care facilities. The commissioners may condition awards of
3 funding on long-term care facilities providing regular reports on
4 how the funding is used, including evidence of compliance with any
5 conditions attached to the funding and information concerning the
6 steps the facility is taking to improve the facility's preparedness and
7 response to the COVID-19 pandemic.

8 The bill requires the DOH, no later than 60 days after the
9 effective date of the bill, to coordinate with appropriate State and
10 federal entities to consolidate all State and federal data reporting
11 related to the COVID-19 pandemic through the NJHA PPE, Supply
12 & Capacity Portal maintained by the New Jersey Hospital
13 Association (NJHA). The DOH will migrate the NJHA portal onto
14 DOH systems and communicate the change to long-term care
15 facilities. The DOH will be authorized to enter into any necessary
16 agreements with the NJHA.

17 No later than 30 days after the effective date of the bill, the DOH
18 will be required to undertake a review of State, federal, county, and
19 local reporting requirements for long-term care facilities related to
20 COVID-19 and take steps to standardize and consolidate the
21 reporting requirements in order to reduce the burden of compliance
22 for facilities, improve the utility of the reported data, and improve
23 the ability to share the data across systems. No later than 90 days
24 after the effective date of the bill, the DOH is to centralize its
25 internal COVID-19 and long-term care facility data reporting and
26 storage systems to facilitate data sharing across systems. The
27 centralized systems are to: (1) incorporate a function that
28 automatically transmits alerts concerning COVID-19 outbreaks and
29 deaths in long-term care facilities to appropriate governmental
30 agencies, and (2) receive and compile complaints concerning long-
31 term care facilities received from any other State department or
32 agency to facilitate the response to chronic, repeat, or acute issues
33 related to the health or safety of residents and staff at the facility.

34 The DOH will be required to provide support to smaller long-
35 term care facilities to assist with upgrades and enhancements to
36 their health information technology systems to allow for ready
37 communication with State, county, and local entities regarding
38 COVID-19. Support provided to the facilities may include staff
39 support, technical assistance, and financial support.