

P.L. 2020, CHAPTER 87, *approved September 16, 2020*
Assembly, No. 4476 (*Second Reprint*)

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. ²(New section)² a. There is established in the Department
10 of Health the Long-Term Care Emergency Operations Center
11 (LTCEOC), which shall serve as the centralized command and
12 resource center for long-term care facility response efforts and
13 communications during ²¹any hazardous event, including, but not
14 limited to,¹ infectious disease outbreaks, epidemics, and
15 pandemics¹ a declared public health emergency² affecting or likely
16 to affect one or more long-term care facilities. The LTCEOC shall
17 ¹build off enhance¹ and integrate with existing State, county, and
18 local emergency response systems. ²The LTCEOC shall be
19 established and operational within 30 days after the effective date of
20 this act.²

21 b. The Department of Health shall have primary responsibility
22 for the operations of the LTCEOC, but the Department of Human
23 Services and other appropriate State agencies shall provide any staff
24 support as shall be requested by the Commissioner of Health. The
25 Commissioner of Health may additionally contract with a third
26 party entity to provide staffing services as needed. At a minimum,
27 the Commissioner of Health shall ensure that the LTCEOC has on
28 call at all times such appropriate staff and consultants as are needed
29 to respond to ²an emerging or ongoing infectious disease outbreak,
30 epidemic, or pandemic a declared public health emergency²
31 affecting or likely to affect one or more long-term care facilities,
32 including representatives from ²nursing homes, long-term care
33 facilities, nursing home and long-term care facility staff, ¹general
34 acute care hospitals, long-term care hospitals, psychiatric hospitals,
35 home health and hospice agencies, Programs of All-Inclusive Care
36 for the Elderly (PACE) organizations,¹ ² county and local boards of

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 ASE committee amendments adopted August 24, 2020.

²Assembly AAP committee amendments adopted August 24, 2020.

1 health, the Office of the New Jersey Long-Term Care Ombudsman,
2 and the Office of Emergency Management in the New Jersey State
3 Police, ²the acute and post-acute health care industry,² as well as
4 experts in public health, infection control, elder affairs, disability
5 services, emergency response, and medical transportation.

6 c. The ²primary responsibilities of the² LTCEOC shall
7 ²**establish** include, but shall not be limited to:

8 (1) establishing² ongoing, direct communication ²**mechanisms**
9 and feedback loops, including an advisory council, to obtain real-
10 time input from **with**² the owners and staff of long-term care
11 facilities, unions, advocates representing residents of long-term care
12 facilities and their families, individuals with expertise in the needs
13 of people with specialized health care needs, and such other
14 stakeholders as the Commissioner of Health deems necessary and
15 appropriate during ²**an infectious disease outbreak, epidemic, or**
16 **pandemic** a public health emergency² affecting or likely to affect
17 one or more long-term care facilities ², which may include the use
18 of existing communication mechanisms and feedback loops in the
19 Department of Health's Office of Disaster Resilience or Health
20 Systems branch, as appropriate;

21 (2) providing technical assistance to the long-term care industry
22 during the public health emergency, which may be facilitated
23 through local health departments;

24 (3) ensuring supplies and equipment needed to respond to the
25 public health emergency are acquired and distributed in an effective
26 and efficient manner among long-term care facilities;

27 (4) utilizing the National Healthcare Safety Network database
28 managed by the federal Centers for Disease Control and Prevention
29 to:

30 (a) identify and respond to critical staffing shortages in long-
31 term care facilities;

32 (b) if applicable, identify and respond to critical personal
33 protective equipment or ventilator shortages in long-term care
34 facilities;

35 (c) monitor facility capacity; and

36 (d) if applicable, monitor infectious disease case counts and
37 deaths by facility; and

38 (5) ensuring all policies and guidance developed by the
39 Department of Health in response to the public health emergency
40 are effectively communicated to all long-term care industry
41 stakeholders² .

42 d. ²**The** LTCEOC shall designate a staff person from the
43 Department of Health who shall serve as the designated liaison to
44 the long-term care industry during an infectious disease outbreak,
45 epidemic, or pandemic affecting or likely to affect one or more long
46 term care facilities.

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

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

31 g. The LTCEOC shall develop guidance and best practices in
32 response to an outbreak, epidemic, or pandemic involving an
33 infectious disease concerning, as appropriate, infection control,
34 symptom monitoring, and the use of telemedicine and telehealth to
35 provide contactless health care services. ¹【The guidance and best
36 practices shall be transmitted to appropriate State, county, and local
37 departments and agencies for dissemination to industry and to
38 providers. The guidance and best practices may additionally be
39 transmitted to federal agencies coordinating the national response to
40 the outbreak, epidemic, or pandemic, if any, including, but not
41 limited to, the federal Centers for Disease Control and Prevention,
42 the federal Centers for Medicare and Medicaid Services, and the
43 U.S. Department of Health and Human Services, as well as such
44 international bodies, including the World Health Organization, as
45 may be involved with the response to the outbreak, epidemic, or
46 pandemic.】¹

47 h.】 In the event of a public health emergency declared in
48 response to an infectious disease outbreak, epidemic, or pandemic

1 affecting or likely to affect one or more long-term care facilities,
 2 the LTCEOC, in consultation with other offices within the
 3 Department of Health and the Office of Emergency Management in
 4 the New Jersey Division of State Police, shall determine the need
 5 for the establishment of regional hubs capable of accepting patients
 6 who have, and are capable of transmitting, the infectious disease
 7 and who do not require hospitalization, which hubs shall comply
 8 with State and federal guidance regarding infection control
 9 practices related to the infectious disease. In the event of a surge in
 10 number of identified cases of the infectious disease, the LTCEOC
 11 shall actively monitor capacity levels at long-term care facilities
 12 and at regional hubs established pursuant to this subsection, if any,
 13 using the National Healthcare Safety Network database managed by
 14 the federal Centers for Disease Control and Prevention, and shall
 15 take steps to direct patient placements as necessary to manage
 16 capacity levels and ensure, to the extent possible, that no regional
 17 hub or long-term care facility exceeds safe capacity levels.

18 e.² As used in sections 1 through ²**[3]** ²5² of P.L. ,
 19 c. (C.) (pending before the Legislature as this bill),
 20 “infectious disease” means a disease caused by a living organism or
 21 other pathogen, including a fungus, bacteria, parasite, protozoan,
 22 virus, or prion. An infectious disease may, or may not, be
 23 transmissible from person to person, animal to person, or insect to
 24 person.
 25

26 2. ²(New section)² a. No later than ²**[90]** ²180² days after the
 27 effective date of this act, the Department of Health shall ¹, in
 28 consultation with the Emergency Medical Services Task Force ²and
 29 the Office of Emergency Management in the New Jersey Division
 30 of State Police² ,¹ institute a regional medical coordination center
 31 model for disaster response to facilitate regional capacity
 32 coordination and communication across county and local boards of
 33 health, hospitals, long-term care facilities, emergency medical
 34 services providers and other first responders, and entities providing
 35 medical transportation services, in the event of a public health
 36 emergency involving an outbreak, epidemic, or pandemic involving
 37 an infectious disease. At a minimum, the model shall include a
 38 system for ¹**[pairing]** engaging the Level 1 trauma center in the
 39 region with¹ long-term care facilities, ¹federally qualified healthcare
 40 centers, home health agencies, hospice providers, medical
 41 transportation providers,¹ emergency medical services providers
 42 and other first responders, and entities providing medical
 43 transportation services ¹**[with a hospital located in the same region**
 44 for the purpose of providing the long-term care facility, emergency
 45 medical services provider or other first responder, and medical
 46 transportation provider with consultative services regarding
 47 infectious diseases, infection control, and emergency resource

1 coordination, as well as support testing as may be needed **】** in its
2 associated region. The Regional Level 1 Trauma Center and its
3 associated regional medical coordination center shall make
4 available their various clinical and non-clinical content experts and
5 services are available for consultation and support to facilitate the
6 implementation of evidence-based best practices and informed
7 decision making¹.

8 b. The department shall identify appropriate sources of State,
9 federal, and private funding to facilitate the implementation of this
10 section, including, but not limited to, any funding or other support
11 as may be available through the Federal Emergency Management
12 Agency.

13
14 ²**【**3. a. No later than 60 days after the effective date of this act,
15 each long-term care facility shall develop plans, in coordination
16 with the LTCEOC established pursuant to section 1 of this act, to
17 maintain mandatory long-term care facility staffing levels by
18 replacing facility staff members who are required to isolate or
19 quarantine because of exposure to or infection with an infectious
20 disease, particularly during periods when there is an outbreak,
21 epidemic, or pandemic involving the infectious disease. ¹**【**Long-
22 term care facility plans may include, but shall not be limited to:

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

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

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

33 (4) utilizing the services of qualified volunteers, within the
34 scope of the volunteers' training and experience, which volunteer
35 services are coordinated through the LTCEOC. **】**¹

36 b. During an outbreak, epidemic, or pandemic of an infectious
37 disease affecting or likely to affect long-term care facilities, the
38 Department of Health shall require long-term care facilities to
39 provide the LTCEOC with an outline of the facility's regular
40 staffing requirements, and to promptly notify the LTCEOC in the
41 event any staff member tests positive for the infectious disease or is
42 required to isolate or quarantine based on infection with or exposure
43 to the infectious disease. The LTCEOC shall utilize the data
44 submitted to it pursuant to this subsection to identify staffing needs
45 throughout the State, anticipate potential staffing shortages, and
46 develop strategies to promptly respond to anticipated shortages.

1 c. During an outbreak, epidemic, or pandemic involving an
2 infectious disease, the LTCEOC shall establish a system for
3 communicating test results for the infectious disease among long-
4 term care facilities for individuals who are employed or providing
5 services at multiple facilities, provided that such system is limited
6 to ensuring facilities are on notice of which employees of the
7 facility have tested positive for the infectious disease and otherwise
8 includes safeguards against the unlawful disclosure of personal
9 identifying information and private health information. Facilities
10 receiving information about an employee through the system
11 established under this subsection shall not use or disseminate the
12 reported information for any purpose other than to ensure the
13 facility's staffing needs are met and to identify and prevent against
14 the possible transmission of the infectious disease at the facility
15 through possible contact with the identified employee.】²

16
17 ²【4. The Department of Health shall develop plans for the
18 placement of patients who acquire an infectious disease during an
19 outbreak, epidemic, or pandemic involving the infectious disease
20 but who do not require hospitalization, which plan shall apply in the
21 event of a surge in cases of the infectious disease that exceeds safe
22 capacity levels in long-term care facilities. At a minimum, the
23 placement plan shall include protocols for the rapid establishment
24 of at least three regional hubs capable of accepting patients who
25 have, and are capable of transmitting, the infectious disease and
26 who do not require hospitalization, which hubs shall comply with
27 State and federal guidance regarding infection control practices
28 related to the infectious disease. In the event of a surge in cases of
29 the infectious disease, the LTCEOC shall actively monitor capacity
30 levels at long-term care facilities and at any regional hubs
31 established under this section, and shall take steps to direct patient
32 placements as necessary to manage capacity levels and ensure, to
33 the extent possible, that no regional hub or long-term care facility
34 exceeds safe capacity levels.】²

35
36 ²【5.】 3. (New section)² a. ²【No later than 30 days after the
37 effective date of this act, the Department of Health shall develop a
38 plan and provide guidance to long-term care facilities on how the
39 facilities can comply with and implement federal guidance on
40 accepting new residents at the facility and allowing in-person visits
41 with residents of the facility during the ongoing coronavirus disease
42 2019 (COVID-19) pandemic, which guidance shall be developed in
43 consultation with the LTCEOC established pursuant to section 1 of
44 this act. The guidance shall, at a minimum】 During an infectious
45 disease outbreak occurring at a long-term care facility, or an
46 epidemic or pandemic of an infectious disease affecting or likely to
47 affect a long-term care facility, each long-term care facility shall² :

- 1 (1) ²require each long-term care facility to have:
- 2 (a) adequate isolation rooms or isolation capabilities to allow
- 3 for effective cohorting of both residents and staff;
- 4 (b) an adequate minimum supply of personal protective
- 5 equipment and test kits for COVID-19 on hand; and
- 6 (c) sufficient staff, which may be augmented through
- 7 contingency plans and training programs, to enable the facility to
- 8 fully meet its responsibilities to residents as well as to ensuring the
- 9 safety of staff and residents] separate residents who test positive for
- 10 or who are suspected of having contracted the infectious disease
- 11 from those who have not tested positive for, and are not suspected
- 12 of having contracted, the infectious disease² ;
- 13 (2) ²define acceptable models of cohorting, appropriate
- 14 staffing levels and staffing ratios, standards and protocols for
- 15 distribution and use of personal protective equipment, and standards
- 16 and protocols for COVID-19 testing] follow guidance issued by the
- 17 federal Centers for Disease Control and Prevention or other
- 18 appropriate entities as may be identified by the Commissioner of
- 19 Health with regard to determining whether a resident who has
- 20 contracted the infectious disease is recovered from the infectious
- 21 disease, and the appropriate procedures and protocols for
- 22 interactions between those residents and staff and other residents at
- 23 the facility² ; and
- 24 (3) ²establish standards and procedures for ensuring
- 25 distribution of personal protective equipment and COVID-19 test
- 26 kits to facilities that are unable to obtain them on their own] comply with current orders, guidance, and directives concerning
- 27 admissions and readmissions to the facility² .
- 29 b. ²The department shall establish a centralized online
- 30 resource to answer frequently asked questions and provide
- 31 educational sessions, focus groups, and support services to the long-
- 32 term care industry in implementing the guidance developed
- 33 pursuant to subsection a. of this section.
- 34 c. Each long-term care facility in the State shall submit to the
- 35 department, prior to admitting new residents to the facility and
- 36 allowing in-person visits with residents of the facility to resume, an
- 37 attestation of compliance with federal requirements and the
- 38 guidelines issued pursuant to subsection a. of this section. If, at any
- 39 time after resuming new admissions and in-person visitations, the
- 40 long-term care facility identifies issues or encounters circumstances
- 41 that require a modified approach to new admissions and in-person
- 42 visits or that require ending new admissions or in-person visits, the
- 43 facility shall promptly report those issues or circumstances to the
- 44 LTCEOC.
- 45 d.]² ¹No general acute care hospital shall discharge any patient
- 46 to a long-term care facility during the COVID-19 pandemic unless
- 47 the facility has] The Department of Health shall establish a

1 mechanism by which hospitals can identify long-term care facilities
2 that ²~~have~~¹ submitted an attestation to the department pursuant to
3 subsection c. of this section and ²~~is~~¹ are¹ currently accepting
4 ²~~new residents~~ admissions and readmissions of residents to the
5 facility².

6 ²~~e.~~The LTCEOC shall establish a compliance check system
7 comprising, as appropriate, testing, assistance, and clinical teams,
8 to:

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

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

16 f. In developing guidance pursuant to subsection a. of this
17 section, the department shall plan for potential or anticipated
18 changes in federal policy that could affect the ability of long-term
19 care facilities, or health care professionals in general, to respond to
20 the COVID-19 pandemic, including changes that could restrict
21 professional scope of practice or coverage under a health benefits
22 plan for services provided to long-term care facility residents.²

23

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

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

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

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

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

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

45 (5) include protocols for establishing mobile testing units ¹~~],~~
46 supported by a general acute care hospital,¹ on an expedited basis
47 when needed to respond to COVID-19 testing demands; and

(6) in the event that it becomes necessary to establish routine testing at a long-term care facility, allow for use of the least invasive, most cost-effective method of testing that is consistent with department guidelines and best practices for infection control and reducing the risk of COVID-19 transmission.

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

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

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

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

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

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

e. The Commissioner of Health, the Commissioner of Human Services, and the Commissioner of Banking and Insurance shall jointly develop strategies to ensure reimbursement of COVID-19 tests performed pursuant to this section through health benefits plans, Medicaid and NJ FamilyCare, Medicare, and State and federal funds made available for this purpose.²

²**[7.] 4. (New section)**² The Commissioner of Health and the Commissioner of Human Services shall take steps to ensure available and appropriate sources of federal funding provided to states in response to the COVID-19 pandemic are made available to long-term care facilities. The commissioners may condition awards of funding made pursuant to this section on long-term care facilities providing regular reports on how the funding is used, including any evidence as may be needed to confirm the facilities are complying with all terms and conditions that attach to the funding, as well as information concerning steps the facility is taking to improve the facility's preparedness and response to the COVID-19 pandemic, including establishing and updating staff and patient safety and isolation protocols, expanding access to personal protective equipment and COVID-19 testing, and making improvements to the facility's equipment and physical plant that will help prevent the spread of communicable diseases within the facility.

1 ²**[8.]** 5. (New section)² a. ²**[**No later than 60 days after the
2 effective date of this act, the Department of Health shall coordinate
3 with appropriate State and federal entities to consolidate all State
4 and federal data reporting related to the COVID-19 pandemic
5 through the NJHA PPE, Supply & Capacity Portal maintained by
6 the New Jersey Hospital Association. The department shall migrate
7 the NJHA portal onto department systems and shall communicate
8 the changes made pursuant to this subsection to long-term care
9 facilities. The department may enter into such agreements with the
10 New Jersey Hospital Association as are necessary to implement the
11 provisions of this subsection.

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

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

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

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

43 d. The department shall provide support to smaller long-term
44 care facilities to assist the facilities in upgrading and enhancing
45 their health information technology systems to allow for ready
46 communication with State, county, and local entities to which the
47 facilities are required to report or with which the facilities are
48 required to communicate regarding COVID-19. Support provided

1 to the facilities under this section shall include, as necessary, staff
2 support, technical assistance, and financial support, including
3 identifying available State, federal, and private sources of funding
4 as may be available to the facilities to upgrade and enhance their
5 health information technology systems.】 During a public health
6 emergency involving an infectious disease affecting or likely to
7 affect a long-term care facility, the long-term care facility shall
8 report to the National Healthcare Safety Network database managed
9 by the federal Centers for Disease Control and Prevention, at least
10 twice per week:

11 (1) counts of residents and facility personnel with suspected
12 cases of the infectious disease and who have a laboratory test
13 confirming infection with the infectious disease;

14 (2) counts of residents and facility personnel whose death is
15 suspected to have been, or was confirmed by laboratory test to have
16 been, caused by the infectious disease;

17 (3) the total number of authorized resident beds and the current
18 resident census;

19 (4) staffing shortages;

20 (5) the quantity of personal protective equipment, hand hygiene
21 supplies, cleaning supplies, and sanitization supplies, along with an
22 assessment of the number of days that will be supported by current
23 inventory;

24 (6) for facilities with ventilator-dependent units, ventilator
25 capacity and the quantity of ventilator supplies, along with an
26 assessment of the number of days that will be supported by current
27 inventory; and

28 (7) any other metrics as the Commissioner of Health shall
29 require as an essential or relevant component of the State's response
30 to the infectious disease outbreak, epidemic, or pandemic in long-
31 term care facilities.

32 b. To facilitate the enforcement of P.L.2019, c.330 (C.26:2H-
33 18.79), commencing with the onset of influenza season each year
34 and for the duration of that influenza season, each long-term care
35 facility and home health employer in the State shall report to the
36 National Healthcare Safety Network database managed by the
37 federal Centers for Disease Control and Prevention the number of
38 employees who have received the influenza vaccination, the number
39 of employees who have not received the influenza vaccination due
40 to an authorized medical exemption, and the number of employees
41 who have not received the influenza vaccination who do not have a
42 valid medical exemption.

43 c. A long-term care facility that fails to submit a report
44 required pursuant to subsection a. or subsection b. of this section
45 shall be liable to a civil penalty of \$2,000 for each report that is not
46 submitted. A civil penalty assessed pursuant to this section shall be
47 collected by and in the name of the Department of Health in
48 summary proceedings before a court of competent jurisdiction

1 pursuant to the provisions of the “Penalty Enforcement Law of
2 1999,” P.L.1999, c.274 (C.2A:58-10 et seq.).²

3
4 ^{26.} (New section) a. No later than 270 days after the effective
5 date of this act, each long-term care facility shall implement or
6 upgrade to an electronic health record system certified by the Office
7 of the National Coordinator for Health Information Technology in
8 the U.S. Department of Health and Human Services that is capable
9 of information sharing through industry standard data
10 interoperability, including application programming interface
11 Health Level 7 or fast healthcare interoperability technology. Use
12 cases built on this technology shall include the bi-directional
13 capability for admission discharge and transfer and continuity of
14 care through the clinical data architecture. Long-term care facilities
15 interoperability for these use cases shall be achieved by connecting
16 to the New Jersey Health Information Network.

17 b. Subject to the availability of funding for this purpose, the
18 Department of Health shall make grants available to long-term care
19 facilities to provide assistance in implementing or upgrading to an
20 electronic health record system that meets the requirements of
21 subsection a. of this section, which grants shall be distributed to
22 long-term care facilities based on demonstrated need.²

23
24 ^{27.} Section 1 of P.L.2019, c.243 (C.26:2H-12.87) is amended to
25 read as follows:

26 1. a. As used in this section:

27 "Cohorting" means the practice of grouping patients who are or
28 are not colonized or infected with the same organism to confine
29 their care to one area and prevent contact with other patients.

30 "Department" means the Department of Health.

31 "Endemic level" means the usual level of given disease in a
32 geographic area.

33 "Isolating" means the process of separating sick, contagious
34 persons from those who are not sick.

35 "Long-term care facility" means a nursing home, assisted living
36 residence, comprehensive personal care home, residential health
37 care facility, or dementia care home licensed pursuant to P.L.1971,
38 c.136 (C.26:2H-1 et seq.).

39 "Long-term care facility that provides care to ventilator-
40 dependent residents" means a long-term care facility that has been
41 licensed to provide beds for ventilator care.

42 "Outbreak" means any unusual occurrence of disease or any
43 disease above background or endemic levels.

44 b. Notwithstanding any provision of law to the contrary, the
45 department shall require long-term care facilities to develop an
46 outbreak response plan within 180 days after the effective date of
47 this act, which plan shall be customized to the facility, based upon
48 national standards and developed in consultation with the facility's

1 infection control committee, if the facility has established an
2 infection control committee. At a minimum, each facility's plan
3 shall include, but shall not be limited to:

4 (1) a protocol for isolating and cohorting infected and at-risk
5 patients in the event of an outbreak of a contagious disease until the
6 cessation of the outbreak;

7 (2) clear policies for the notification of residents, residents'
8 families, visitors, and staff in the event of an outbreak of a
9 contagious disease at a facility;

10 (3) information on the availability of laboratory testing,
11 protocols for assessing whether facility visitors are ill, protocols to
12 require ill staff to not present at the facility for work duties, and
13 processes for implementing evidence-based outbreak response
14 measures;

15 (4) policies to conduct routine monitoring of residents and staff
16 to quickly identify signs of a communicable disease that could
17 develop into an outbreak; **and**

18 (5) policies for reporting outbreaks to public health officials in
19 accordance with applicable laws and regulations; and

20 (6) a documented strategy for securing more staff in the event of
21 an outbreak of infectious disease among staff or another emergent
22 or non-emergent situation affecting staffing levels at the facility
23 during an outbreak of an infectious disease.

24 c. (1) In addition to the requirements set forth in subsection b.
25 of this section, the department shall require long-term care facilities
26 that provide care to ventilator-dependent residents to include in the
27 facility's outbreak response plan written policies to meet staffing,
28 training, and facility demands during an infectious disease outbreak
29 to successfully implement the outbreak response plan, including
30 either employing on a full-time or part-time basis, or contracting
31 with on a consultative basis, the following individuals:

32 (a) an individual certified by the Certification Board of
33 Infection Control and Epidemiology; and

34 (b) a physician who has completed an infectious disease
35 fellowship.

36 (2) Each long-term care facility that provides care to ventilator-
37 dependent residents shall submit to the department the facility's
38 outbreak response plan within 180 days after the effective date of
39 this act.

40 (3) The department shall verify that the outbreak response plans
41 submitted by long-term care facilities that provide care to
42 ventilator-dependent residents are in compliance with the
43 requirements of subsection b. of this section and with the
44 requirements of paragraph (1) of this subsection.

45 d. (1) Each long-term care facility that submits an outbreak
46 response plan to the department pursuant to subsection c. of this
47 section shall review the plan on an annual basis.

(2) If a long-term care facility that provides care to ventilator-dependent residents makes any material changes to its outbreak response plan, the facility shall, within 30 days after completing the material change, submit to the department an updated outbreak response plan. The department shall, upon receiving an updated outbreak response plan, verify that the plan is compliant with the requirements of subsections b. and c. of this section.

e. (1) The department shall require a long-term care facility that provides care to ventilator-dependent residents to assign to the facility's infection control committee on a full-time or part-time basis, or on a consultative basis:

(a) an who is a physician who has completed an infectious disease fellowship; and

(b) an individual designated as the infection control coordinator, who has education, training, completed course work, or experience in infection control or epidemiology, including certification in infection control by the Certification Board of Infection Control and Epidemiology. The infection control committee shall meet on at least a quarterly basis and both individuals assigned to the committee pursuant to this subsection shall attend at least half of the meetings held by the infection control committee.²

(cf: P.L.2019, c.243, s.1)

²[19.] 8. (New section)² No later than 18 months after the effective date of this act, the Commissioner of Health shall prepare and submit a report to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, concerning the implementation of the provisions of this act and any recommendations for appropriate legislative or administrative actions as may be appropriate to advance or improve the State's infectious disease planning, preparedness, and response.¹

¹[9.] ²[10.1] 9.² This act shall take effect immediately.

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