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STATE OF NEW JERSEY

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Sponsored by:
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District 20 (Union)
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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 reported by the Senate Budget and Appropriations Committee on August 25, 2020, with amendments.

(Sponsorship Updated As Of: 8/27/2020)

AN ACT concerning the State's response to outbreaks, epidemics, and pandemics involving infectious diseases [2]**[**and**]** ,[2] supplementing Title 26 of the Revised Statutes [2]**[**and P.L.2005, c.222 (C.26:13-1 et seq.)**]** , and amending P.L.2019, c.243[2] .

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

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

b. The Department of Health shall have primary responsibility for the operations of the LTCEOC, but the Department of Human Services and other appropriate State agencies shall provide any staff support as shall be requested by the Commissioner of Health. The Commissioner of Health may additionally contract with a third party entity to provide staffing services as needed. At a minimum, the Commissioner of Health shall ensure that the LTCEOC has on call at all times such appropriate staff and consultants as are needed to respond to [2]**[**an emerging or ongoing infectious disease outbreak, epidemic, or pandemic**]** a declared public health emergency[2] affecting or likely to affect one or more long-term care facilities, including representatives from [2]**[**nursing homes, long-term care facilities, nursing home and long-term care facility staff, [1]general acute care hospitals, long-term care hospitals, psychiatric hospitals, home health and hospice agencies, Programs of All-Inclusive Care for the Elderly (PACE) organizations,[1]**]**[2] county and local boards of health, the Office of the New Jersey Long-Term Care Ombudsman, and the Office of Emergency Management in the New Jersey State Police, [2]the acute and post-acute health care industry,[2] as well as experts in public health, infection control, elder affairs, disability services, emergency response, and medical transportation.

c. The [2]primary responsibilities of the[2] LTCEOC shall [2]**[**establish**]** include, but shall not be limited to:

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
[1]Senate SHH committee amendments adopted August 25, 2020.
[2]Senate SBA committee amendments adopted August 25, 2020.

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

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

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

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

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

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

(c) monitor facility capacity; and

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

(5) ensuring all policies and guidance developed by the Department of Health in response to the public health emergency are effectively communicated to all long-term care industry stakeholders[2] .

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

e. The LTCEOC shall provide guidance to the State and to the Office of Emergency Management to ensure that: supplies needed to respond to an outbreak, epidemic, or pandemic involving an infectious disease are acquired and distributed in an effective and efficient manner among long-term care facilities; critical staffing shortages in long-term care facilities are identified and resolved quickly and effectively; issues that would jeopardize the health or safety of staff or residents of a long-term care facility, or that would

impede or disrupt efforts to respond to an outbreak, epidemic, or pandemic involving an infectious disease, are promptly identified and addressed in an appropriate manner; and all policies and guidance are effectively communicated to all long-term care industry stakeholders to maximize the coordination and effectiveness of the State's response to an outbreak, epidemic, or pandemic involving an infectious disease affecting one or more long-term care facilities.

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

g. The LTCEOC shall develop guidance and best practices in response to an outbreak, epidemic, or pandemic involving an infectious disease concerning, as appropriate, infection control, symptom monitoring, and the use of telemedicine and telehealth to provide contactless health care services. [1]**[**The guidance and best practices shall be transmitted to appropriate State, county, and local departments and agencies for dissemination to industry and to providers. The guidance and best practices may additionally be transmitted to federal agencies coordinating the national response to the outbreak, epidemic, or pandemic, if any, including, but not limited to, the federal Centers for Disease Control and Prevention, the federal Centers for Medicare and Medicaid Services, and the U.S. Department of Health and Human Services, as well as such international bodies, including the World Health Organization, as may be involved with the response to the outbreak, epidemic, or pandemic.**]**[1]

h.**]** In the event of a public health emergency declared in response to an infectious disease outbreak, epidemic, or pandemic affecting or likely to affect one or more long-term care facilities, the LTCEOC, in consultation with other offices within the Department of Health and the Office of Emergency Management in the New Jersey Division of State Police, shall determine the need for the establishment of regional hubs capable of accepting patients who have, and are capable of transmitting, the infectious disease and who do not require hospitalization, which hubs shall comply with State and federal guidance regarding infection control

practices related to the infectious disease. In the event of a surge in number of identified cases of the infectious disease, the LTCEOC shall actively monitor capacity levels at long-term care facilities and at regional hubs established pursuant to this subsection, if any, using the National Healthcare Safety Network database managed by the federal Centers for Disease Control and Prevention, and shall take steps to direct patient placements as necessary to manage capacity levels and ensure, to the extent possible, that no regional hub or long-term care facility exceeds safe capacity levels.

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

2. [2](New section)[2] a. No later than [2]**[**90**]** 180[2] days after the effective date of this act, the Department of Health shall [1], in consultation with the Emergency Medical Services Task Force [2]and the Office of Emergency Management in the New Jersey Division of State Police[2] ,[1] institute a regional medical coordination center model for disaster response to facilitate regional capacity coordination and communication across county and local boards of health, hospitals, long-term care facilities, emergency medical services providers and other first responders, and entities providing medical transportation services, in the event of a public health emergency involving an outbreak, epidemic, or pandemic involving an infectious disease. At a minimum, the model shall include a system for [1]**[**pairing**]** engaging the Level 1 trauma center in the region with[1] long-term care facilities, [1]federally qualified healthcare centers, home health agencies, hospice providers, medical transportation providers,[1] emergency medical services providers and other first responders, and entities providing medical transportation services [1]**[**with a hospital located in the same region for the purpose of providing the long-term care facility, emergency medical services provider or other first responder, and medical transportation provider with consultative services regarding infectious diseases, infection control, and emergency resource coordination, as well as support testing as may be needed**]** in its associated region. The Regional Level 1 Trauma Center and its associated regional medical coordination center shall make available their various clinical and non-clinical content experts and services are available for consultation and support to facilitate the implementation of evidence-based best practices and informed decision making[1].

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

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

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

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

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

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

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

c. During an outbreak, epidemic, or pandemic involving an infectious disease, the LTCEOC shall establish a system for communicating test results for the infectious disease among long-term care facilities for individuals who are employed or providing services at multiple facilities, provided that such system is limited to ensuring facilities are on notice of which employees of the facility have tested positive for the infectious disease and otherwise includes safeguards against the unlawful disclosure of personal identifying information and private health information. Facilities

receiving information about an employee through the system established under this subsection shall not use or disseminate the reported information for any purpose other than to ensure the facility's staffing needs are met and to identify and prevent against the possible transmission of the infectious disease at the facility through possible contact with the identified employee.**]**[2]

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

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

(1) [2]**[**require each long-term care facility to have:

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

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

(c) sufficient staff, which may be augmented through contingency plans and training programs, to enable the facility to fully meet its responsibilities to residents as well as to ensuring the safety of staff and residents**]** separate residents who test positive for

or who are suspected of having contracted the infectious disease from those who have not tested positive for, and are not suspected of having contracted, the infectious disease[2] ;

(2) [2]**[**define acceptable models of cohorting, appropriate staffing levels and staffing ratios, standards and protocols for distribution and use of personal protective equipment, and standards and protocols for COVID-19 testing**]** follow guidance issued by the federal Centers for Disease Control and Prevention or other appropriate entities as may be identified by the Commissioner of Health with regard to determining whether a resident who has contracted the infectious disease is recovered from the infectious disease, and the appropriate procedures and protocols for interactions between those residents and staff and other residents at the facility[2] ; and

(3) [2]**[**establish standards and procedures for ensuring distribution of personal protective equipment and COVID-19 test kits to facilities that are unable to obtain them on their own**]** comply with current orders, guidance, and directives concerning admissions and readmissions to the facility[2] .

b. [2]**[**The department shall establish a centralized online resource to answer frequently asked questions and provide educational sessions, focus groups, and support services to the long-term care industry in implementing the guidance developed pursuant to subsection a. of this section.

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

d.**]**[2] [1]**[**No general acute care hospital shall discharge any patient to a long-term care facility during the COVID-19 pandemic unless the facility has**]** The Department of Health shall establish a mechanism by which hospitals can identify long-term care facilities that [2]**[**have[1] submitted an attestation to the department pursuant to subsection c. of this section and**]**[2] [1]**[**is**]** are[1] currently accepting [2]**[**new residents**]** admissions and readmissions of residents to the facility[2] .

[2]**[**e. The LTCEOC shall establish a compliance check system comprising, as appropriate, testing, assistance, and clinical teams, to:

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

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

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

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

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

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

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

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

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

(5) include protocols for establishing mobile testing units [1]**[**, supported by a general acute care hospital,**]**[1] on an expedited basis 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.

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

New Jersey Hospital Association as are necessary to implement the provisions of this subsection.

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

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

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

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

d. The department shall provide support to smaller long-term care facilities to assist the facilities in upgrading and enhancing their health information technology systems to allow for ready communication with State, county, and local entities to which the facilities are required to report or with which the facilities are required to communicate regarding COVID-19. Support provided to the facilities under this section shall include, as necessary, staff support, technical assistance, and financial support, including identifying available State, federal, and private sources of funding as may be available to the facilities to upgrade and enhance their health information technology systems.**]** <u>During a public health emergency involving an infectious disease affecting or likely to affect a long-term care facility, the long-term care facility shall report to the National Healthcare Safety Network database managed</u>

by the federal Centers for Disease Control and Prevention, at least twice per week:

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

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

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

(4) staffing shortages;

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

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

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

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

c. A long-term care facility that fails to submit a report required pursuant to subsection a. or subsection b. of this section shall be liable to a civil penalty of $2,000 for each report that is not submitted. A civil penalty assessed pursuant to this section shall be collected by and in the name of the Department of Health in summary proceedings before a court of competent jurisdiction pursuant to the provisions of the "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).[2]

[2]6. (New section) a. No later than 270 days after the effective date of this act, each long-term care facility shall implement or upgrade to an electronic health record system certified by the Office of the National Coordinator for Health Information Technology in the U.S. Department of Health and Human Services that is capable

of information sharing through industry standard data interoperability, including application programming interface Health Level 7 or fast healthcare interoperability technology. Use cases built on this technology shall include the bi-directional capability for admission discharge and transfer and continuity of care through the clinical data architecture. Long-term care facilities interoperability for these use cases shall be achieved by connecting to the New Jersey Health Information Network.

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

[2]7. Section 1 of P.L.2019, c.243 (C.26:2H-12.87) is amended to read as follows:

1. a. As used in this section:

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

"Department" means the Department of Health.

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

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

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

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

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

b. Notwithstanding any provision of law to the contrary, the department shall require long-term care facilities to develop an outbreak response plan within 180 days after the effective date of this act, which plan shall be customized to the facility, based upon national standards and developed in consultation with the facility's infection control committee, if the facility has established an infection control committee. At a minimum, each facility's plan shall include, but shall not be limited to:

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

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

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

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

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

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

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

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

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

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

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

d. (1) Each long-term care facility that submits an outbreak response plan to the department pursuant to subsection c. of this 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][[1]9.] 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.