

SENATE, No. 2640

STATE OF NEW JERSEY 216th LEGISLATURE

INTRODUCED DECEMBER 11, 2014

Sponsored by:

Senator FRED H. MADDEN, JR.

District 4 (Camden and Gloucester)

Senator NELLIE POU

District 35 (Bergen and Passaic)

SYNOPSIS

Establishes New Jersey Caregiver Task Force to evaluate and provide recommendations on caregiver support services.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/16/2014)

1 AN ACT concerning caregiver support services, and supplementing
2 Title 26 of the Revised Statutes.

3

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

6

7 1. The Legislature finds and declares that:

8 a. An estimated 1.75 million people in New Jersey provide
9 varying degrees of unreimbursed care to persons who are elderly or
10 disabled and limited in their daily activities.

11 b. Caregivers are often the immediate family members of the
12 individual being cared for, but may also be friends or community
13 members thereof.

14 c. Although caregivers may assist an individual with the basic
15 activities associated with daily living, including walking, eating,
16 and dressing, they may also be expected to perform more complex
17 daily tasks, such as administering multiple medications, providing
18 wound care, and operating medical equipment.

19 d. The provision of care to persons with cognitive or behavioral
20 health problems or disorders, such as persons with a mental illness,
21 disease, or disability, can be particularly challenging, since
22 cognitive or behavioral health issues may cause the person to resist
23 taking medications or reject assistance with daily activities.

24 e. The act of caregiving can take a serious emotional and
25 physical toll on the caregiver, and caregivers generally experience
26 more physical and mental health complications, higher mortality
27 risks, and suffer from an increased risk of depression, anxiety
28 disorders, diminished immune response, slower wound healing, and
29 a greater incidence of hospitalization than non-caregivers.

30 f. Many caregivers feel that they lack the necessary skill set or
31 institutional support, or both, to perform the various tasks required
32 of them.

33 g. Because of a lack of sufficient caregiver support services,
34 many caregivers either miss work or are forced to quit their jobs in
35 order to effectively provide caregiving services, and a caregiver
36 who provides intense personal care can lose as much as \$659,000 in
37 wages, pensions, and Social Security over the course of their
38 caregiving career.

39 h. By 2020, the number of adults in the State who need
40 assistance with daily living activities is expected to double.

41 i. In order to successfully address the challenges associated
42 with the rising number of persons with significant needs for long-
43 term services and care, and in order to ensure the provision of
44 sufficient institutional and financial supports to the caregiver
45 community that is engaged in the provision of essential home-based
46 care to such persons, it is both reasonable and necessary for the
47 Legislature to establish a caregiver task force to identify, and
48 determine the support service needs of, caregivers in the State, and

1 to develop recommendations for the improvement and expansion of
2 caregiver support service programs and systems.

3

4 2. a. There is established the “New Jersey Caregiver Task
5 Force.” The purpose of the task force shall be to determine the
6 availability of caregiver support services in the State, and provide
7 recommendations for the improvement and expansion of such
8 services, in accordance with the provisions of this act.

9 b. The Caregiver Task Force shall consist of nine members as
10 follows: the Commissioner of Human Services, the President of the
11 New Jersey chapter of the American Association of Retired
12 Persons, the Executive Director of Caregivers of New Jersey, the
13 Executive Director of the Arc of New Jersey, the Executive
14 Director of the National Alliance on Mental Illness New Jersey, and
15 the President of the Alzheimer’s Association Greater New Jersey
16 Chapter, or their designees; and three public members appointed by
17 the Governor. The public members shall include one person who is
18 a caregiver for a person with a disability, one person who is a
19 caregiver for a person with mental illness, and one person who is a
20 caregiver for an elderly person. Vacancies in the membership of
21 the task force shall be filled in the same manner provided for the
22 original appointments.

23 c. The task force shall organize as soon as practicable, but not
24 later than the 30th day following the appointment of its members,
25 and upon its organization, the task force shall elect a chairperson
26 from among its members. The task force may meet and hold
27 hearings at the times and places it may designate, but shall hold at
28 least one hearing in each of the northern, central, and southern
29 regions of the State. The task force may conduct business without a
30 quorum, but may only vote on a recommendation when a quorum is
31 present. The members of the task force shall serve without
32 compensation, but may be reimbursed for travel and other
33 miscellaneous expenses incurred in the necessary performance of
34 their duties, within the limits of funds made available to the task
35 force for its purposes.

36 d. The task force is entitled to receive assistance and services
37 from any State, county, or municipal department, board,
38 commission, or agency, as it may require, and as may be available
39 to it for its purposes. The task force is further authorized to consult
40 with any association, organization, or individual having knowledge
41 of, or experience with, caregiver issues. The Department of Human
42 Services shall provide professional and clerical staff to the task
43 force, as may be necessary to effectuate the purposes of this act.

44 e. The task force may solicit, receive, and expend any grant
45 moneys or other funds that may be made available, for the task
46 force’s purposes, by any government agency or any private for-
47 profit or not-for-profit organization or entity.

48 f. As used in this act:

1 “Caregiver” means any person, 18 years of age or older, who
2 provides assistance, in a non-medical setting, and without financial
3 compensation, to an elderly or functionally impaired individual, by
4 assisting the individual in the performance of their daily tasks, such
5 as walking, eating, dressing, administering medications, providing
6 wound care, or operating medical equipment.

7 “Caregiver support services” means any type of support or
8 assistance that is or may be made available to caregivers in the
9 State, including, but not limited to, financial support or assistance
10 from any source, and any other types of support or assistance
11 provided by public or private employers, hospitals, health care
12 providers or organizations, or government agencies.

13
14 3. a. The New Jersey Caregiver Task Force, established
15 pursuant to section 2 of this act, shall:

16 (1) Identify, and compile an inventory of, existing State
17 policies, resources, and programs that are available to support or
18 assist caregivers;

19 (2) Identify and survey caregivers in this State, in order to
20 develop an aggregate summary of caregiver characteristics, which
21 indicates the total number of caregivers in the State; the number of
22 caregivers in each of the northern, central, and southern regions of
23 the State; the average age of caregivers; the average time spent per
24 week engaged in caregiving activities; the average total period of
25 time spent in the caregiver role; the average amount of paid and
26 unpaid leave time taken off work to engage in caregiving activities;
27 the nature and severity of illnesses or conditions suffered by the
28 persons being cared for; and the existing support services that are
29 most commonly used by caregivers; and

30 (3) Solicit and receive testimony from caregivers on the
31 following topics:

32 (a) the nature and type of simple and complex tasks undertaken
33 by caregivers, and the frequency of caregiver engagement therein;

34 (b) the feasibility of delegating certain tasks to other caregivers
35 or to medical or non-medical personnel;

36 (c) the availability and sufficiency of caregiver training
37 programs or opportunities, and the frequency of caregiver
38 engagement in such programs or opportunities;

39 (d) the costs associated with caregiving, including, but not
40 limited to, the loss or expenditure of caregiver income;

41 (e) the availability and sufficiency of financial support services,
42 and the frequency of caregiver use of such services;

43 (f) the availability and sufficiency of respite care services, and
44 the frequency of caregiver use of such services;

45 (g) the practical experiences of caregivers in relation to: (i) their
46 requests for, or receipt of, caregiver support services; (ii) their
47 interactions with government agencies, hospitals, health care
48 providers and organizations, and the employees or representatives

1 thereof, in association with caregiving matters; (iii) their
2 interactions with public and private employers in relation to
3 caregiving matters; and (iv) the use of medical leave for caregiving
4 purposes; and

5 (h) any other topic that is relevant to the determination of
6 caregiver support service needs.

7 b. Not later than 12 months after the task force is organized
8 pursuant to section 2 of this act, it shall prepare and submit a report
9 to the Governor and, pursuant to section 2 of P.L.1991,
10 c.164 (C.52:14-19.1), to the Legislature, providing its findings and
11 recommendations in relation to the support of caregivers in the
12 State. The report shall include, at a minimum, the following
13 information: (1) an abstract of caregiver characteristics, which
14 summarizes information that has been obtained by the task force
15 under paragraph (2) of subsection a. of section 3 of this act; (2) a
16 list of the caregiver support services that are currently made
17 available from all sources, including the federal government,
18 federal and State agencies, and public and private employers; (3) a
19 description of caregiver concerns elucidated in testimony received
20 under paragraph (3) of subsection a. of section 3 of this act; and (4)
21 recommendations for legislation, or for regulatory or programmatic
22 changes, that would be necessary to supplement, expand, or
23 improve the existing caregiver support services available in the
24 State, in response to the concerns of caregivers. The task force
25 shall dissolve on the 30th day following its submission of the report
26 in accordance with this section.

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28 4. This act shall take effect immediately, and shall expire on
29 the 30th day following the submission of a task force report to the
30 Governor and the Legislature, as provided by section 3 of this act.

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33 STATEMENT

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35 This bill would establish the “New Jersey Caregiver Task Force”
36 to evaluate caregiver support services in the State, and provide
37 recommendations for the improvement and expansion of such
38 services. “Caregiver support services” would be defined by the bill
39 to mean any type of support or assistance that is or may be made
40 available to caregivers in the State, including, but not limited to,
41 financial support or assistance from any source, and any other types
42 of support or assistance provided by public or private employers,
43 hospitals, health care providers or organizations, or government
44 agencies.

45 The task force would consist of nine members, including the
46 Commissioner of Human Services, the President of the New Jersey
47 chapter of the American Association of Retired Persons, the
48 Executive Director of Caregivers of New Jersey, the Executive

1 Director of the Arc of New Jersey, the Executive Director of the
2 National Alliance on Mental Illness New Jersey, and the President
3 of the Alzheimer's Association Greater New Jersey Chapter, or
4 their designees; and three public members appointed by the
5 Governor. The public members would include one person who is a
6 caregiver for a person with a disability, one person who is a
7 caregiver for a person with mental illness, and one person who is a
8 caregiver for an elderly person. The task force members would
9 serve without compensation, but would be entitled to be
10 reimbursement for travel or other necessary expenses within the
11 limits of funds appropriated to it for its purposes. The task force
12 would be authorized to solicit, receive, and expend any grant
13 moneys or other funds that may be made available for the task
14 force's purposes.

15 The task force would be required by the bill to:

- 16 • identify existing caregiver support services available in the
17 State;
- 18 • identify and survey caregivers in the State, in order to
19 develop an aggregate summary of caregiver characteristics, which
20 would indicate the total number of caregivers in the State; the
21 number of caregivers in each of the northern, central, and southern
22 regions of the State; the average age of caregivers; the average time
23 spent per week engaged in caregiving activities; the average total
24 period of time spent in the caregiver role; the average amount of
25 paid and unpaid leave time taken off work to engage in caregiving
26 activities; the nature and severity of illnesses or conditions suffered
27 by the persons being cared for; and the existing support services
28 that are most commonly used by caregivers; and
- 29 • solicit testimony from caregivers on the nature and type of
30 tasks performed thereby, the feasibility of task delegation, the
31 availability and sufficiency of caregiver training programs, the costs
32 associated with caregiving, the availability and sufficiency of
33 financial support services, the availability and sufficiency of respite
34 care services, and the practical experiences of caregivers in relation
35 to their requests for, or receipt of support services, their interactions
36 with government agencies, hospitals, health care providers and
37 organizations, and public or private employers in relation to
38 caregiving matters, and the use of medical leave for caregiving
39 purposes.

40 The task force would be required to submit a report, to both the
41 Governor and Legislature, containing its findings on the issues
42 described above, and providing recommendations for legislation, or
43 for regulatory or programmatic changes, that would be necessary to
44 improve, expand, or supplement existing caregiver support service
45 programs and systems in the State, in response to caregiver
46 concerns. The report would need to be submitted within 12 months
47 after the task force's organization, and the task force would

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- 1 dissolve, and the bill's provisions would expire, on the 30th day
- 2 following the report's submission.