

Northern & Central NJ 1Q 2020 Report

FEATURING

Alan H. Perzley, Esq's article, "Governor Murphy Shutting Down all "Non-Essential" Construction Projects in New Jersey;"

Nelson Gomes's article, "New Healthcare Technologies to Keep Your Eye on;"

Pasquale Avallone's article, "Changes to Healthcare Design Influenced by the COVID-19 Pandemic."



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Tenant Representation • Cold Storage • Investment Services

Dear Friends and Colleagues,

We are no doubt in uncharted waters with the epidemic that has been plaguing us on an economic and health related scale locally, nationally, and globally. This is affecting all walks of life and conditions. As a country and as a community, we will get through this and persevere. In order to accomplish this huge feat, we must ban together to help and assist each other as best as possible. If you need help personally or professionally, do not hesitate to reach out to us. We are here to help you. Our company, NAI James E. Hanson has been regularly posting great articles on our website, www.naihanson.com, to help keep us informed of new legislation and rules that the State of New Jersey has been publishing. For matters in business, we have been acting as ADVISORS to tenants, landlords, and investors, answering any questions they may have and offer guidance to prepare them both in the present and immediate future. We also have a large professional network with our organization CREA United, www.creaunited.com, to assist us in help with all business related issues, from governmental guidance to service providers of all industries ready and able to assist you. We would like to again state, WE ARE HERE TO HELP YOU. Please call us. We look forward to hearing from you. Stay healthy, stay safe, and most importantly, stay positive. We are all in this together and we will all come out of this together.

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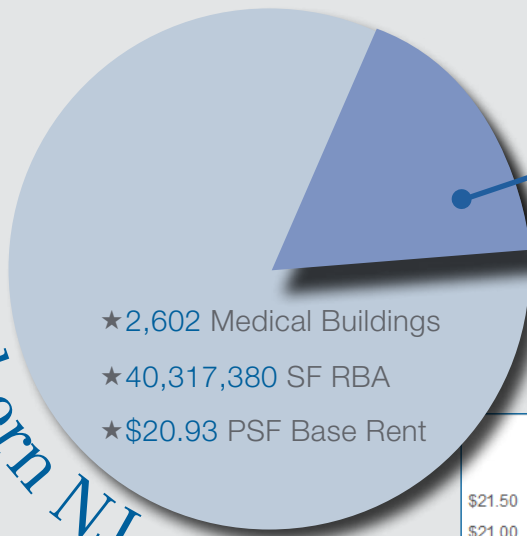
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1Q2020

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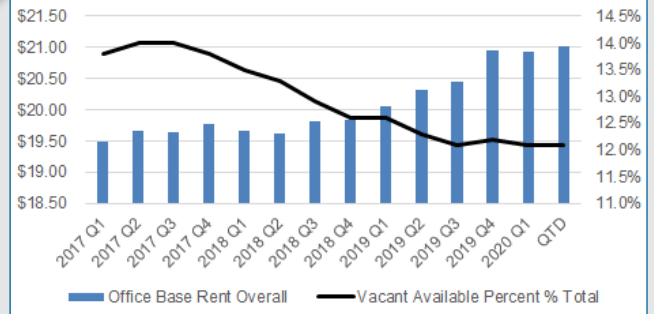
Northern NJ



Bergen County

- ★383 Medical Buildings
- ★5,546,739 SF RBA
- ★\$24.21 PSF Base Rent

**Northern New Jersey
Average Asking Rate vs. Vacant Available Rate**



TOP SALES & LEASES

SALES

27,158 SF | \$8,100,000

600 Mount Pleasant Ave., Dover

Buyer: 600 Mount Pleasant Ave., Inc.

Seller: 600 Mount Pleasant Associates LLC

8,464 SF | \$2,200,000

2 Forest Ave., Paramus

Buyer: Professional Plaza at Paramus

Seller: Orthopedic Spine & Sports Medicine
Center P.A.

LEASES

30,000 SF | 20 Kingsbridge Rd., Piscataway

13,986 SF | 1135 Broad St., Clifton (Renewal)*

7,909 SF | 1135 Broad St., Clifton (Renewal)*

5,050 SF | 1135 Broad St., Clifton*

**NAI Hanson Transaction.*

Johnson & Johnson: Tests of its Coronavirus Vaccine to Begin

Johnson & Johnson announced it will begin testing its vaccine by September and emergency use could be authorized by early 2021.

[Click here to view article](#)

NJ Pharmaceutical Company Donates 400,000 Tablets to Louisiana for Clinical Trials in COVID-19 Treatment.

Amneal Pharmaceuticals, Inc. from Bridgewater donated the tablets to LSU's School of Medicine.

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Coronavirus: Central Jersey Pharmaceutical Firms Joining War Against Pandemic

Companies include Johnson & Johnson; Sanofi; LabCorp; Thermo Fischer; Roche and Merck & Co.

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Governor Murphy Shuts Down All “Non-Essential” Construction Projects In New Jersey



GARFUNKEL WILD, P.C.
ATTORNEYS AT LAW

Article Written By: Alan H. Perzley, Esq.

Governor Phil Murphy issued Executive Order 122 on April 8, 2020, shutting down the “physical operations” of all “non-essential” construction projects in the State of New Jersey, as of Friday, April 10, 2020 at 8:00pm (“Executive Order 122”).

Pursuant to Executive Order 122, exceptions or “essential” construction include:

- a. Projects necessary for the delivery of health care services, including but not limited to hospitals, other health care facilities and pharmaceutical manufacturing facilities;
- b. Transportation projects, including roads, bridges and mass transit facilities or physical infrastructure, including work done at airports and seaports;
- c. Utility projects, including those necessary for energy and electricity production and transmission, and any decommissioning of facilities used for electricity generation;
- d. Residential projects that are exclusively designed as affordable housing;
- e. Projects involving pre-K-12 schools, including but not limited to projects in Schools Development Authority districts, and projects involving higher education facilities;
- f. Projects already underway involving individual single-family homes, or an individual apartment unit where an individual already resides, with a construction crew of 5 or fewer individuals. This includes additions to single-family homes such as solar panels;
- g. Projects already underway involving a residential unit for which a tenant or buyer has already entered into a legally binding agreement to occupy the unit by a certain date, and construction is necessary to ensure the unit’s availability by that date;
- h. Projects involving facilities at which any one or more of the following takes place: the manufacture, distribution, storage, or servicing of goods or products that are sold by online retail businesses or essential retail businesses, as defined by Executive Order No. 107 (2020) and subsequent Administrative Orders adopted pursuant to that Order;
- i. Projects involving data centers or facilities that are critical to a business’s ability to function;
- j. Projects necessary for the delivery of essential social services, including homeless shelters;
- k. Any project necessary to support law enforcement agencies or first responder units in their response to the COVID-19 emergency;
- l. Any project that is ordered or contracted for by Federal, State, county, or municipal government, or any project that must be completed to meet a deadline established by the Federal government;
- m. Any work on a non-essential construction project that is required to physically secure the site of the project, ensure the structural integrity of any buildings on the site, abate any hazards that would exist on the site if the construction were to remain in its current condition, remediate a site, or otherwise ensure that the site and any buildings therein are appropriately protected and safe during the suspension of the project; and
- n. Any emergency repairs necessary to ensure the health and safety of residents.

While Executive Order 122 notes that “construction sites are inherently difficult environments for social distancing to occur, as they frequently require large numbers of individuals to touch the same surfaces, gather closely together in area such as service elevators, an use common facilities such as portable restrooms,” it acknowledges that “some construction is needed to expand our health care system’s capacity, address immediate infrastructure deficiencies, and prevent future disruptions in various areas such as education, housing, and transportation, which are themselves tied to the public health and safety”

Executive Order 122 attempts to balance the competing interests of health and safety for construction workers with the need for “essential” construction, and therefore requires essential construction projects to comply with following minimum requirements:

Article Continued...

- Prohibit non-essential visitors from entering the worksite;
- Limit worksite meetings to groups of fewer than ten individuals;
- Require individuals to maintain six feet or more distance between them wherever possible;
- Stagger work start and stop times to limit the number of persons at the worksite;
- Stagger lunch breaks;
- Restrict the number of individuals who can access restrooms and breakrooms concurrently;
- Require workers and visitors to wear cloth face coverings with limited exceptions;
- Require infection control practices, including proper hand washing and coughing and sneezing etiquette;
- Limit sharing of tools, equipment, and machinery;
- Provide hand sanitizer and sanitizing wipes; and
- Require frequent sanitization of high-touch areas like restrooms, breakrooms, equipment, and machinery.

Executive Order 122 appears to be an attempt to address the problems that general contractors have experienced with many of their construction workers not feeling safe during the COVID-19 pandemic to go to a construction site and maintain the requisite social distancing necessary to carry out their work. Laborers have been concerned about their personal health, as well as the health of their families, and as such, some construction workers have refused to go to work. While Executive Order 122 does not totally alleviate the basic concerns of “essential” construction workers, it does offer more detailed preventative measures beyond mere compliance with the recommended social distancing and CDC guidelines.

With Executive Order 122, New Jersey has now joined New York, which on March 27, 2020, narrowed the definition of “essential” construction projects. New York Governor Andrew Cuomo, with the issuance of Executive Order 202.6, shut down most New York construction projects due to concerns about the spread of COVID-19 throughout the State of New York. The Empire State Development Corporation (“ESDC”) subsequently issued guidelines following Governor Cuomo’s issuance of revised Executive Order 202.6. The ESDC noted that all non-essential construction must shut down, except emergency construction, which was allowed to continue. According to the ESDC, “essential” construction in New York includes roads, bridges, transit facilities, utilities, hospitals or health care facilities, affordable housing, and homeless shelters.

FEATURED PROPERTIES OF NAI JAMES E. HANSON



1135 Broad Street
 Clifton, NJ
 7,796 sf for lease
 Medical Office



201 Rock Road
 Glen Rock, NJ
 2,753 sf for lease
 Medical/Retail/Office



23-00 Route 208
 Fair Lawn, NJ
 5,014 sf for lease
 Medical Office



218 Route 17 North
 Rochelle Park, NJ
 26,602 sf for lease
 Medical Office



122 E Ridgewood Avenue
 Paramus, NJ
 1,035-2,224 sf for lease
 Medical Office



75 Orient Way
 Rutherford, NJ
 23,501 sf for sale
 Medical Office



535 High Mountain Road
 North Haledon, NJ
 24,682 sf for lease
 Medical Office (6 Suites)



61 West Pleasant Avenue
 Maywood, NJ
 2,000 sf for lease/5,865 sf for sale
 Medical/Retail/Office

3 Healthcare Technologies To Watch

Article Written By:
Nelson Gomes

Senior Vice President of Business Development | GM of NJ
Medicus IT



Every year, we witness the development and adoption of new technologies that have the potential to significantly improve the quality of care and access to treatment. Here are three technologies generating significant buzz.

1. Speech-Recognition Software

Healthcare professionals are no stranger to speech-recognition software, and it has already fundamentally changed the way professionals work in their practices. The next advancement for this technology is natural language processing (NLP). NLP is a "... branch of artificial intelligence that helps computers understand, interpret and manipulate human language," and it's becoming widely available.

One of the most prominent examples is Amazon's recently announced "[Amazon Transcribe Medical](#)." It's a real-time, automatic speech recognition for healthcare professionals. This breakthrough is at the forefront of speech-to-text software and will help streamline the documentation process that electronic health records require.

2. Artificial Intelligence and Predictive Analytics

Predictive analytics applications have existed for a while. They already help physicians enhance the accuracy of their diagnosis and recommendations. Google has jumped in the game with the surprise reveal of its "[Project Nightingale](#)" last year. Google worked under the radar with a nationwide healthcare system to develop machine learning algorithms that help physicians navigate a database of diagnostics, treatments, and healthcare professionals. This search engine uses artificial intelligence (AI) to gather information on symptoms, biometrics, and health history that are inputted by the physician in real-time. The AI then compares that data with data from over 6 million health records to make recommendations on diagnosis, treatment, and specialist referrals.

3. Telehealth

Telehealth was a little used tool in the United States, generating less than 1% of U.S. medical claims in 2018, according to a 2019 FAIR Health [white paper](#). COVID-19 has significantly increased the adoption of telehealth. Requests for virtual visits are surging across the country and clinicians are being forced to adopt telehealth technology on the fly. The good news is that telehealth products are generally simple to use. Our clients tell us that the biggest challenge is working with patients to establish telehealth connections.

Will the pandemic be the tipping point for telehealth? It will be very interesting to see how the adoption of telehealth further develops post-COVID-19. We will be monitoring it very closely.

Healthcare Design Change



Article Written By:
Pasquale Avallone
Vice President of Healthcare
RSC Architects

The Covid-19 pandemic hit the US hard and fast forcing our healthcare industry to react swiftly to contain and mitigate its spread. The US has not seen this type of fast spreading virus in over 100 years. It comes as no surprise that the only thing that brings real and lasting change is crisis, and we certainly have one on our hands right now.

Covid-19 will force all of us to re-evaluate how we go about our daily lives and will compel the healthcare industry to adapt. Some adjustments were implemented immediately, while others, though just as important, are forthcoming and are based on further evaluation of the cause, spread, and efficacy of our containment measures. We can expect additional industry-wide transformations to occur once we have a more thorough scientific understanding of how this virus evolved, spread and subsequently left human and economic casualties in its wake.

The healthcare design and delivery process will be evaluated and modified to help reduce the spread and likelihood of another pandemic. The coronavirus pandemic has changed the way doctors, nurses and other healthcare professionals interact with patients and each other. It will also have an impact on the design of healthcare spaces to allow for various types of healthcare delivery such as telemedicine. Alternative modes of delivery were very slow to be adopted in the past, but have now been mainstreamed – whether the design and infrastructure were ready for it or not.

Telemedicine reduces office visits of high-risk patients. There are additional benefits to these types of visits including the protection of vital resources, especially personal protection equipment (PPE), such as gloves, masks, and gowns. The Centers for Medicare & Medicaid Services (CMS) has recently broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. Once insurance reimbursements are universally increased for this type of service, telemedicine will become the primary delivery method for many patients. Healthcare designers will soon be re-evaluating how these spaces look and function for patients, physicians, nurses, and support staff.

A new CDC study indicates the ferocity of this virus that remains viable on stainless steel and plastic surfaces for up to 2-3 days compared to 4 hours on copper. Products like antimicrobial copper-alloy door hardware, push buttons, and plumbing fixture levers offer facilities another way of combating the spread of viruses and bacteria. Today more than two dozen U.S. manufacturers are producing antimicrobial copper components - everything from door handles, stair handrails, grab bars, sinks, faucets, levers and other specialty instrument trays. Though they do not eliminate the need for regular cleaning and proper hygiene, copper-alloy hardware offers designers aesthetic and functional solutions for not only healthcare facilities, but any space which attracts a high volume of people like airports and sports and entertainment venues.

Since coronaviruses have been determined to be viable for up to 3 hours in the air, the healthcare design and engineering industry will see sweeping changes in the Heating Ventilation and Air Conditioning (HVAC) systems and requirements of our healthcare facilities from physician practices, dental offices, hospitals and even long-term care facilities. Special HVAC systems design and features often limited to infection prevention and control of highly critical areas will become more common, such as higher levels of filtration, variations in positive and negative room pressures, and flexibility of the HVAC system. Healthcare design guidelines and criteria currently dictate how many Airborne Infectious Isolation (AII) Rooms are required within a facility and that number will likely rise.

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As a result of this pandemic, the healthcare design and engineering industry has already begun the task of evaluating and adapting existing facility systems. Standard rooms are becoming isolation rooms; positive pressure rooms are being converted to negative pressure rooms. HEPA filtration, which has previously been limited to critical care areas, will become more prevalent. The American Society of Healthcare Engineers (ASHE) and the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) will continue to issue guidance on managing the spread of COVID-19 with respect to the operation and maintenance of HVAC systems in buildings, as well as, resources for best practices in the design of more adaptable and flexible HVAC systems to support better air quality and infection prevention for patients and healthcare workers within controlled air environments.

Covid-19 has forced us to be more cognizant of the things we touch, the places we go, and the air we breathe. When social distancing restrictions are lifted, we will all notice changes in not only healthcare design and delivery, but in our daily lives. The healthcare design industry will look at how we can utilize and adapt new products and technologies to keep patients and healthcare workers safe from future pandemics.

For more information, please check out the below links:

www.cdc.gov

www.cms.gov

www.copper.org

www.americantelemed.org

www.ashe.org

www.ashrae.org

ABOUT NAI JAMES E. HANSON

NAI James E. Hanson is committed to providing the highest quality commercial real estate services in Northern New Jersey, Southern New York and Eastern Pennsylvania and has been since it was founded in 1955.

Our services include: Brokerage, Property Management, Corporate Services, Financing, Logistics, Government Services, Tenant Representation, Cold Storage and Investment Services.

We are a part of NAI Global, a managed network of 6,000 professionals with 375 offices in 36+ countries and is one of the largest commercial real estate service providers worldwide with over 1.15 billion SF of property managed and over \$20 billion in annual transaction volume.

Our global network includes:

375+ offices

6,000+ professionals

200+ marketing professionals

#3 ranked on total CCIM's & SIOR's

Top 5 brand 2018 Lipsey ranking
of Commercial Real Estate Brands

40+ years in business

250+ CoStar Power Brokers