

**Assembly Budget Committee Testimony**  
**April 25, 2022**

Good afternoon, Chairwoman Pintor Marin, Vice Chairman Wimberly and Distinguished Members of the Assembly Budget Committee.

I'd like to take a moment to introduce the Department leadership team that is here with me today: Dr. David Adinaro, Deputy Commissioner for Public Health Services; Robin Ford, Deputy Commissioner for Health Systems; Deborah Hartel, Deputy Commissioner for Integrated Health; Chief State Medical Examiner Dr. Andrew Falzon and Chief Fiscal Officer Eric Anderson.

Thank you for this opportunity to discuss the Department's proposed Fiscal Year 2023 budget of \$2.4 billion, which includes \$1.1 billion in state funds, \$727 million in federal funds and \$571 million in anticipated revenues from Department programs and services.

In addition, throughout the pandemic, the Department has received a total of \$2.3 billion in federal COVID funds required by the CDC to be used for testing, vaccination, public awareness campaigns, and grants to hospitals. Of the CDC funds, more than \$90 million has been distributed to counties, cities, and local health agencies.

The FY2023 budget prioritizes the health and safety of New Jersey residents and continues to assist those impacted by the COVID-19 pandemic while supporting maternal health; testing, treatment, and community outreach to end the HIV epidemic; and focuses on overdose prevention and harm reduction. It also provides \$581 million for charity care, Graduate Medical Education and Graduate Medical Education Supplemental and \$32 million to community health centers for the care they provide to the uninsured.

**Pandemic**

Since the pandemic began, all of the Department's policies and strategies have been developed with the goal of achieving equitable community protection.

Several factors made our state more susceptible to COVID cases and deaths than other states. New Jersey is the most densely populated state in the nation with 1,263 residents per square mile and we rank 11<sup>th</sup> among states with the most multi-generational housing, a source of significant familial spread. Additionally, we are home to a major travel hub—Newark Liberty International Airport—and we are near major hubs in New York and Pennsylvania.

From the beginning, all of our initiatives have been and will continue to be metric driven. We created a vulnerable populations plan focused on vaccination of high-risk individuals in long-term care, congregate settings, seasonal farm workers, individuals experiencing homelessness, those with substance use disorders, individuals who are homebound, tribal nations, people with disabilities, individuals over 65 and elderly residents in high-rise apartment complexes.

We developed an equitable vaccine access methodology using the social vulnerability index – including the percent poverty level; percent of communities of color; the COVID death rate per 100,000, and the percent without car ownership to focus efforts and increase access and uptake of the vaccine.

Last summer, we developed a County Ambassador program in the 11 counties that needed support to reach 70% adult vaccination coverage. Key Department staff were deployed into these counties to focus on COVID-19 vaccination efforts. They used a data-driven and collaborative approach with local leaders and community organizations to drive boots-on-the-ground actions to increase vaccinations.

To support our local health departments, we hired 2,500 contact tracers—the majority of whom were state residents who wanted to help their own communities—and secured a language line and translation service to ensure communication in diverse languages. We launched CommCare, a case management system to handle the large volume of COVID cases entering our communicable disease surveillance system, and we launched the COVID Alert NJ exposure notification app to supplement the state's efforts to trace and contact individuals potentially exposed to COVID.

As soon as testing was available, we opened two drive-through testing sites in Bergen and Monmouth counties. During the Omicron surge, we opened testing sites in Essex and Atlantic counties and provided test kits and staff to any county that requested it. Our Rapid Mobile Response teams provide testing, and vaccination support, in hot spot areas, at senior high rises, at houses of worship, community centers, and urban communities to bring vaccine and testing closer to residents. We have distributed more than 6 million test kits to long term care facilities, schools, shelters, hospitals, and correctional facilities. We received \$267 million in CDC funding for a screening testing program in public and private schools which included vendor-supported testing. Additionally, we launched a free at-home testing program to expand access to testing for all New Jerseyans.

We have used data to build awareness and education through discussions with over 1,000 interest groups, professional and civic associations, religious leaders, and elected officials. The result of these efforts has been one of the most successful vaccination programs in the nation with nearly 18 million doses of vaccine administered to those who live, work, and are getting an education in New Jersey. Nearly 80 percent of eligible residents have been fully vaccinated, and 92 percent of residents five and up have had at least one dose of COVID vaccine.

The credit for this success goes well beyond the Department of Health. Federal, State, and local community partners have stood beside us including county and local health agencies, health care and long-term care facilities, schools, pharmacies, faith and community leaders, and elected officials who have stood up vaccine sites and performed education and outreach.

We also rank in the top tier of 17 states in preparedness to meet public health challenges, according to the annual report of the Trust for America's Health, a nonprofit, non-partisan health policy organization. It measures states' performance on 10 key preparedness indicators including emergency management accreditation, disease surveillance, surge capacity in our public health lab, and public health agency accreditation.

The Trust for America's Health report recognizes the progress we've made in centralizing data analysis and strengthening preparedness for future public health emergencies. Our efforts have included surge planning to ensure adequate hospital beds as well as a stockpile of Personal Protective Equipment—or PPE—and ventilators.

Just as we continue to learn more everyday about this virus, we continue to enhance our ability to meet future public health crises. At the same time, we have worked to ensure that other public health measures did not fall behind such as flu vaccinations, communicable disease control and maternal, child and family health.

As a public health agency, we supported the recent Afghan resettlement effort last summer by providing nearly 8,200 COVID-19 vaccines to refugees at Joint Base McGuire-Dix-Lakehurst.

We recognize we still have work to do encouraging individuals to be up-to date on their vaccinations—especially those who are the most vulnerable. Still, as one expert recognized, things would have been far worse had New Jersey not embraced tough restrictions to bend the curve of the virus at its height.

Dr. Steven Woolf, an epidemiologist at Virginia-Commonwealth University who has studied excess deaths, said that while New Jersey was hit hard in the spring of 2020, given our response, we saw far smaller spikes in mortality in subsequent waves of COVID-19.

This virus remains unpredictable, so we continue to remain vigilant. Our efforts to promote vaccination as our best protection against severe disease, hospitalization and death are ongoing.

Working with local health departments, faith-based organizations, and community-based organizations, we are continuing to set up community-based vaccination partnerships for underserved communities in high priority municipalities.

We have an ongoing multilingual, multi-channel statewide public awareness campaign using videos on social media featuring influencers such as trusted physicians and nurses.

We have done virtual town halls for African-American, Caribbean, Latino, and Asian-American residents featuring health care professionals from these communities who addressed questions about vaccine hesitancy.

We have learned that this virus preys on vulnerable individuals, the elderly, and the frail. Much of our overall COVID-19 response was also focused on supporting New Jersey's long-term care facilities.

### **Long-Term Care**

Across the nation, nursing homes and assisted living facilities have been at the epicenter of the COVID-19 pandemic due to the congregate living layout and the vulnerability of their residents. The impact of this virus on our long-term care facilities has been devastating.

Since those dark days during our first surge, we have made great progress on several fronts—in strengthening the resiliency of our 660 long-term-care and assisted living facilities, in attaining high vaccination rates among residents and staff, and in implementing recommendations proposed in the Manatt report for long-term care.

In the spring of 2020, the state retained Manatt Health to assess the state’s COVID-19 response and provide recommendations to improve the quality, resiliency, and safety of the system now and into the future.

With the partnership of the Legislature, we have increased oversight, monitoring and survey activities across the continuum of care within the industry. Our Health Facility, Survey and Field Operations have conducted 5,211 surveys and complaint investigations between March 2020 and March 2022.

We have made great progress in responding to the recommendations presented in the Manatt Report since it was delivered to the state on June 2, 2020. To date, 38 of the 39 near term recommendations have been completed and one is ongoing and involves collection of additional long term care data.

Of the intermediate/long-term recommendations, 25 have been completed.

We have also established an Office of Long-Term Care Resiliency, which provides support and resources to facilities to improve the quality of care and services for their residents of long-term care facilities.

The Department also established the Long-Term Care Emergency Operations Center, which has distributed more than 75 million pieces of PPE and half a million N95 fit test kits to our long-term facilities. And more than 3.6 million COVID tests have also been distributed.

The booster rate for long-term care staff has increased from 41.3 percent in January of this year to over 78 percent as of April 12, 2022. And among residents, 86 percent of residents have received a booster shot. Clinics in long term care facilities have been held or scheduled for the second booster shot.

### **Lessons Learned**

We have learned several key lessons over the last two years that will be invaluable in future health crises and in providing better health care overall:

We have learned:

- The importance of the Office of Emergency Management and the State Police—along with the Department of Health – in responding to public health emergencies
- The necessity of setting goals early on, including inventory stockpiling and monitoring
- The importance of data, science, and vigilance using hot spotting and CALI scores

- The availability of state assets and teams to provide testing in underserved communities, especially during a surge in cases
- The importance of dynamic reporting that can both reflect the best-known information at any time and adjust as more information is understood
- The value of engagement with the community and stakeholders
- The importance of partnerships with hospitals for timely data reporting to understand disease progression, surge planning, and staff and community vaccination clinics
- The significance of emergency management planning for surges
- The need for increased resiliency in the Long-Term Care industry
- The value of the call center—fielding nearly 6 million calls
- The importance of a robust Local Health Department network
- The participation of retail pharmacy partners to effectively deliver vaccination at scale in long-term care, senior high rises, and vulnerable populations
- The impact of coordination through the ambassador program—specifically for hard-to-reach populations
- The success of static vaccination sites to support our goal of all eligible New Jerseyans being within a 15-minute walk or a 30-minute drive to a vaccine site
- The success of local health departments, Federally Qualified Health Centers, and independent pharmacies delivering vaccine in harder to reach communities

As we continue our fight against COVID-19 we are also focusing our work on several other key public health areas. And now I would like to highlight those areas in our budget.

### **Charity Care**

The budget proposes \$581 million in subsidy payments to hospitals. Total funding for each subsidy is as follows: Charity Care will be \$339 million; Graduate Medical Education will be \$218 million; and Graduate Medical Education Supplemental will be \$24 million.

Charity Care will continue to be based on the amount of documented charity care provided by hospitals, with the largest percentage of charity care going to those hospitals that have the highest relative charity care percentage. GME and GME Supplemental will also continue to be based on formulas that have been used in prior years.

### **Maternal Child Health Initiatives**

The budget includes \$1 million to increase access to midwife care by ensuring opportunities for the education of midwives. This initiative is part of the First Lady's Nurture NJ initiative to improve maternal health outcomes and increase access to equitable, evidence-based maternity care services for the women of New Jersey.

In addition, \$500,000 will allow the Department to increase the number of community health workers who will be trained by the Colette Lamothe-Galette Community Health Worker Institute. The Institute is named for one of our colleagues who died early in the pandemic of COVID-19. The Institute was established as an apprenticeship training program to bring community health workers to vulnerable populations to meet their maternal and child health needs.

### **Office of the Chief State Medical Examiner**

The Office of the Chief State Medical Examiner, which handled more than 9,000 cases last year, will receive an additional \$527,000 to hire staff to inspect all the county Medical Examiner offices throughout the state as required and to maintain the dashboard with drug-related death statistics.

### **Overdose Prevention**

The budget for the Overdose Fatality Review Teams will increase by \$500,000 to allow us to continue to expand these teams to all 21 counties and additional municipalities. Currently, there are 19 Overdose Fatality Review Teams covering 17 counties and 2 municipalities. These teams analyze the circumstances surrounding fatal overdoses to help communities more effectively direct policies, practices, and partnerships to prevent future overdoses and allocate prevention resources and services where they can do the most good.

### **Harm Reduction**

In addition, \$500,000 in state funds will allow the addition of new Harm Reduction centers as well as expansion of services to prevent the spread of HIV, hepatitis C, and other blood-borne pathogens, and to provide a bridge to substance use disorder treatment. Our goal is to significantly expand access to harm reduction throughout the state using these funds and opioid settlement funds. A request to transfer existing settlement funds to the Department was submitted to the Joint Budget Oversight Committee in February and we look forward to this request moving forward to expand life-saving services amidst the overdose crisis. Currently there are seven Harm Reduction centers that served more than 3,200 clients last year and more than 1,000 referrals were made for care including to substance use disorder treatment.

### **HIV**

In HIV, \$1.5 million in additional funding will continue our work to End the HIV Epidemic by reducing the number of new HIV infections by 74 percent while promoting access to testing so that 100% of persons living with AIDS know their status. We will also continue our efforts to promote access and linkages to care so that 90 percent of persons diagnosed with HIV/AIDS are virally suppressed.

### **Childhood Lead Prevention**

Preventing childhood lead exposure through education and screening remains a priority for the Department. Funding for the Department’s Childhood Lead Program remains the same for Fiscal Year 2023 at \$14.3 million and our commitment to reducing childhood lead exposure continues.

There is no safe level of lead, a neurotoxin that causes irreversible effects to the developing brains of children.

Our education efforts also include working with our sister agencies—the Departments of Community Affairs and Environmental Protection—to support their efforts to rebuild water infrastructure and reduce lead levels in rental properties.

The U.S. Centers for Disease Control and Prevention recently lowered its “blood lead reference value” from 5 micrograms per deciliter of blood to 3.5 micrograms. The reference level is essentially an indicator for when local health departments should intervene to provide treatment and eliminate the source of exposure. The Department will update its rules to reflect that change in the reference level.

### **Healthy Corner Store Initiative**

The Department also continues its focus on improving the health of New Jersey residents and reducing food insecurity. We do that through several programs including the Supplemental Nutrition Program for Women, Infants and Children or WIC, which provides access to nutritious foods for 215,000 individuals. In addition, the SNAP-Ed program partners with the Food Trust to support the Healthy Corner Store Initiative, which provides training and technical assistance to small retail food stores to improve access to healthy foods in underserved communities. Currently, there are 72 healthy corner stores. Three additional sites will be added in Camden this year with Department support to stock fresh fruits and vegetables, whole grains, low-fat dairy products and the refrigerators and coolers they need to showcase those healthy choices.

### **Going Forward**

As we continue the work of the Department, now is the time for us to plan and continue incorporating all that we have learned into our daily public health activities. Our goals are to prepare for future surges; strengthen the local public health infrastructure and prioritize the protection of high-risk groups.

We will continually monitor disease progression through surveillance, hot spotting and modeling and maintain transparency through public dashboards. Our mission will continue to be to limit or control illness and death through accessible vaccination programs into the future. We will monitor the development of therapeutics and ensure rapid equitable deployment and we will develop, and support initiatives targeted at the overall impact of COVID-19 on the mental well-being of all New Jerseyans—especially our children. We will also be prepared to work with our health care systems to study and address the impact of long COVID.

In closing, we appreciate the proactive role the Legislature has played in addressing the many public health challenges we face. We expect this virus to continue to evolve and we appreciate

the Legislature's support as the science guides us forward. The Department looks forward to continuing our partnership to build a stronger, fairer, and healthier New Jersey.

Thank you for this opportunity to discuss the Department's budget.

Now I would be happy to answer your questions.