

EXECUTIVE ORDER NO. 381

WHEREAS, the State of New Jersey has a longstanding and compelling interest in reducing disease rates for Human Immunodeficiency Virus ("HIV") and other sexually transmitted infections ("STIs") and viral hepatitis; and

WHEREAS, since the beginning of the HIV epidemic, New Jersey has had one of the highest rates of residents infected with HIV in the United States, including one of the highest rates of women living with HIV, and one of the highest rates of HIV transmission through injection drug use; and

WHEREAS, the data are particularly troubling when broken down across racial and ethnic lines, with heightened prevalence among New Jersey's Black and Hispanic/Latino communities and parts of New Jersey's community of residents who are lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, or otherwise do not identify as heterosexual or cisgender; and

WHEREAS, in recognition of these and other factors, on October 24, 1991, Governor Florio issued Executive Order No. 45, which established the Governor's Advisory Council on AIDS; and

WHEREAS, on December 1, 1994, Governor Whitman issued Executive Order No. 29, which continued the Governor's Advisory Council on AIDS; and

WHEREAS, on May 27, 2003, Governor McGreevey issued Executive Order No. 61, which rescinded and superseded Executive Order No. 45 (1991) and Executive Order No. 29 (1994) and established the Governor's Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens to take the place of the former Governor's Advisory Council on AIDS; and

WHEREAS, between 2013 and 2022, New Jersey saw a 9.7 percent reduction in the rate of newly diagnosed HIV patients per year; and

WHEREAS, an HIV/AIDS diagnosis is no longer a death sentence and people living with HIV/AIDS can live long, healthy lives, especially through access to and use of effective antiretroviral treatments for viral suppression; and

WHEREAS, pharmaceutical advances, such as pre-exposure prophylaxis and antiretroviral therapy, have reduced HIV transmission risks; and

WHEREAS, despite this progress, the occurrence of new HIV cases in New Jersey remains at a concerning rate of about 10.1 cases per 100,000 residents, and threatens to undermine recent State and national efforts to end the HIV epidemic; and

WHEREAS, for example, in 2019, the federal government released its "Ending the HIV Epidemic" initiative seeking to reduce the number of new HIV infections in the United States by 75 percent by 2025 and by at least 90 percent by 2030; and

WHEREAS, to combat the ongoing prevalence of HIV here in New Jersey, and in furtherance of the federal "Ending the HIV Epidemic" initiative, my Administration called on key public health stakeholders to work with the Department of Health ("DOH") on strategic planning towards the goal of ending the HIV epidemic in New Jersey by 2025; and

WHEREAS, these efforts culminated in the release of a 2021 report entitled, "A Strategic Plan to End the HIV Epidemic in New Jersey by 2025" (the "Strategic Plan"), which set forth specific goals and strategies designed to reduce the number of new HIV infections, expand access to HIV testing, and promote access and linkage to care for individuals diagnosed with HIV; and

WHEREAS, since the release of the Strategic Plan, the DOH has worked with health care facilities and providers and other community partners to develop services that increase HIV testing

and screening capacity, while monitoring key benchmark statistics related to HIV cases in New Jersey; and

WHEREAS, the Coronavirus Disease 2019 (COVID-19) pandemic hampered the State's ability to make progress on implementing the Strategic Plan, including in areas of HIV testing; and

WHEREAS, while efforts to implement the Strategic Plan remain underway, as of December 2022, the number of persons living with HIV in the State totaled 36,704, indicating that the number of New Jersey residents living with HIV has increased by 2 percent since 2013; and

WHEREAS, as of December 2022, there remains a disproportionate amount of HIV infection in historically marginalized communities, with about 32 percent of new HIV diagnoses occurring in Black communities and about 48 percent in Hispanic/Latino communities, and about 54 percent of new HIV diagnoses occurring in men who have sex with men; and

WHEREAS, historical data trends have shown a strong association between injection drug use and risk of exposure to HIV and other forms of viral hepatitis, especially in some subpopulations; and

WHEREAS, diagnosis of other STIs, such as syphilis, gonorrhea, and chlamydia, can be a strong biomarker for risk of HIV; and

WHEREAS, these other forms of STIs have been on the rise in New Jersey; and

WHEREAS, for example, according to recent data from the Centers for Disease Control and Prevention, cases of syphilis in New Jersey more than doubled between 2018 and 2022, outpacing a concerning national trend showing an 80 percent increase in syphilis cases; and

WHEREAS, 25 percent of persons diagnosed with infectious syphilis in New Jersey are co-infected with HIV; and

WHEREAS, nearly 50 percent of new or acute cases of viral hepatitis in New Jersey are estimated to be associated with injection drug use; and

WHEREAS, injection drug use is the most common means of transmission for viral hepatitis, and rates of viral hepatitis have rapidly increased for young adults aged twenty to thirty-nine in recent years; and

WHEREAS, biomedical advances allow for New Jersey to end HIV and eliminate viral hepatitis, and testing recommendations allow for early detection and treatment for persons with STIs; and

WHEREAS, recent actions by the federal government, including attempts to remove critical public health information and services from federally maintained websites, threaten to impede the progress that has been made in combatting the spread of these diseases and appropriately treating those living with these diseases; and

WHEREAS, New Jersey must continue to prioritize combating and eliminating the spread of HIV, STIs, and viral hepatitis;

NOW, THEREFORE, I, PHILIP D. MURPHY, Governor of the State of New Jersey, by virtue of the authority vested in me by the Constitution and by the Statutes of this State, do hereby ORDER and DIRECT:

1. Executive Order No. 61 (2003) is hereby rescinded and superseded by this Executive Order.

2. There is hereby established, within the DOH, the Advisory Council on HIV, STIs, and Viral Hepatitis ("Advisory Council").

3. The Advisory Council shall consist of the Commissioner of the DOH or their designee; the Commissioner of the Department of Corrections or their designee; the Commissioner of the Department of Human Services ("DHS"), or two designees of the Commissioner of the DHS with relevant experience in care and services for individuals with mental health needs and addiction care; the Commissioner of the Department of Banking and Insurance or their designee; the Attorney General or their designee; the Director for the New Jersey Office of Faith-Based Initiatives; two members of the New Jersey Senate to be appointed by the Commissioner of the DOH upon the recommendation of the Senate President; two members of the General Assembly to be appointed by the Commissioner of the DOH upon the recommendation of the Speaker of the Assembly; and a minimum of twenty-five (25) public members to be appointed by the Commissioner of the DOH who reflect the diversity of New Jersey and who shall include public health care professionals, policy experts, social and direct care organization representatives, advocates and individuals who have lived experience with HIV, STDs, or viral hepatitis.

4. All members of the Advisory Council shall serve at the pleasure of the Governor and shall serve without compensation.

5. The Commissioner of the DOH or their designee shall serve as the chairperson of the Advisory Council, and shall select a vice chairperson from among the members of the Advisory Council, who shall also serve at the pleasure of the Commissioner.

6. The purposes of the Advisory Council shall be to: (a) coordinate efforts among public and private health care agencies and providers, community-based organizations, and other strategic partners to promote public awareness and education on the prevention and treatment of HIV, STIs, and viral hepatitis and how to access related services in New Jersey; (b) identify or develop

opportunities or strategies that may be used to combat the HIV epidemic, STIs, and viral hepatitis, including, but not limited to, efforts to implement the Strategic Plan; (c) recommend policies, projects, programs, initiatives, or services designed to improve health outcomes and reduce health outcome disparities, including efforts to address systemic inequities affecting HIV, STI, and viral hepatitis health care.

7. The Advisory Council shall organize as soon as practicable after the appointment of its members, and shall convene as soon and as often as requested by the Commissioner of the DOH.

8. The Advisory Council is authorized to call upon any department, office, division, or agency of this State to supply it with data or other information or assistance available to such agency as the Advisory Council deems necessary to execute its duties under this Order. Each Executive Branch department and agency is hereby required, to the extent not inconsistent with law, to cooperate fully with the Advisory Council and to furnish such assistance on as timely a basis as is necessary to accomplish the purpose of this Order. The Advisory Council may consult with experts and other knowledgeable individuals in the public or private sector on any aspect of its mission. To the extent necessary, the DOH shall provide professional and clerical staff to the Advisory Council.

9. The Advisory Council shall be purely advisory in nature and shall provide advice to the Governor and other Executive Branch departments and agencies as appropriate.

10. For purposes of this Order, "Executive Branch departments and agencies" shall mean any of the principal departments in the Executive Branch of State government and any agency, authority, board, bureau, commission, division, institution, office, or other instrumentality within or created by

any such department, and any independent State authority, commission, instrumentality, or agency over which the Governor exercises executive authority, as determined by the Attorney General.

11. Nothing in this Order shall be construed to supersede any federal, State, or local law.

12. This Order shall take effect immediately.

GIVEN, under my hand and seal this
10th day of February,
Two Thousand and Twenty-Five,
and of the Independence of
the United States, the Two
Hundred and Forty-Ninth.

[seal]

/s/ Philip D. Murphy

Governor

Attest:

/s/ Kate E. McDonnell

Chief Counsel to the Governor