

[Second Reprint]

SENATE, No. 2384

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED MAY 4, 2020

Sponsored by:

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**Senators Addiego, O'Scanlon, Diegnan, Assemblywoman Tucker,
Assemblyman Giblin, Assemblywoman Downey, Assemblymen Benson,
Danielsen and Houghtaling**

SYNOPSIS

Requires health care facilities to report certain coronavirus disease 2019 (COVID-19) data related to health care workers and certain first responders.

CURRENT VERSION OF TEXT

As reported by the Assembly Appropriations Committee on December 15, 2020, with amendments.



(Sponsorship Updated As Of: 12/17/2020)

1 AN ACT concerning data reporting related to the coronavirus
2 disease 2019 pandemic.

3

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

6

7 1. a. (1) The Commissioner of Health shall require general acute
8 care hospitals, special hospitals, ambulatory care facilities, ambulatory
9 surgical centers, ¹assisted living facilities, home health agencies,¹ and
10 nursing homes licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et
11 seq.) ¹, as well as hospice programs licensed pursuant to P.L.1997,
12 c.78 (C.26:2H-79 et seq.),¹ to report to the Department of Health ²,
13 either directly or through a non-profit trade association, on a bi-
14 monthly basis, de-identified² data on the number of health care
15 professionals, ancillary health care workers, and emergency medical
16 services personnel ²[affiliated with] employed by² the facility who
17 ¹[;] tested positive for the coronavirus disease 2019 ¹[;] and who¹
18 died from the coronavirus disease 2019 ¹[;] and were admitted for
19 treatment for the coronavirus disease 2019¹ .

20 (2) ¹The information required pursuant to this subsection shall be
21 filed in a form and manner ²[, and at such frequencies,]² as shall be
22 required by the department. To ensure the integrity and accuracy of
23 the information reported pursuant to this subsection, the department
24 shall seek to identify and minimize duplicative reporting from multiple
25 facilities concerning the same individual in the event that the
26 individual is employed by, or affiliated with, more than one facility
27 that is subject to the reporting requirements set forth in this section.

28 ²[(3) The department shall issue guidance concerning the specific
29 health care professionals, ancillary health care workers, and
30 emergency medical services personnel for whom reporting shall be
31 required pursuant to this subsection.

32 (4) The department may require the reporting of any additional
33 information as shall be appropriate to maximize the utility of the
34 information reported pursuant to this subsection, including, but not
35 limited to, requiring specific information be reported concerning the
36 professional licensure or certification or specific job title or category
37 of the individual who is the subject of the report.

38 (5)¹ The commissioner shall compile the data reported pursuant to
39 this subsection ¹in the manner the commissioner determines to be the
40 most effective and utilitarian means of compiling and analyzing the
41 data, which may, but shall not be required to, include compiling the

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:

¹Senate SBA committee amendments adopted July 28, 2020.

²Assembly AAP committee amendments adopted December 15, 2020.

1 data¹ by facility type and by professional license or certification type,
2 if any, or by job title or category.²

3 b. The department shall ²publish on its Internet website issue a
4 report concerning² the occupational data received pursuant to
5 subsection a. of this section ²]. The department shall update its
6 Internet website ¹[on a daily basis]¹ by publishing the latest data
7 received by the department pursuant to subsection a. of this section ¹as
8 those data become available¹ . To the extent possible, the data
9 reported by the department pursuant to this subsection may be merged
10 and cross-referenced with the data published by the department
11 pursuant to subsection b. of section 1 of P.L.2020, c.28] no later than
12 12 months after the end of both the state of emergency and public
13 health emergency declared in response to the coronavirus disease 2019
14 pandemic² .

15 ¹c. Nothing in this section shall be construed to require disclosure
16 of any private health information or personal identifying information
17 in violation of any State or federal law, including the federal "Health
18 Insurance Portability and Accountability Act of 1996," Pub.L.104-191
19 and any regulations promulgated thereunder by the Secretary of the
20 U.S. Department of Health and Human Services.¹

21
22 ²¹2. a. The Commissioner of Health shall require general
23 acute care hospitals, special hospitals, ambulatory care facilities,
24 ambulatory surgical centers, assisted living facilities, home health
25 agencies, and nursing homes licensed pursuant to P.L.1971, c.136
26 (C.26:2H-1 et seq.), as well as hospice programs licensed pursuant
27 to P.L.1997, c.78 (C.26:2H-79 et seq.), to adopt standards,
28 procedures, and protocols that incorporate current guidance issued
29 by the Department of Health and by the federal Centers for Disease
30 Control and Prevention to evaluate and mitigate the risk of exposure
31 to, and spread of, coronavirus disease 2019 (COVID-19) in
32 healthcare settings.

33 b. No later than 60 days after the end of both the state of
34 emergency and the public health emergency declared in response to
35 the COVID-19 pandemic, general acute care hospitals, special
36 hospitals, ambulatory care facilities, ambulatory surgical centers,
37 assisted living facilities, home health agencies, nursing homes, and
38 hospice programs shall complete an analysis of COVID-19
39 exposures identified throughout their workforces during each month
40 in which the state of emergency and public health emergency in
41 response to COVID-19 were in effect, along with the measures
42 taken by the facility to respond to or mitigate the risk of exposure,
43 and shall submit a report of that analysis to the Department of
44 Health concerning recommended best practices and protocols to

1 mitigate the risk of exposure and spread of communicable disease
2 among health care facility staff and personnel during a
3 communicable disease outbreak, epidemic, or pandemic. Reports
4 submitted to the department pursuant to this subsection, and any
5 supporting data submitted with or in relation to a report, shall be
6 held as confidential and shall only be used by the department in the
7 development of strategies, plans, protocols, and best practices to
8 improve the State's response in the event of future communicable
9 disease outbreaks, as well as for the purposes of preparing the
10 report required pursuant to subsection c. of this section. To this
11 end, reports and supporting data submitted pursuant to this
12 subsection shall not be subject to public disclosure, shall not be
13 considered a public record pursuant to P.L.1963, c.73 (C.47:1A-
14 1 et seq.) or P.L.2001, c.404 (C.47:1A-5 et al.), and shall not be
15 used in any adverse licensure action or administrative disciplinary
16 action against the facility submitting the report or data.

17 c. No later than 120 days after the end of both the state of
18 emergency and the public health emergency declared in response to
19 the COVID-19 pandemic, the commissioner shall submit a report to
20 the Governor and, pursuant to section 2 of P.L.1991, c.164
21 (C.52:14-19.1), to the Legislature, outlining the aggregated data and
22 findings reported by general acute care hospitals, special hospitals,
23 ambulatory care facilities, ambulatory surgical centers, assisted
24 living facilities, home health agencies, nursing homes, and hospice
25 programs pursuant to subsection b. of this section and outlining the
26 commissioner's findings and recommendations for legislation or
27 other action to mitigate the risk of exposure and spread of
28 communicable disease among health care facility staff and
29 personnel during a communicable disease outbreak, epidemic, or
30 pandemic. ¹]²

31

32 ¹[2.] ²[3.] ¹ 2.² This act shall take effect immediately and shall
33 expire one ¹[month] ²[year¹] after the end of both the state of
34 emergency and the public health emergency declared in response to
35 the coronavirus disease 2019 pandemic] month after issuance of the
36 report required pursuant to subsection b. of section 1 of this act² .