

**SENATE, No. 2790**

**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

INTRODUCED JULY 30, 2020

**Sponsored by:**

**Senator JOSEPH P. CRYAN**

**District 20 (Union)**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**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.



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.