

Discussion Points (Cont'd)

Hospital Funding and Charity Care

1. The Executive recommends a \$77.0 million increase in combined State and federal funds for two new hospital subsidies under the Graduate Medical Education program to train medical residents in trauma centers. Some \$40.0 million of the increase would be designated as Trauma Center Graduate Medical Education Subsidy, which will be available to hospitals that have a residency program and are designated as a Level 1 or Level 2 trauma center. The subsidy would be calculated according to the same formula used to calculate the Graduate Medical Education Subsidy.

The remaining \$37.0 million would be designated as Trauma Center Supplemental Graduate Medical Education Subsidy. This subsidy would be available to hospitals that are designated as a Level 1 or Level 2 trauma center, have a medical residency program, and for which Medicaid payments account for greater than 15 percent of the hospital's gross revenues. This subsidy would be calculated according to the same formula used to calculate the Graduate Medical Education Subsidy.

The State will have to seek a federal waiver from the Centers for Medicare and Medicaid Services prior to implementing the proposed subsidies. The total FY 2024 funding recommendation for all Graduate Medical Education Subsidy programs is \$319.0 million, a 31.8 percent increase over the \$242.0 million FY 2023 appropriation.

- **Questions: Which hospitals will be eligible for the Trauma Center Graduate Medical Education Subsidy? What will be the allocation of the subsidy provided in FY 2024 to each eligible hospital?**

There are ten (10) total Level I and Level II Trauma Centers as designated by the Department, which include the following:

- Hackensack University Medical Center
- Cooper University Hospital
- Morristown Medical Center
- St. Joseph's University Medical Center
- Robert Wood Johnson University Hospital
- Jersey Shore University Medical Center
- Jersey City Medical Center
- Capital Health Regional Medical Center
- University Hospital
- AtlantiCare Regional Medical Center

The projected Graduate Medical Education-Trauma (GME-T) allocations, pending final budget approval, are available on the Department's website at the following link: <https://nj.gov/health/hcf/subsidies/>.

Discussion Points (Cont'd)

- **Which hospitals will be eligible for the Trauma Center Supplemental Graduate Medical Education Subsidy? What will be the allocation of the subsidy provided in FY 2024 to each eligible hospital?**

Using CY 2019 source data, there are seven Level I and Level II Trauma Centers as designated by the Department that have a Relative Medicaid Percentage (RMP) greater than 15% that would qualify for a GME-T Supplemental (GME-TS) subsidy allocation, which include the following:

- Cooper University Hospital
- St. Joseph's University Medical Center
- Robert Wood Johnson University Hospital
- Jersey City Medical Center
- Capital Health Regional Medical Center
- University Hospital
- AtlantiCare Regional Medical Center

The projected GME-TS allocations, pending final budget approval, are available on the Department's website at the following link: <https://nj.gov/health/hcf/subsidies/>.

- **How many additional medical residents will be trained annually if these programs are funded at the recommended levels in FY 2024 and beyond? How many of these newly trained trauma care physicians does the department anticipate will remain in State after the completion of their medical training?**

Although the Department is responsible for oversight of the GME subsidy payments, it does not have a role in establishing slots for GME residency programs. Instead, the number of resident full-time equivalents (FTEs) at each hospital are reported by each hospital to the Department annually through the Acute Care Hospital Cost Report, and this information is a critical part of the subsidy allocation formula. As you may be aware, the Department has also historically been required through budget language to send a survey to hospitals to solicit information on the hospitals' resident FTEs, including a question on anticipated retention. However, this information is self-reported and unaudited and thus cannot be used for these types of projections.

- **Does the department anticipate that the scope, size, and cost of these newly proposed hospital subsidy programs will expand over the next five years, or does the department intend for the program to be relatively stable in size, scope, and cost?**

The Department generally expects that the subsidies will remain relatively stable year-over-year due to the underlying process for becoming an American College of Surgeons-accredited and designated Trauma Center.

- **What is the anticipated timeline for the State to submit a Medicaid State plan amendment to the Centers for Medicare and Medicaid Services for these two newly proposed subsidies?**

Discussion Points (Cont'd)

Based upon guidance received from DHS, the Public Notices for all of the subsidy State Plan Amendments (SPA) (Charity Care, GME, GME-S, GME-T, and GME-TS) must be published by June 30th in order to maintain a July 1st effective date. Thereafter, all of the SPA pages must be filed with CMS no later than September 30th.

2. The State's acute care hospitals are required to provide any necessary care to patients, regardless of their ability to pay. The State's Charity Care program provides free or reduced-cost care to uninsured patients who receive inpatient or outpatient care at the State's acute care hospitals. To offset the hospitals' costs of providing uncompensated care to uninsured patients, the State provides subsidy payments to hospitals through the Charity Care program. The primary funding source for the Charity Care program is the State's Health Care Subsidy Fund. P.L.2021, c.330 increased by one the number of hospitals eligible for the highest level of Charity Care subsidy payments in FY 2022; funding for this one additional hospital is also included in the FY 2023 Appropriations Act. The Governor's proposed FY 2024 Budget limits total available funding for Charity Care subsidies to \$342.0 million, which is the same ceiling established in the FY 2023 Appropriations Act.

The current statutory Charity Care distribution formula, established pursuant to subsection b. of N.J.S.A.26:2H-18.59i, ranks hospitals according to the percentage of each hospital's gross patient revenue attributable to Charity Care patients, and pays hospitals with a higher rank a larger subsidy in proportion to their total documented Charity Care. Notably, the statutory formula directs that hospitals that provide the most Charity Care and serve the communities with the lowest median incomes receive 96 percent of the hospital's documented Charity Care. The formula also provides for a minimum reimbursement to each hospital of 43 percent of its documented Charity Care. The current statutory formula has never been implemented precisely as enacted, as appropriations language has overridden it in each appropriations act since the current formula was established in 2004. The proposed formula for FY 2024 differs from the statutory formula, and results in Charity Care subsidies for certain hospitals that are less than the statutory minimum of 43 percent. The recommended FY 2024 formula is substantively identical to the FY 2023 formula, except that the years of the source data are updated, and the date for participating hospitals to submit a compliance report is updated.

Despite State and federal laws that require hospitals to provide uninsured patients with information concerning the Charity Care program, a 2022 survey of State residents who have incurred medical debt indicates that nearly half of respondents are unaware of the Charity Care program. According to the 2022 survey, conducted by Altarum Healthcare Value Hub, 46 percent of respondents with hospital medical debt reported that they were never informed of the hospital's financial assistance or Charity Care policies.

- **Questions:** Given that the number of uninsured patients is likely to increase following the State's resumption of Medicaid eligibility redeterminations in April 2023, does the department anticipate that the \$342 million recommended funding level for the Charity Care program will sufficiently support acute care hospitals that may face an increase in uncompensated care?

Discussion Points (Cont'd)

The Department would defer to DHS as to the overarching impact of resuming Medicaid eligibility redeterminations starting in April 2023. That said, starting with CY 2023 Charity Care claims data (i.e., Documented Charity Care, or DCC), it is possible that the Department will see increases following the resumption of Medicaid eligibility redeterminations. Of course, due to historical data lags and the Charity Care subsidy methodology, it is important to note that those increased costs, if any, would not be reflected in the current year and instead would not be reflected until submission of CY 2023 Acute Care Hospital Cost Reports, which would correspond to SFY 2026.

Additionally, one thing to always keep in mind is that the Charity Care subsidy – as defined by its formula/methodology – does not reimburse hospitals dollar-for-dollar for individual claims. Instead, the Charity Care formula, as outlined in N.J.S.A. 26:2H-18.59i and superseded historically on an annual basis through the Appropriations Act, utilizes DCC as one of several factors to calculate individual subsidy amounts intended to reimburse hospitals for their uncompensated care costs, with the recognition that the highest reimbursement is 96% and with other hospitals receiving proportionally less reimbursement based upon the appropriated amount in a given SFY. Historically, the calculated statutory Charity Care allocations have exceeded the amount appropriated in a given SFY.

- **Does the department conduct any oversight of acute care hospitals to ensure that information concerning Charity Care assistance is provided to all uninsured or underinsured patients? Please provide details, including information on how frequently the department ensures compliance with this requirement.**

All hospitals have both dedicated patient access staff persons who are knowledgeable regarding Charity Care requirements and are trained to screen patients for insurance eligibility, as well as financial counselors who are responsible for processing the patients' financial files for Charity Care determinations. The Department maintains and keeps up to date a contact list for these individuals for purposes of outreach and providing guidance – both on the phone and through email/written correspondence – as they make Charity Care determinations to ensure alignment with applicable State statutes and regulations. To this point, the Department relies on and points hospitals to existing Charity Care regulations (i.e., N.J.A.C. Title 10, Chapter 52) when there are programmatic and/or policy questions.

If specific concerns and/or issues are brought to the attention of the Department, the Department will draft and send guidance memorandums to the hospital associations and all hospitals to remind them of various Charity Care requirements and applicable regulations. The Department also maintains a dedicated email inbox and web-based form that can be used to submit constituent questions and report suspected fraud, which are available at the following link: <https://nj.gov/health/hcf/charity-care/overview/>. There is also a formal State complaint process that can be utilized to address patient complaints with services and/or health care providers at hospitals, and that is available at the following link: <https://www.nj.gov/health/healthcarequality/patients-families/file-complaint-how-to/>.

Discussion Points (Cont'd)

- **Please provide a table showing the FY 2024 hospital-specific distributions from the recommended \$342 million Charity Care appropriation.**

The following chart, again using CY 2019 source data, provides the projected Charity Care allocations, pending final budget approval:

HOSP NO.	HOSPITAL NAME	SFY 2024 SUBSIDY AMOUNTS (CY 2019 SOURCE DATA)
1	Hackensack University Medical Center	\$4,639,575
2	Newark Beth Israel Medical Center	\$9,833,616
3	Hackensack UMC - Palisades	\$9,444,824
5	Hunterdon Medical Center	\$520,655
6	St. Mary's General Hospital	\$4,317,333
8	Holy Name Medical Center	\$655,744
9	Clara Maass Medical Center	\$2,261,063
10	Penn Medicine Princeton Medical Center	\$861,443
11	Cape Regional Medical Center	\$78,419
12	Valley Hospital	\$633,489
14	Cooper University Hospital	\$19,532,686
15	Morristown Medical Center	\$2,320,853
16	CarePoint Health - Christ Hospital	\$9,539,362
17	Chilton Medical Center	\$142,080
19	St. Joseph's University Medical Center	\$40,455,900
21	St. Francis Medical Center**	\$1,546,041
24	RWJ University Hospital - Rahway	\$286,706
25	CarePoint Health - Bayonne Medical Center	\$525,956
27	Trinitas Regional Medical Center	\$34,644,886
28	Newton Medical Center	\$132,065
29	Virtua Our Lady of Lourdes Hospital	\$1,175,765
31	Deborah Heart and Lung Center	\$730,045
34	Riverview Medical Center	\$383,703
37	Hackensack UMC - Pascack Valley	\$11,167
38	Robert Wood Johnson University Hospital	\$6,635,160
40	CarePoint Health - Hoboken University Medical Center	\$10,975,587
41	Community Medical Center	\$576,193
44	Capital Health Medical Center - Hopewell	\$2,213,049
45	Englewood Hospital and Medical Center	\$1,920,032
47	Shore Medical Center	\$247,889
48	RWJ University Hospital - Somerset	\$725,990

Discussion Points (Cont'd)

HOSP NO.	HOSPITAL NAME	SFY 2024 SUBSIDY AMOUNTS (CY 2019 SOURCE DATA)
50	St. Clare's Hospital - Denville	\$474,757
51	Overlook Medical Center	\$1,115,131
52	Ocean Medical Center	\$545,746
54	Hackensack UMC - Mountainside	\$192,867
57	Virtua Memorial Hospital	\$1,032,292
58	New Bridge Medical Center	\$20,090,652
60	St. Luke's Warren Hospital	\$220,044
61	Virtua Willingboro Hospital	\$673,884
69	Inspira Medical Center - Elmer	\$93,850
70	St. Peter's University Hospital	\$21,658,563
73	Jersey Shore University Medical Center	\$1,829,096
74	Jersey City Medical Center	\$8,456,282
75	Monmouth Medical Center	\$2,576,149
76	St. Barnabas Medical Center	\$1,385,090
81	Inspira Medical Center - Mullica Hill	\$209,684
83	Carewell Health Medical Center	\$4,227,367
84	Monmouth Medical Center - Southern	\$1,265,655
91	Salem Medical Center	\$72,939
92	Capital Health Regional Medical Center	\$18,276,074
96	St. Michael's Medical Center	\$3,694,612
108	JFK Medical Center	\$1,797,082
110	RWJ University Hospital - Hamilton	\$406,656
111	CentraState Medical Center	\$602,705
112	Bayshore Community Hospital	\$157,351
113	Southern Ocean Medical Center	\$153,862
115	Hackettstown Regional Medical Center	\$67,195
116	St. Joseph's Wayne Medical Center	\$879,102
118	Hudson Regional Hospital	\$69,799
119	University Hospital	\$62,705,163
221	Virtua Voorhees Hospital	\$139,332
224	Virtua Marlton Hospital	\$1,525,922
324	Inspira Medical Center - Vineland	\$1,104,555
391	Raritan Bay Medical Center - Perth Amboy	\$727,028
392	Raritan Bay Medical Center - Old Bridge	\$94,339
502	St. Clare's Hospital - Dover	\$764,794
641	AtlantiCare Regional MC - Mainland	\$3,672,052
642	AtlantiCare Regional MC - City	\$10,126,759
861	Jefferson Washington Twp Hospital	\$334,965
862	Jefferson Cherry Hill Hospital	\$349,888
863	Jefferson Stratford Hospital	\$263,442

Discussion Points (Cont'd)

HOSP NO.	HOSPITAL NAME	SFY 2024 SUBSIDY AMOUNTS (CY 2019 SOURCE DATA)
	TOTAL	\$342,000,000

***Due to the closure of St. Francis Medical Center as of December 31, 2022, its Charity Care subsidy allocation will be redistributed pursuant to N.J.A.C. 10:52-13.7.*

- Please provide a table showing the FY 2024 hospital-specific distribution that would result from the statutory Charity Care distribution formula, using the most recent available cost and documented Charity Care data available.

The following chart, which uses the most recent CY 2021 source data (including Acute Care Hospital Cost Report, Documented Charity Care, and Census Data), provides alternative Charity Care allocations:

HOSPITAL NO.	HOSPITAL NAME	SFY 2024 STATUTORY SUBSIDY (USING CY 2021 SOURCE DATA)
1	Hackensack University Medical Center	\$14,731,355
2	Newark Beth Israel Medical Center	\$15,200,887
3	Hackensack UMC - Palisades	\$11,330,919
5	Hunterdon Medical Center	\$928,777
6	St. Mary's General Hospital	\$6,268,308
8	Holy Name Medical Center	\$912,080
9	Clara Maass Medical Center	\$4,668,874
10	Penn Medicine Princeton Medical Center	\$1,907,863
11	Cape Regional Medical Center	\$196,295
12	Valley Hospital	\$1,050,618
	Cooper Hospital/University MC	\$18,831,674
15	Morristown Medical Center	\$3,740,423
16	CarePoint Health - Christ Hospital	\$9,780,538
17	Chilton Medical Center	\$265,520
19	St. Joseph's University Medical Center	\$40,065,634
21	St. Francis Medical Center**	\$2,948,075
24	RWJ University Hospital - Rahway	\$460,772
25	CarePoint Health - Bayonne Medical Center	\$1,155,519
27	Trinitas Regional Medical Center	\$20,876,674
28	Newton Medical Center	\$251,088
29	Virtua Our Lady of Lourdes Hospital	\$2,563,744
31	Deborah Heart and Lung Center	\$1,544,594
34	Riverview Medical Center	\$724,082
37	Hackensack UMC - Pascack Valley	\$4,151

Discussion Points (Cont'd)

HOSPITAL NO.	HOSPITAL NAME	SFY 2024 STATUTORY SUBSIDY (USING CY 2021 SOURCE DATA)
38	Robert Wood Johnson University Hospital	\$22,645,458
40	CarePoint Health - Hoboken University Medical Center	\$9,158,793
41	Community Medical Center	\$1,534,801
44	Capital Health Medical Center - Hopewell	\$6,619,029
45	Englewood Hospital and Medical Center	\$2,445,519
47	Shore Medical Center	\$435,235
48	RWJ University Hospital - Somerset	\$3,843,101
50	St. Clare's Hospital - Denville	\$1,103,943
51	Overlook Medical Center	\$2,251,218
52	Ocean Medical Center	\$789,581
54	Hackensack UMC - Mountainside	\$277,023
57	Virtua Memorial Hospital	\$1,411,208
58	New Bridge Medical Center	\$14,305,243
60	St. Luke's Warren Hospital	\$569,056
61	Virtua Willingboro Hospital	\$972,750
69	Inspira Medical Center - Elmer	\$83,778
70	St. Peter's University Hospital	\$18,628,161
73	Jersey Shore University Medical Center	\$3,836,925
74	Jersey City Medical Center	\$11,226,339
75	Monmouth Medical Center	\$6,630,645
76	St. Barnabas Medical Center	\$3,086,786
81	Inspira Medical Center - Mullica Hill	\$301,105
83	East Orange General Hospital	\$2,589,507
84	Monmouth Medical Center - Southern	\$2,261,831
91	Salem Medical Center	\$68,288
92	Capital Health Regional Medical Center	\$14,449,490
96	St. Michael's Medical Center	\$8,200,726
108	JFK Medical Center	\$1,835,318
110	RWJ University Hospital - Hamilton	\$1,117,412
111	CentraState Medical Center	\$1,321,657
112	Bayshore Community Hospital	\$165,244
113	Southern Ocean Medical Center	\$297,169
115	Hackettstown Regional Medical Center	\$184,695
116	St. Joseph's Wayne Medical Center	\$1,662,860
118	Hudson Regional Hospital	\$123,260
119	University Hospital	\$54,780,466
221	Virtua Voorhees Hospital	\$94,446

Discussion Points (Cont'd)

HOSPITAL NO.	HOSPITAL NAME	SFY 2024 STATUTORY SUBSIDY (USING CY 2021 SOURCE DATA)
224	Virtua Marlton Hospital	\$1,952,425
324	Inspira Medical Center - Vineland	\$1,793,564
391	Raritan Bay Medical Center - Perth Amboy	\$781,444
392	Raritan Bay Medical Center - Old Bridge	\$171,222
502	St. Clare's Hospital - Dover	\$1,569,607
641	AtlantiCare Regional MC - Mainland	\$3,819,764
642	AtlantiCare Regional MC - City	\$6,965,458
861	Jefferson Washington Twp Hospital	\$126,383
862	Jefferson Cherry Hill Hospital	\$1,288,982
863	Jefferson Stratford Hospital	\$255,182
	Total	\$380,440,564

***Same comment as above regarding reallocating St. Francis Medical Center's Charity Care subsidy pursuant to N.J.A.C. 10:52-13.7.*

3. The FY 2023 Appropriations Act allocates \$86 million from the State's largely discretionary \$6.24 billion federal Coronavirus State Fiscal Recovery Fund grant under the American Rescue Plan Act of 2021 for programs and projects at various acute care and behavioral health hospitals and health systems. As of March 22, 2023, the funding allocated for the following projects and programs remains unexpended:

Hospital/Program	Purpose	Allocated Amount	Expended Amount
Overlook Medical Center	Emergency Department Renovation	\$35,000,000	\$0
RWJ Barnabas Health	Mobile Health Division	\$10,000,000	\$0
Capital Health	Satellite Emergency Department, Trenton	\$8,000,000	\$0
Virtua Health	Hospital Infrastructure & Workforce Education	\$8,000,000	\$0
Inspira Health	Hospital Infrastructure & Workforce Education	\$5,000,000	\$0
Cooper University Hospital	Ronald McDonald House, Southern NJ	\$5,000,000	\$0
Carrier Clinic	Inpatient Behavioral Health Expansion	\$5,000,000	\$0

Discussion Points (Cont'd)

Hospital	Purpose	Allocated Amount	Expended Amount
St. Peter’s Hospital	Family Health Center	\$5,000,000	\$0
The New Valley Hospital	Pandemic Emergency Preparedness	\$5,000,000	\$0
	Total	\$86,000,000	\$0

- **Questions:** For each program and project listed in the table, please provide a timeline for the expenditure of the allocated federal funds. For each program or project, please explain the reason for the delay in the expenditure of these funds.

DOH is in the process of executing grant agreements that enumerate the terms and conditions related to the projects and the expenditure of funds. The hospitals are aware that projects must be completed on a time schedule consistent with American Rescue Plan rules, which dictate obligation of funds by December 31, 2024, and expenditure of funds by December 31, 2026.

- **Has the department been notified of any delays in any of the projects or programs listed in the table above? If yes, please provide information on the project or program, the reason for the delay, and the revised schedule for the completion of the project or program.**

DOH has not been notified of delays that would affect completion of any of the projects. The hospitals are aware that projects must be completed on a time schedule consistent with American Rescue Plan rules, which dictate obligation of funds by December 31, 2024, and expenditure of funds by December 31, 2026.

4. The FY 2023 Appropriations Act allocates \$10 million from the State’s largely discretionary \$6.24 billion federal Coronavirus State Fiscal Recovery Fund grant under the American Rescue Plan Act of 2021 to the State psychiatric hospitals to establish an electronic health records pilot program. As of March 22, 2023, these funds remain unexpended.

In response to an FY 2023 Discussion Point, the department stated that it had begun developing an electronic medical records system for use in the State psychiatric hospitals in 2020. The department first implemented the electronic medical records system at Ancora Psychiatric Hospital, and planned to expand the system, over time, to the remaining three State-operated psychiatric hospitals. At the time, the department reported that it had spent \$205,000, to date, on the electronic medical records system.

- **Questions:** What accounts for the delay in expending the \$10 million allocated for implementation of the electronic medical records pilot program? Please provide an updated timeline for the expenditure of these funds.

Discussion Points (Cont'd)

Once funding from the Coronavirus State Fiscal Recovery fund was transferred in December 2022, the Department quickly began recruiting the team members and skilled personnel necessary to execute the work on the electronic medical records pilot program. The recruitment/hiring process has proven difficult due to the specialized IT skillset and subject matter expertise required of potential candidates. We continue to hire as eligible candidates are identified. It is anticipated that the funds will be obligated before 12/31/2024 and expended by 12/31/2026, as dictated by the American Rescue Plan rules.

- **Does the department plan to utilize these federal funds to expand the existing electronic medical records system, in place at Ancora Psychiatric Hospital, to the remaining three State psychiatric hospitals? Alternatively, will these funds be used for a different electronic health records program?**

The Department will expand the existing electronic medical records system that is currently in place at Ancora to all State psychiatric hospitals.

- **Please provide an updated timeline for the installation of the electronic medical records system at all four State psychiatric facilities. What does the department anticipate will be the total cost for this project, once completed? What will be the annual costs to maintain the electronic medical records system?**

Implementation of the current product being utilized at Ancora has begun at Trenton Psychiatric Hospital, which includes review of application and establishing workflows that meet business operations.

- Implementation for Trenton Psychiatric to be completed by 10/2023.
- Implementation for Greystone Psychiatric to be completed by 4/2024.
- Implementation for Ann Klein Forensic Center to be completed by 10/2024.

As additional modules are developed, they will be implemented. Full implementation of all modules is expected to be completed by 6/2026.

Total cost for this project, once completed, will be approximately \$10 million.

Annual costs to maintain will include \$150K annual Medispan drug database licensing fee, \$300K maintenance resources, and \$300K for support resources for a total annual cost of \$750K.

5. As part of the FY 2023 Appropriations Act, the Coriell Institute for Medical Research, a nonprofit entity that studies the role of genes in human disease, received a \$5.0 million allocation from the State's largely discretionary \$6.24 billion federal Coronavirus State Fiscal Recovery Fund grant under the American Rescue Plan Act of 2021. This allocation is to help fund the institute's construction of a new cancer research facility in Camden. As of March 22, 2023, none of these funds have been expended.

Discussion Points (Cont'd)

- **Questions:** Why have these funds not yet been obligated or expended? Please provide an update on the timeline for the expenditure of these funds. Has the Coriell Institute provided a timeline for completion of the new cancer research facility?

DOH is in the process of executing grant agreements that enumerate the terms and conditions related to the projects and the expenditure of funds. The Coriell Institute is aware that projects must be completed on a time schedule consistent with American Rescue Plan rules, which dictate obligation of funds by December 31, 2024, and expenditure of funds by December 31, 2026.

6. Even prior to the COVID-19 pandemic, the State’s four psychiatric hospitals were experiencing a staffing shortage, which the department identified as one factor that affected patient safety and contributed to quality deficiencies across all four hospitals. In response to an FY 2023 OLS Discussion Point, the department stated that existing workforce shortages at the psychiatric hospitals were exacerbated during the COVID-19 pandemic due to illness, resignations, and retirements. At the time, each of the State psychiatric hospitals also had vacancies, or staff operating under “acting” titles, in key leadership positions, including Chief of Psychiatry (3), Chief Nursing Officer (3), Chief of Medicine (2), Chief Executive Officer (1), and Medical Director (1). The department noted that hospital leadership, in response to workforce shortages, had conducted market analyses and had recommended salary increases for certain job titles and contracted with temporary staffing agencies to fill some workforce gaps.

- **Questions:** Please provide an update on workforce shortages at the State’s four psychiatric hospitals for non-executive positions, disaggregated by hospital, title, and number of vacancies. Have the steps recommended by hospital leadership to improve staff recruitment and retention yielded any positive results? Please explain.

Nonexecutive vacancies by hospital, title, and number of vacancies.

<i>Hospital Non-Executive Job Vacancies (by title)</i>		
Ancora		
	Registered Nurse	34
	Psychologist	3
	Psychiatrist	3
	Medical Physician	3
	Ancillary	14
	Human Service Associate/Technician	15
Ann Klein		
	Registered Nurse	18
	Psychologist	2
	Medical Physician	1

Discussion Points (Cont'd)

	Ancillary	22
Special Treatment Unit		
	Psychologist	4
	Ancillary	15
	Human Service Associate/Technician	3
Greystone		
	Registered Nurse	17
	Psychiatrist	2
	Psychologist	5
	Ancillary	17
	Human Service Associate/Technician	16
Trenton		
	Registered Nurse	66
	Psychologist	9
	Medical Physician	1
	Ancillary	28
	Human Service Associate/Technician	9

Improve staffing recruitment and vacancies:

- Overall, vacancy rates for all disciplines at the facilities are at 25% vacancy. We have been unsuccessful in recruiting faster than vacancies appear. We have focused our efforts on more aggressive recruitment (i.e., going to job fairs, reviewing our advertising methods, and packaging our benefits more visibly). Some recent positive results are beginning at AKFC and GPPH. We have recently paid out educational incentives as a retention effort to our patient care nurses. We are promoting tuition reimbursement and loan redemption internally and externally to retain staff.

We have been working with administration and procurement in developing a special RFP to be released in the late spring for outside invited vendors to fill clinical vacancies.

- **If the steps recommended by hospital leadership to address workforce shortages have not been implemented, why not? If the steps have been implemented, but have proven unsuccessful, what plan of action will the department take to correct the staffing issues? What will it take for the psychiatric hospitals to be able to successfully recruit and retain qualified staff for the long term?**

Please see the answer above to improve staffing recruitment and vacancies. This specialty of care is one of the most unique in the industry and is experiencing a major shortage of clinical professionals. We need to be competitive in hiring qualified personnel who want

Discussion Points (Cont'd)

to work in our facilities providing the highest standard of care. This mission promotes quality and safe mental health care.

- **For each psychiatric hospital, please provide an updated table showing information on vacancies and acting titles among the executive leadership. Have the number of vacancies and acting titles among executive leadership declined over the course of the past year?**

Hospital Job Vacancies and "Acting" Staff		
	Executive	Acting
Ancora		
	None	Chief Medical Officer
		Chief Nursing Officer
		Chief of Psychiatry
		Chief Operating Officer
		Deputy CEO
Ann Klein		
	None	Chief Medical Officer
Greystone		
	None	Chief Executive Officer
		Chief Medical Officer
Trenton		
	None	None

Over the past year, executive leadership vacancies have declined. All have been filled in either permanent or acting capacities. This is due in large part to an increase in salaries.

- **If these workforce issues have not improved over the course of the past year, will the staffing shortages affect the ability of the administrators of Greystone Park Hospital to comply with the terms of the settlement agreement with the Division of Mental Health in the Office of the Public Defender?**

Greystone Park Psychiatric Hospital has diligently worked to comply with the provisions of the Settlement Agreement as approved by the Federal Court on April 7, 2021.

A major complaint in the lawsuit focused on the lack of appropriate staff in certain clinical positions. The Department continues to work on recruiting and maintaining appropriate staff. It should be noted that there is a national shortage as well as statewide shortage of behavioral staff – psychiatrists, social workers, and psychologists – and that our state hospitals are competing with many other private sector facilities for the same types of

Discussion Points (Cont'd)

professionals. Nevertheless, we have substantially complied with the provisions of the Settlement Agreement.

7. In response to an FY 2023 OLS Discussion Point, the department provided a table displaying patient safety projects and upgrades that would be undertaken at the State Psychiatric Hospitals and possibly completed during FY 2023 and the source of funding for each project.

- **Questions:** Please provide a status update on the patient safety projects that were to be completed during FY 2023. Are there any projects that were not initiated or are incomplete? If so, please provide a timeline for the completion of these projects.

Project	Existing Funding	Status	Life Safety	Status
Cameras	\$1.1 million	In-Process	\$5.7 million	In-Process
Anti-Ligature furniture	\$1.9 million	Complete		
Fire Safety	\$1.1 million	Complete	\$6.6 million	In-Process
Water & Food Safety	\$1.7 million	Complete		
Patient Area Upgrade	\$1.2 million	In-Process		
HVAC/Electrical	\$1.9 million	In-Process		
Roofing			\$2.8 million	In-Process
IT	\$2.2 million	In-Process		
Outdoor-Building Repairs	\$800,000	In-Process		

The patient safety projects to be completed in FY 2023 are in various stages of conclusion. Some required more extensive DPMC review while others did not. Delays due to procurement and supply chain issues make it difficult to estimate timelines for project completion.

- **Please provide a table showing patient safety projects that will be initiated in FY 2024, along with the funding source for each.**

Project Description	Amount
Security Improvements at the Trenton Psychiatric Hospital	\$3,781,101

\$3.78M was recently awarded from FY 2023 Life Safety funding for Security Improvements at the Trenton Psychiatric Hospital. This includes gate booths, as well as the construction of a visitor center, fence modifications, and wayfinding on the campus, which also includes Ann Klein Forensic Hospital.

In addition, the Behavioral Health Services division is currently prioritizing a list of patient safety projects that will be carried out through FY 2024, with existing funding.

Discussion Points (Cont'd)

- **What is the total estimated dollar amount for the necessary patient safety projects at the four psychiatric hospitals if they are to be brought up to ideal standards?**

The amount of capital funding made available to the state psychiatric hospitals through the FY 2024 budget allows us to continually improve the environment of care and safety of our facilities and campuses. Additionally, DOH is exploring which projects may be initiated from existing FY 2023 funds. Together, this funding addresses some of the more critical patient safety needs at the psychiatric hospitals. Additional projects and funding are requested each year, as necessary.

Long-Term Care Facilities

8. The Governor's proposed FY 2024 Budget recommends an additional \$1.2 million in funding to create two additional Mission Critical Teams to intervene at troubled long-term care facilities. The department received \$500,000 in funding in the FY 2023 Appropriations Act to establish a pilot program consisting of one Mission Critical Team. As of March 22, 2023, \$393,000 of the FY 2023 appropriation remains unexpended. During 2022, the Mission Critical Team was dispatched to assist staff and management at the Veterans Memorial Home at Menlo Park in Edison.

In response to an FY 2023 OLS Discussion Point, the department noted that the Division of Health Facilities Survey and Field Operations and the Office of Long-Term Care Resiliency would establish triggers, based on the level of deficiencies cited in inspection reports and other factors, to identify proactively those facilities that require intervention by the Mission Critical Team.

In 2022, the Office of the State Comptroller issued two separate reports on State nursing homes at which State health and safety inspectors have repeatedly found serious violations of State and federal requirements for patient care and safety; nevertheless, these facilities still receive reimbursements from the State Medicaid program. Nine nursing homes were included among the State's lowest rated facilities in both the February and September reports from the Office of the State Comptroller. One of the nursing homes included in the State Comptroller's September report, Silver Healthcare Center of Cherry Hill, also has been designated as a Special Focus Facility by the federal Centers for Medicare and Medicaid Services, and two more facilities highlighted in the Comptroller's report are currently candidates for the Special Focus Facility program. The facilities included in the Comptroller's September report are: Cedar Grove Respiratory and Nursing Center, Forest Manor HCC, Grove Park Healthcare and Rehabilitation, Hamilton Grove Healthcare and Rehabilitation, Oceana Rehabilitation and Nursing Center, Palace Rehabilitation and Care Center, Phoenix Center for Rehabilitation and Pediatrics, Silver Healthcare Center, South Jersey Extended Care, Sterling Manor, Warren Haven Rehab and Nursing Center, and Woodland Behavioral and Nursing Center (now closed).

P.L.2021, c.457 establishes a series of escalating penalties and sanctions for facilities that have repeated violations over a three-year period. The law authorizes the department to impose any additional sanctions, penalties, or corrective measures that the department deems appropriate for nursing homes with a record of repeated State inspection violations. In response to an FY 2023 OLS Discussion Point, the department provided a table showing the number of nursing home inspections conducted, and the staff salaries and contractor costs for these inspections, disaggregated by year and type of inspection.

Discussion Points (Cont'd)

According to the Office of the State Comptroller, the State's 12 lowest-quality nursing homes provide care to more than 1,800 Medicaid beneficiaries, at a total average annual cost to the State Medicaid program of \$107.0 million in 2020 and 2021.

- **Questions:** Please explain why 79 percent of the FY 2023 funding appropriated for the Mission Critical Team pilot program remains unexpended as of March 22, 2023. What is the department's timeline for expending the remaining FY 2023 appropriation for the pilot program? For what purposes does the department anticipate that these funds will be expended?

Once funding became available in July 2022, the department quickly began work recruiting the necessary team members. As of March 2023, three (3) of the four (4) positions have been filled, with the department still actively recruiting for the fourth position. It is anticipated that the remaining funding provided in the FY 2023 appropriation will be fully expended before June 30, 2023. The department anticipates using these funds to support salary and administrative costs for the current Mission Critical staff as well as to support personnel actions associated with onboarding the remaining additional team member.

- **Given that 79 percent of the FY 2023 appropriation for the Mission Critical Team pilot program is unexpended, what is the rationale for the Executive's request for an additional \$1.2 million in funding to expand the program by two teams?**

The goal of the additional funding is to expand the Mission Critical Teams to include two more teams to adequately cover the entire State of New Jersey. There are 657 Long Term Care facilities throughout the State of New Jersey and numerous facilities are struggling with quality-related issues as identified in facility surveys and as noted in the LTC data dashboard and the Comptroller's Reports. Additional teams will allow more facilities to benefit from the services of the Mission Critical Team.

- **Has the Mission Critical Team been dispatched to intervene at any additional facilities, other than the Veterans Memorial Home at Menlo Park, during FY 2023?**

In addition to Veterans Memorial Home of Menlo Park, the Mission Critical Team was deployed to Woodland Behavioral and Nursing Center until August 2022, and to Deptford Center for Rehabilitation and Healthcare starting on March 9, 2023.

- **What specific triggers have the Division of Health Facilities Survey and Field Operations and the Office of Long-Term Care Resiliency established to identify a facility that requires intervention by the Mission Critical Team? Should a facility's designation as a Special Focus Facility automatically trigger an intervention by a Mission Critical Team?**

The Mission Critical Team is part of the continuum of oversight, support, and regulatory action the Administration uses to promote patient safety and care quality in LTCFs.

There is a monthly Steering Committee meeting to review the facility risk factors and prioritize the next facility to receive Mission Critical assistance. Due to current funding,

Discussion Points (Cont'd)

only one facility can be assisted at a time. The Steering Committee includes: the Long-Term Care Office Ombudsman, Local Health Department liaison, Communicable Disease Service members, Mission Critical and Office of Long-Term Care and Resiliency (OLTCR) Executive Directors, and staff.

The Office of Long-Term Care Resiliency along with the Steering Committee review the follow risk factors to identify facilities in need of Mission Critical intervention.

There are 10 specific risk factors identified for nursing homes and seven factors for assisted living (*nursing home only):

1. Administrator (Executive Director) turnover - more than one in a year
2. Director of Nursing (Director of Wellness) turnover - more than one in a year
3. Infection Preventionist turnover - more than one in a year
4. Prolonged outbreak greater than two 28-day cycles
5. Special Focus Facility (SFF) candidate status*
6. Staffing concerns, deficiencies, not meeting ratios, Payroll-based Journal (PB&J) or National Health & Safety Network (NHSN) reports*
7. Complaints: Increase in number of incoming complaints
8. Reportable Events related to abuse, injury of unknown origin, death, elopement, criminal acts and infections
9. Deficiencies: Higher scope and severity and repeat deficiencies
10. Five-star rating: Overall rating of one (1) star*

There is a monthly Steering Committee meeting to review the facility risk factors, information garnered through any other interventions by Steering Committee members and prioritize the next facility to receive Mission Critical assistance. Stakeholders include: the Long-Term Care Office Ombudsman, Local Health Department liaison, Communicable Disease Service members, Mission Critical and Office of Long-Term Care and Resiliency (OLTCR) Executive Directors, and staff.

- **For each facility included in the September report from the Office of the State Comptroller, please provide information on what the State inspection costs were between FY 2018 and FY 2023, as applicable.**

The Department's funding is not allocated in such a way to tie it on a per facility basis.

- **Please provide information on the steps the department has taken to improve the quality of care provided to residents at the nursing homes profiled in September by the Office of the State Comptroller.**

The State is taking actions necessary to hold LTCFs and their owners and administrators responsible for providing the highest levels of care and a safe living environment for all residents of LTCFs.

Discussion Points (Cont'd)

The Department, working alongside fellow partners in the Murphy Administration, including the Department of Human Services, and legislators, has taken steps over the last year focused on long-term care reform and resiliency to improve the lives of residents in facilities and to provide information to the public on the operations of all LTCFs in the State:

- The addition of the [Long-Term Care Dashboard](#) on the Department's website has provided greater transparency on facilities in NJ to help residents make informed decisions when choosing a nursing home for themselves or their loved ones.
- In the partnership of the Legislature, the State has increased oversight, monitoring, and survey activities across the continuum of care within the industry.
- The Department has supplemented its Survey staff and has implemented enhanced penalties for repeat violators of State and federal standards at LTCFs.
- The Department established the Office of Long Term Care Resiliency (OLTCR) and the Mission Critical Program designed to improve quality of care in LTCFs with identified regulatory deficiencies, 1 Star Ratings, turnover of key leadership positions, unresolved COVID-19 outbreaks, reportable events, and candidates on the Centers for Medicare and Medicaid Services' Special Focus Facility list.
- Since its inception in July 2022, one Mission Critical Team has been fully recruited and deployed to three facilities educating and assisting them to improve processes and ultimately the care of residents. One was successfully and safely closed; one has improved; and the third is currently in progress.
- The Communicable Disease Service Infection Control Assessment and Response (ICAR) Unit continues to engage LTCFs in preventing and containing healthcare-associated infections, emphasizing resident and healthcare personnel safety, infection prevention and control, and quality improvement. In the past year, the ICAR team has performed 183 infection control assessments in LTCFs.
- In addition, the Health Facilities Survey and Field Operations team completed 1,483 surveys at LTCFs, inclusive of inspections, inspection revisits, investigations, investigation revisits, standalone focused infection control surveys and standalone revisit surveys.

All of the below facilities on the Comptroller's report received 1:1 outreach assistance from the Nurse Consultants in the OLTCR. The assistance included COVID-19 outbreaks inquiries, vaccination clinic guidance, interoperability and EMR accessibility.

- Cedar Grove Respiratory and Nursing Center
- Forest Manor Health Care Center – new ownership December 2021
- Grove Park Healthcare and Rehabilitation – improving graduated SFF status
- Hamilton Grove Healthcare and Rehabilitation – improvement last survey
- The Palace Rehabilitation and Care Center
- South Jersey Extended Care*
- Sterling Manor*
- Warren Haven Rehab and Nursing Center

Discussion Points (Cont'd)

- Oceana Rehabilitation and Nursing Center
- Phoenix Center for Rehabilitation and Pediatrics
- Silver Health Care – SFF program as of September 2022
- Woodland Behavioral Health Care - closed as of August 2022

*Special focus facility candidate list February 22, 2023

- **Has the department imposed any escalating penalties, permitted under P.L.2021, c.457, on any of these nursing homes? If yes, please provide specific details on the penalties imposed.**

P.L. 2021, c. 457 (N.J.S.A. 26:2H-46.1), effective 11/1/22, requires the Department to impose an increased penalty upon a licensed nursing home for violations within a three-year period of the same or a substantially similar F-level deficiency recognized by the federal Centers for Medicare and Medicaid Services (CMS). Under the new law, the Department may also impose additional penalties, sanctions, or corrective measures pursuant to regulation when such deficiencies or violations involve noncompliance with infection control requirements or result in severe adverse health consequences for a resident or staff member of the nursing home.

DOH has identified five facilities that will be subject to enforcement under this law, which took effect 11/1/22. Penalties are currently being calculated and enforcement letters will be issued. The penalty letters will be posted on the [DOH website](#) when they are issued.

- **Please provide an updated table showing the annual number of nursing home surveys performed, and staff salaries and contractor costs for these inspections, in FY 2022 and FY 2023 to date.**

Please see table below that includes the number of surveys by year from 2022 to 2024 estimated. It is not possible to determine the costs per type of survey. One type of survey may be resolved by a visit of a few hours by two surveyors. Another type of survey may involve many surveyors onsite for over a week. While the State does not track this metric, it does keep a record of the sum paid to contracted survey vendors. Through February 2023, the State has paid CertiSurv \$1.3 million for 140 surveys and Health Management Systems (HMS) \$1.4 million for 81 surveys. Differences are accounted for by the different types and lengths of surveys that the contractors perform and different contractual agreements with the contracted agencies.

Discussion Points (Cont'd)

HFSFO SURVEYS BY FACILITY TYPE, SURVEY TYPE AND STAFFING										
	SFY2022 Actual	Completed by		Completed by		SFY 2023 Estimate	SFY 2023 Estimate		SFY 2024 Estimate	
LONG TERM CARE	Total	Staff	%	Contract	%	TOTAL	Staff	Contract	Staff	Contract
Inspections (may include FICs)	260	192	74%	68	26%	330	252	78	252	78
Inspection Total Revisits	184	184	100%			234	231	3	231	3
Investigations (may include FICs)	515	350	68%	165	32%	525	455	71	455	71
Investigation Total Revisits	228	228	100%			232	229	3	229	3
Standalone Focused Infection Control (FIC)	227	216	95%	11	16%	157	102	56	102	56
Standalone FIC Total Revisits	69	69	100%			48	48		48	
TOTAL*	1,483	1,239	84%	244	16%	1,526	1,316	210	1,316	210
ACUTE CARE										
Inspections (may include FICs)	244	231	95%	13	5%	244	189	56	189	56
Inspection Total Revisits	150	150	100%			150	150		150	
Investigations (may include FICs)	372	372	100%			385	385		385	
Investigation Total Revisits	207	207	100%			214	214		214	
Standalone Focused Infection Control (FIC)	0					0	0		0	
Standalone FIC Total Revisits	0					0	0		0	
Psychiatric Hospital Staff Investigations of Abuse	807	807	100%			741	741		741	
TOTAL*	1,780	1,767	99%	13	1%	1,734	1,679	56	1,679	56
TOTAL (LTC AND AC)										
Inspections (may include FICs)	504	423	84%	81	16%	574	441	134	441	134
Inspection Total Revisits	334	334	100%			384	381	3	381	3
Investigations (may include FICs)	887	722	81%	165	19%	910	840	71	840	71
Investigation Total Revisits	435	435	100%	0		447	444	3	444	3
Standalone Focused Infection Control (FIC)	227	216	95%	11	5%	157	102	56	102	56
Standalone FIC Total Revisits	69	69	100%			48	48		48	
Psychiatric Hospital Staff Investigations of Abuse	807	807	100%			741	741		741	
TOTAL*	3,263	3,006	92%	257	8%	3,260	2,994	266	2,994	266
Estimates of contract work based on availability of contractors and expected workload from programs with ELC and other state funding.										
*TOTAL includes all revisits at facilities and offsite (desk work only without surveyors onsite at the facility to confirm compliance).										

9. To facilitate enforcement of State and federal rules and requirements for nursing home operations, P.L.2021, c.457 directs the department to request and consolidate nursing home data that are already reported to other State and federal authorities, in order to identify facilities with ongoing performance or compliance issues, or high numbers of substantiated complaints. This law also requires the department to review, and begin standardizing and consolidating, State reporting requirements for nursing homes in order to reduce the administrative demands of compliance and improve the ability to share these data across federal, State, and local systems. This law also directs the department to develop any nursing home data reporting requirements necessary to improve transparency and facilitate the department’s ability to oversee and regulate nursing home

Discussion Points (Cont'd)

operations, including information related to occupancy, operating expenses and other appropriate financial metrics, and utilization and staffing data.

Under P.L.2021, c.457, the department is also required to request from the National Healthcare Safety Network quarterly data on the number of infections reported to the network by New Jersey nursing homes and to publish the data on the department's website. As provided under P.L.2021, c.457, the department has developed, and made available on its website, a searchable data dashboard that provides a separate page for each State-licensed nursing home, with links to the sites where information and data relevant to the nursing home may be found. However, not all of the required data is currently available.

- **Questions:** Please provide an update on the department's progress in meeting the nursing home data consolidation and reporting requirements that were established under P.L.2021, c.457. Specifically, what steps has the department taken to: 1) receive consolidated nursing home data from, and share consolidated nursing home data with, other federal, State, and local entities with jurisdiction over nursing homes; and 2) review, standardize, and consolidate data reporting requirements in order to reduce the administrative burden on nursing homes and improve data sharing across federal, State, and local systems?

The Department has met the demands of P.L.2021, c.457 as of November 1, 2022, and is committed to ensuring greater transparency into facilities to assist New Jerseyans in making informed decisions about long-term care options.

The Nursing Home Facility Data Dashboard provides:

- Facility demographics (name, county, or census number)
 - The Federal 5-star rating
 - Special Focus Status
- Overview provides a summary of key information about the facility
 - Bed count, specialties areas, owner names, facility website link.
- Quality of Care – Federal 5 Star Rating - includes breakdown of Quality Measures, Staffing, and Inspections and Complaints
- Infection Control (lab ID results) information

More information and access to the dashboard is available here:

<https://www.nj.gov/health/news/2022/approved/20221109d.shtml>

- **Has the department purchased any information technology or data processing and storage systems in order to comply with the requirements of P.L.2021, c.457? If yes, what has been the cost to purchase these systems?**

The Department has used internal resources to develop the dashboards.

- **What is the timeline for requiring nursing home facilities to make annual owner-certified financial statements and recent cost reports available on the facilities' websites? Does the department have sufficient resources to enforce this requirement?**

Discussion Points (Cont'd)

As of November 1, 2022, paragraph b.(1) of PL 2021, c. 457 requires that nursing homes publicly post to their internet websites both their owner-certified financial statements and most recently filed CMS cost report. Nursing homes are also required to share a direct link to where that information can be found on their websites with the Department because DOH is required to post the link on the Long-Term Care (LTC) Dashboard.

Relative to resources, the Department's Office of Health Care Financing has a Financial Reports Unit with dedicated staff that are responsible for oversight and monitoring of compliance with various financial reporting requirements for both hospitals and nursing homes, including those under PL 2021, c. 457.

- **What is the timeline for the department to include nursing home facilities' financial statements and cost reports, rates of certain healthcare-associated infections, and staffing ratios on the department's nursing home dashboard? Does the department have sufficient resources to comply with this statutory requirement?**

As of November 1, 2022, the financial information is available on the Department's LTC Dashboard for all facilities that are in compliance with the requirements of PL 2021, c. 457. Regulations are in process to clarify and reenforce how facilities refresh data annually.

As of November 1, 2022, staffing ratios are available on the dashboard and staffing data is updated monthly.

As of January 31, 2023, healthcare-associated infections information is being submitted by facilities. The nursing homes were all educated on the process, provided access to NHSN module reporting modules, and are reporting. This information is updated quarterly and will be available on the dashboard in the second quarter 2023.

- **Has the department hired additional staff to review, standardize, and consolidate nursing home data? If yes, please provide this data, disaggregated by office and title. What have been the costs associated with onboarding these additional personnel? If the department has relied upon temporary workers or consultants to provide these services, please provide information on the number of workers or consultants, the firm with which the department contracted, and the total cost of the contract.**

The Department's Office of Health Care Financing has a Financial Reports Unit with dedicated staff that are responsible for oversight and monitoring of compliance with various financial reporting requirements for both hospitals and nursing homes, including those under PL 2021, c. 457. There have been no additional staff resources hired at this time.

10. According to an article on the *Becker's Hospital Review* website, dated February 1, 2023, the federal Centers for Medicare and Medicaid Services reported that, nationwide, 128 nursing homes closed during 2022; of these, four were reported to be located in New Jersey. Under P.L.2021, c.95,

Discussion Points (Cont'd)

the department has the authority to intervene in the operations of a nursing home that is in acute financial distress or at risk of bankruptcy, in order to provide management support or other types of resources that may be necessary for the facility to avoid bankruptcy or closure. The department is also authorized to petition the court to appoint a receiver to continue the business operations of the nursing home and ensure the safety of the nursing home's residents.

- **Questions: Other than Woodland Behavioral and Nursing Center, did any New Jersey nursing homes close during 2022? If yes, which facilities and what are the reasons for the closures?**

Friends Village at Woodstown (061701)

Closed effective 2/18/2022

Reason: This facility's 60-bed unit census had declined to 21 residents. It was determined that the facility needed to rebuild and/or refurbish the health care unit to enhance the level of care being offered to community residents.

House of the Good Shepherd (NJ32101)

Closed effective 5/7/2022

Reason: Internal hospital business decision.

Southern Ocean Medical Center Transitional Care Unit (NJJWOWMI)

Closed effective 2/1/2022

Reason: Internal hospital business decision.

Woodland Behavioral and Nursing Center (NJ61901)

Closed effective 8/15/22

Reason: Termination of the Medicare Provider Agreement and Revocation of License.

When facilities close, they are required to submit a closure plan and updates on the transfer or discharge of residents to ensure resident choice and safe transfers have occurred.

- **Has the department utilized any of the powers provided to it in P.L.2021, c.95 to intervene in the operations of nursing home facilities? If yes, at which facilities? Please provide specific information on the types of interventions provided for these facilities. Have these actions facilitated the continued operation of any nursing homes that were in acute financial distress? If yes, how many nursing homes have remained open due to the department's intervention?**

No actions have been taken pursuant to PL. 2021, c.95. The State petitioned the court to appoint a receiver to Woodland Behavioral and Nursing Center pursuant to already existing regulatory authority.

- **To date, what has been the cost to the State to take remedial actions, authorized pursuant to P.L.2021, c.95, against financially distressed nursing homes?**

Discussion Points (Cont'd)

There has been no cost to the State.

- **Has the department rejected any applications to transfer ownership of a nursing home based on the applicant's disciplinary record or the failure of the buyer to pay all outstanding Medicaid audit claims and State penalties? If yes, for which facilities?**

To date no applications have been denied pursuant to P.L.2021, c.95, but applications are not deemed complete until all Medicaid audit claims, and state penalties have been paid or an existing payment plan is assumed by the new owner. In addition, no nursing home application has been denied due to a track record violation reviewed pursuant to the updated requirements in P.L.2021, c.95.

Medical Debt

11. Budget language in the Governor's proposed FY 2024 Budget, would allocate \$10.0 million from the State's largely discretionary \$6.24 billion federal Coronavirus State Fiscal Recovery Fund grant under the American Rescue Plan Act of 2021 for the purchase and discharge of medical debt incurred by certain State residents. Under this new initiative, the department would provide the grant funding to a non-profit organization, RIP Medical Debt, to administer the debt relief program. RIP Medical Debt would solicit health care providers in the State willing to identify medical debt accounts of residents available for purchase, which the nonprofit would then purchase and discharge for State residents who have a household income at, or below, 400 percent of the federal poverty level or have medical debt equaling five percent or more of the individual's household income.

Both the City of Toledo in Ohio and Cook County in Illinois have utilized federal funding, allocated through the American Rescue Plan Act, to provide medical debt relief to qualifying residents through RIP Medical Debt.

According to a 2022 survey of New Jersey residents who have medical debt, conducted by Altarum Healthcare Value Hub, 51 percent of respondents reported having employer-sponsored health insurance at the time their medical debt was incurred; an additional 13 percent were enrolled in NJ FamilyCare when they incurred medical debt. Of the individuals surveyed, 24 percent reported owing between \$1,000 and \$2,499 in medical debt, while 18 percent of respondents reported medical debt ranging from \$2,500 to \$4,999, and 17 percent owed between \$500 and \$999 in medical bills. The majority of individuals surveyed, 61 percent, reported that their medical debt was owed to hospitals.

- **Questions: Has a determination been made that medical debt relief is an eligible use of the Coronavirus State Fiscal Recovery Fund grant allocation under the American Rescue Plan Act of 2021? If not, when will a determination be made?**

Based on our current understanding of expected program terms, the administration believes such a program will be an eligible use of these funds.

Discussion Points (Cont'd)

- **How will the \$10 million appropriation be utilized? Will all of the \$10 million appropriation be used for debt relief or is a portion of the appropriation for the administrative expenses of the department and RIP Medical Debt? Please provide information on the specific services that RIP Medical Debt will provide pursuant to its grant agreement with the department. What is the length of time covered by the grant agreement?**

The administration will develop program terms with RIP Medical Debt that are aligned with the State's goals in implementing this initiative. We expect to appropriately reimburse for administrative expenses. Generally, RIP Medical Debt will be responsible for all major components of the debt elimination process from engagement with health care providers that hold medical debt to communications with consumers who are eligible for relief.

- **Does the department anticipate any private donations to be contributed toward the medical debt relief program?**

No private donations are assumed in the budget proposal.

- **How many families or individuals does the department anticipate will have their medical debt discharged under this program? Could a family or an individual receive debt relief more than once under the proposed program? Is there any impact expected to consumer credit scores for individuals participating in this program?**

The company asserts that upwards of tens of thousands of residents may be eligible. Program participation will be determined by provider participation, debt portfolios, etc. This program may offer a one-time debt elimination opportunity for eligible consumers and consumers should not expect that there will be other debt elimination opportunities in the future. If different providers engaged in the program hold eligible debt for the same individual, then it is possible that some individuals could experience debt relief more than once.

Based on RIP Medical Debt's previous experience, the amount of the debt, and the credit reporting policies of different providers, it is possible that some residents receiving relief will have changes to their credit reports.

- **Did the State solicit applications for this \$10.0 million grant from organizations other than RIP Medical Debt? On what basis did the State select this nonprofit?**

RIP Medical Debt's mission is to end medical debt in the U.S. and reduce the mental and financial distress associated with medical debt for individuals and families. RIP Medical Debt is a 501(c)(3) national charity that purchases and discharges medical debt accounts for eligible consumers through agreements with health care providers. They have acquired and abolished over \$8 billion in medical debt for over 5 million families nationally since 2014.

RIP Medical Debt has been identified as a nonprofit organization that has been engaged in similar work for several years, and has experience working on behalf of government

Discussion Points (Cont'd)

entities, including complying with complex federal rules that apply to ARP funded projects.

- **When does the department anticipate that RIP Medical Debt will begin soliciting health care providers for Medical debt accounts that are available for purchase? What will be the solicitation process?**

Prior to this process occurring, the Department must first execute a formal grant agreement with RIP Medical Debt and fully develop program requirements/parameters, as described in prior responses. Once this occurs, the Department expects a quick turnaround in terms of implementation that will leverage RIP Medical Debt's expertise in soliciting and acquiring medical debt accounts for purchase.

- **When does the department anticipate that medical debt relief payments will begin?**

The administration will develop program terms with RIP Medical Debt that are aligned with the state's goals in implementing this initiative and will begin timely provider engagement as appropriate. Provider engagement is a comprehensive process including information and program sharing, legal arrangements, and debt analysis.

- **How will the department or RIP Medical Debt prioritize debt relief if the appropriated amounts and any donated funds are insufficient to discharge medical debt owed by all State residents with incomes at or below 400 percent of the federal poverty line or with medical debt equaling five percent or more of the individual's household income?**

The State and RIP Medical Debt will work together to develop an equitable process for provider engagement.

- **Does the department anticipate that this program will be a time-limited initiative, or does the Executive anticipate that the program will continue in future fiscal years?**

Based on program implementation and provider engagement, the administration may consider continuation of such an initiative.

12. In September 2022, *NJ Spotlight* reported on turnover and vacancies among the senior leadership team and staff at the Department of Health, as well as the department's reliance upon consultants and temporary workers to perform critical data analysis and administrative review functions during the pandemic. The article quoted a department spokesperson as stating that the department had utilized federal funding to fill over 200 positions in recent years.

- **Questions: What is the source of the federal funding that the department has used to fill the positions discussed in the NJ Spotlight article? Please provide updated information on the number of positions filled using these federal funds, disaggregated by division.**

Discussion Points (Cont'd)

None of the 13 senior staff roles noted in the article are funded through federal resources.

Prior to the Pandemic, federal funding supported 35% of total positions at DOH. For the past 3 years, the Department has received federal funding to respond to the Covid-19 Pandemic and onboarded 689 new staff members. The funding received through various grants has allowed us to hire the necessary staff to respond to the Pandemic and continue the operations of the Department. Those grants include American Rescue Plan Act, Expanded Epidemiology and Laboratory Capacity (ELC), ELC Expanded, Immunization Grant, Health Disparities, and Public Health Workforce grant.

- **How does the department anticipate funding these positions if federal funding is reduced in future years?**

In late 2022, the Department received a grant from the CDC that aims to strengthen the public health workforce of the State. Many of the positions currently covered under the ELC grants that remain necessary will be covered by the funding received via the CDC's Strengthening Public Health Infrastructure, Workforce, and Data Systems grant from 2024 to 2027. In addition to that, over 40% of the staff at the Department of Health is eligible for retirement, and our intention is to continue to build the bench with the individuals hired under the COVID-19-era grants. For the past 3 years, these individuals have been working alongside our permanent personnel and have been trained by DOH staff, so it is in the best interest of the state to retain this workforce.

- **Please provide information regarding how staff vacancies have affected the department's ability to review and approve, in a timely manner: certificate of need applications; applications for licensing credentials; and applications for the transfer, sale, or merger of hospitals, nursing homes, and other health care facilities.**

Staff vacancies as well as the intense focus on Covid for the previous three years have contributed to a backlog in being able to respond to all applications for certificate of need, transfer, sale, or merger of facilities in as timely of a manner as the department would like. As with any public sector employer, the Department's greatest challenge is competing with the private sector for top talent. The department has been able to fill vacancies over the last year and has taken action to enhance salaries and continuously post vacancies to continue to reduce the number of vacancies in these important divisions.

- **Have staff vacancies affected the department's ability to conduct routine inspections and complaint inspections of nursing homes and assisted living facilities on a timely basis?**

Staff vacancies as well as the intense focus on Covid for the previous three years have impacted the timeliness of routine inspections and complaint investigations of nursing homes and assisted living facilities. Since 2020, CMS requirements for Focused Infection Control inspections were a priority and had a short window of time. This increased the overall number of inspections that needed to be done by the team, but other inspections and required surveys were not reduced. However, over the previous year, DOH has contracted with two entities to conduct surveys for the department and has made internal

Discussion Points (Cont'd)

process changes that has resulted in a reduction in the backlog this year. The department has also increased salaries for this job title, conducted job fairs and had a continuous job posting to enhance the number of applicants for these positions.

- **How much in additional State funding, if any, would the department require, by division, in order to fill all of the existing staff vacancies?**

The Department develops the necessary salary allocations with Treasury to properly forecast filled and vacant positions for each division’s full-time equivalents.

Health Services

13. The Governor’s proposed FY 2024 Budget recommends \$1.75 million in new funding to support the Healthy Corner Store Initiative, which was established pursuant to P.L.2019, c.15, known as the “Healthy Small Food Retailer Act.” This initiative provides funding to help small food retailers in rural and urban low and moderate income communities stock, market, and sell healthy food and fresh produce.

Program funds, which will be provided through a nonprofit grantee in each community that participates in the initiative, may be used to purchase and install refrigeration or shelving for storage of healthy foods and fresh produce, provide instruction on food safety and handling or nutrition education, purchase materials and supplies for nutrition education, and provide micro grants for food retailers to defray the initial costs of program participation. Budget language in the proposed FY 2024 Budget limits grants to participating retailers to \$10,000 per retailer. This initiative will be supported by General Fund appropriations, as well as any other public or private funding made available to the program.

- **Questions: How will the department select local nonprofit entities to administer the initiative in each participating community?**

The Department works with the grantees that already are implementing initiatives in the community and have established workforces to administer the program in each participating community. Once stores are identified using the process described below, each grantee will be connected to the stores within their area.

REGION	COUNTY	GRANTEE
1	Atlantic, Cape May, Cumberland, Salem	The Community Food Bank of New Jersey
2	Burlington, Camden, Gloucester, Mercer	Rutgers, The State University of New Jersey
3	Middlesex, Monmouth, Ocean, Union	The Community Food Bank of New Jersey

Discussion Points (Cont'd)

REGION	COUNTY	GRANTEE
4	Bergen, Essex, Hudson, Passaic	The Community Food Bank of New Jersey
5	Hunterdon, Morris, Somerset, Sussex Warren	Zufall Health

- **Has the department established a process by which healthy small food retailers will apply to participate in the initiative? If yes, please provide information on this process. How many communities does the department anticipate will participate in the initiative?**

The Department is currently developing the process by which small food retailers can apply in the initiative.

The Department is working with the New Jersey Department of Agriculture to receive and analyze the latest state data for students qualifying for free and reduced lunch. Using this data, we can then identify the small stores which are SNAP authorized or SNAP & WIC authorized within 1 mile radius of the schools which have 50% or more students that qualify for the free and reduced lunch program. The Department will also cross reference the EDA report released in FFY 2022, <https://www.njeda.com/wp-content/uploads/2022/02/Food-Desert-Communities-Designation-Final-2-9-22.pdf> to identify small stores in regions identified as food deserts.

The funding application process will be modeled after the 2014 Healthy Corner Store initiative pilot program conducted in collaboration with Food Trust.

- **Has the department received any funding for the initiative from private donations or from other public entities? If yes, please provide information on the amount of any outside donations.**

No funds have been received from private donations or other public entities.

14. The Governor’s proposed FY 2024 Budget includes an additional \$5.3 million in grant funding for local health departments and the department’s Childhood Lead Program to comply with the revised elevated blood lead levels for children provided by the federal Centers for Disease Control and Prevention (CDC). As of October 28, 2021, the Centers for Disease Control and Prevention made the elevated lead level threshold more stringent and revised it downward from 5 micrograms per deciliter to 3.5 micrograms per deciliter.

Based on the CDC’s revised threshold for elevated blood lead levels, local health departments will be required to conduct a higher number of follow-up blood tests after children initially screen positive for an elevated blood lead level, provide additional referrals for follow-up care for children with confirmed elevated blood lead levels, and provide case management services for additional families whose children have confirmed elevated blood lead levels.

Discussion Points (Cont'd)

For context, the Department of Health's Childhood Lead Exposure in New Jersey Annual Report shows that 652,622 children, or 21.4 percent of children under the age of six years, were screened for lead during FY 2020. Of these, 2.1 percent had elevated blood lead levels at the 5 micrograms per deciliter level.

- **Questions: Do the State's local health departments currently use the CDC's 3.5 microgram per deciliter benchmark in testing for elevated blood lead levels?**

Local Health Departments (LHDs) currently use the threshold of 5 micrograms per deciliter, as required in N.J.A.C. 8:51 and N.J.A.C. 8:51A. The Department is currently revising N.J.A.C. 8:51 and N.J.A.C. 8:51A to reflect the lower threshold established by CDC, including actions required by LHDs when a child has a blood lead level at or between 3.5 and 5 micrograms per deciliter.

- **What types of support will the department provide to local health departments to comply with the CDC's revised threshold for elevated blood lead levels? Does the department have sufficient staff to provide the necessary level of support to local health departments?**

The Department will continue to provide technical and fiscal support to LHDs, including oversight of the statewide childhood lead database; subject matter expertise of cases requiring nursing case management and environmental investigation; and grant funding to local health departments for the implementation and effectuation of N.J.A.C. 8:51.

With the decrease from 5 micrograms per deciliter to 3.5 micrograms per deciliter, the Department will need to increase its staffing to meet the expanded demands of the program. If approved, a portion of the Department's proposed salary budget will be used to hire additional staff with expertise in data management, nursing case management and environmental investigation, which will support activities by local health departments.

- **Given the additional number of children who will be diagnosed with elevated blood lead levels under the CDC's revised threshold, do the State's local health departments have sufficient staff to provide the requisite follow-up testing, referrals for medical care, and case management services for the families of children with elevated blood lead levels? Does the department anticipate a portion of the \$5.3 million funding increase be used to hire additional staff for local health departments, as necessary?**

Local health departments are experienced in follow ups needed for children identified with elevated blood lead levels. With the decrease from 5 micrograms per deciliter to 3.5 micrograms per deciliter, some Local Health Departments may need to increase their staffing to meet the expanded demands of the program. If approved, a portion of the budget increase (\$5M) will be awarded in grants to LHDs that need to hire additional staff; provide follow-up testing; provide referrals for medical care and early intervention services; and ensure timely nursing case management and environmental investigation services.

Discussion Points (Cont'd)

15. The Early Childhood Intervention Program provides therapeutic services for infants and toddlers up to age three who have developmental disabilities. During the COVID-19 pandemic, services provided to children enrolled in Medicaid and the Children's Health Insurance Program (CHIP) were reimbursed under the enhanced federal matching percentages of 6.2 percent for eligible expenditures under the Medicaid program and 4.34 percent under CHIP. In return for the optional enhanced federal funding, states could not terminate coverage for any program beneficiary except in certain limited circumstances.

The federal Consolidated Appropriations Act of 2023 established a schedule for unwinding the continuous coverage protections and enhanced matching percentages in place during the federal COVID-19 public health emergency. By May 31, 2024, states must have completed all Medicaid and CHIP coverage redeterminations, which the New Jersey Department of Human Services intends to resume as of April 1, 2023. In addition, the enhanced federal matching percentages will be phased out through the end of calendar year 2023 for states that meet certain data reporting requirements.

The Governor's proposed FY 2024 Budget includes \$2.2 million in additional funding for the Early Childhood Intervention Program in order to replace enhanced federal Medicaid and CHIP reimbursements as they are phased out in FY 2024.

Program utilization data in the Governor's proposed FY 2024 Budget indicate that the number of infants and toddlers receiving services through the Early Childhood Intervention Program declined by more than 4,000, or 4.7 percent, between FY 2021 and FY 2022. The data show that the number of children receiving Early Childhood Intervention Program services are expected to remain essentially flat in FY 2023 and FY 2024.

- **Questions: How many infants and toddlers who currently receive services through the Early Childhood Intervention Program are currently enrolled in Medicaid or CHIP? Does the department have an estimate of the number of these children who may lose Medicaid or CHIP benefits during the redetermination process?**

The number of children in Early Childhood Intervention Program (EIP) enrolled in Medicaid or CHIP at any given point in time is between 5,000-6,000. Enrollment numbers change daily as new children enter and exit the system.

Department of Human Services has oversight over the Medicaid / CHIP program.

- **Why did the number of program participants drop by nearly five percent between FY 2021 and FY 2022? Does the department anticipate that the total number of service recipients will approximate the projected 83,000 children by the end of FY 2023? If not, please explain.**

The participation numbers dropped between March 2020 and March of 2021 due to the pandemic as many families missed routine care appointments where referrals to EIS often originate. However, the program has since had a rebound effect and, as of March 2023, has an average of 100 more referrals each week than pre-pandemic levels.

Discussion Points (Cont'd)

The overall number of children with disabilities receiving services decreased from 86,674 to 82,584 from FY 2021 to FY 2022 in NJ (see Table below), but the number of children in early intervention increased during the same period and is expected to grow from 34,600 in FY 2022 to 35,638 in FY 2023.

HEALTH

PROGRAM DATA	EVALUATION DATA			Budget Estimate FY 2024
	Actual FY 2021	Actual FY 2022	Revised FY 2023	
Vital Statistics				
Searches	121,427	127,498	125,000	125,000
Certified copies issued	386,138	382,495	395,000	385,000
Family Health Services				
Number of family health service grants	164	167	169	169
Children with disabilities				
Disabled children receiving services	86,674	82,584	83,000	83,000
Children newly registered with Special Child Health Services	7,597	8,277	8,277	8,277
Maternal and Child Health				
Infant mortality rate/1,000 live births	4.3	4.3	4.3	4.1
Infants born to mothers with no prenatal care/1,000 live births	15	15	15	14
Newborns screened for metabolic and genetic disorders	94,870	99,435	99,500	99,500
Number of infants/abnormal results to be followed	9,422	10,772	11,000	11,000
Number of infants in early intervention	32,530	34,600	35,638	37,500

16. In 2021, the department released the Strategic Plan to End the HIV Epidemic in New Jersey by 2025. The primary goals of the Strategic Plan are to reduce the number of new HIV infections, promote access to testing, and facilitate access and linkages to care for individuals diagnosed with HIV and AIDS. The Governor’s proposed FY 2024 Budget recommends \$1.5 million in additional grant funding to implement the State’s strategic plan, which represents a 5.8 percent funding increase over the FY 2023 appropriation for the program.

According to the New Jersey State Health Assessment Data system, 1,177 individuals were newly diagnosed with HIV or AIDS in 2021; the majority of these new diagnoses were among individuals from minority communities.

- **Questions:** Please provide information on the allocation of the additional \$1.5 million in grant funding for HIV and AIDS services. Will these funds be used to establish new grant programs, or to provide continued or additional funding for existing initiatives? Which populations will be impacted by the funded programs?

This funding is for a new initiative. Approximately \$400,000 will be used in new grants to support two Regional Academic Detailing teams who will deploy healthcare professionals to engage providers outside of the Ryan White network with the goal of implementing routinized HIV testing and other prevention services as recommended by CDC as a best practice. Approximately \$1.1 million will be used to create and deploy a regionalized, culturally competent, targeted awareness campaign focusing on empowering individuals to ask for testing and services to help increase HIV testing rates in the state. We hope this empowerment will increase comfort levels across all populations to ask for testing, which is recommended by CDC.

Discussion Points (Cont'd)

- **Please provide an update on the State's progress toward attaining the goals advanced in the Strategic Plan to End the HIV Epidemic in New Jersey by 2025. Are there any goals or metrics that are proving more difficult to attain?**

Progress has been made with regard to the objectives in the Strategic Plan, specifically programming identified in the plan that was recommended to be implemented. The State first invested in Ending the Epidemic in FY23 and with the funds allocated, Division of HIV, STD and TB Services has funded PrEP assistance, status neutral navigation and non-traditional testing (for example, a pilot studying effectiveness of at-home self-testing). The Department encourages providers to integrate routine opt-out HIV testing. In January 2022, new reporting rules around HIV electronic laboratory reporting were adopted which will allow for the ability to better quantify our progress toward the major goals in the next fiscal year. These are aggressive goals, and we continue our mission to end the epidemic.

17. The FY 2023 Appropriations Act includes \$4.5 million in funding for the State's harm reduction centers; of this amount, \$500,000 is to be used by the department for the creation of additional harm reduction centers. This increased funding for additional harm reduction centers followed enactment of P.L.2021, c.396, which authorizes the department to permit harm reduction centers to open and operate in the State, provided that these new facilities meet certain operational requirements, and limited the ability of local officials to prohibit the operation of harm reduction facilities in their communities. According to a November 2022 *NJ Spotlight* article, creation of new harm reduction centers has been delayed because the department has not finalized the regulations to enact P.L.2021, c.396.

- **Questions: Please provide an update on the status of the regulations required to implement the requirements under P.L.2021, c.396. When does the department anticipate that these regulations will be finalized?**

The Department anticipates that the rules will be presented to the Public Health Council and then filed with the Office of Administrative Law (OAL) this spring/early summer. The rules are a special adoption that will be effective immediately upon filing with OAL, pursuant to statute.

18. The Governor's proposed FY 2024 Budget includes \$630,000 in new funding for the Maternal Data Center in the department's Health Quality and Informatics Unit and for the New Jersey Report Card of Hospital Maternity Care. The department currently publishes an annual Maternal Health Hospital Report Card and provides certain maternal morbidity and mortality data on its website. In November 2022, the New Jersey Maternal Mortality Review Committee released an analysis, which found that over 90 percent of pregnancy-related deaths in the State between 2016 and 2018 were preventable.

- **Questions: What is the cost to collect, analyze, and publish the hospital-specific maternal outcomes data and maternal morbidity and mortality data that are currently available on the department's website? What is the source of the funding that the**

Discussion Points (Cont'd)

department currently utilizes to collect, analyze, and publish these data on the department's website?

The overall cost to collect, analyze, and publish the hospital-specific maternal outcomes data and maternal morbidity and mortality data is approximately \$630,000 and encompasses both salary and operational expenses.

Current funding source: USHHS - Health Resources and Services Administration (HRSA) State Maternal Health Innovation Program (SMHIP). This funding source will be sunseting in October 2024. It covers a portion of the staff and resources needed for the Report Card of Hospital Maternity Care and the New Jersey Maternal Data Center. The remainder of costs to-date are absorbed through existing resources and staff.

- **Please provide information concerning the planned use of the proposed funding in FY 2024, disaggregated by project. How will the \$630,000 in recommended FY 2024 funding be utilized to expand upon or enhance the data currently analyzed and published by the department?**

Under current federal grant funding from HRSA, DOH was able to lay groundwork and scope the NJMDC and to identify areas for improvement in the first-in-the-nation Report Card, including through feedback from 75% of birthing hospitals and development of the IT infrastructure for the data pipeline and dashboard back-end. The proposed funding in FY 2024 will move this work forward:

- Enable the Department to meet legislative requirements under P.L. 2019, c.75 and help:
 - Develop data collection and submission protocols for maternal mortality, morbidity, and racial and ethnic disparity data.
 - Collect information from relevant health care facilities in the State
 - Conduct data analyses and develop reports and a public facing dashboard on the state of maternal health in New Jersey.
 - Disseminate information and analyses to the New Jersey Maternal Care Quality Collaborative (NJMCQC), the New Jersey Maternal Mortality Review Committee (NJMMRC), participating health care facilities, and other stakeholders
- Achieve a set of clear goals and purposes which include:
 - Provision of a comprehensive view of maternal health outcomes to relevant stakeholders and the public
 - Creation of a private portal for hospitals to access their data on select measures to view trends over time, drill down to specific populations, and audit data
 - Benchmarking of select metrics against national data and other states' performance
 - Creation of a data pipeline infrastructure to automate data processing for the provision of timely data rather than annual reports
- The Maternal Data Center will include the following components:

Discussion Points (Cont'd)

- New Jersey Report Card of Hospital Maternity Care
- A hospital-facing dashboard
- A public-facing dashboard
- Maternal Health Resources Gateway

- **How will the recommended funding be divided between the Maternal Data Center and the Report Card of Hospital Maternity Care? Does the department anticipate that the necessary funding amount for these two projects will remain at this level in future fiscal years?**

The funding requested is for the overall Maternal Data Center for the building of the following:

- Create a data pipeline infrastructure to automate data processing to provide timely data rather than annual report
- Create a private portal for hospitals to access their data on select measures to view trends over time, drill down to specific populations (race/ethnicity), and audit data for comparison with their internal systems
- Create of a public facing dashboard to provide timely data on the state of maternal health in New Jersey for the general public

This work is in addition to the Report Card of Hospital Maternity Care, which is currently being partially funded by the HRSA funds mentioned above, a NJDOH website that includes data about maternity care provided in each NJ birthing hospital so that a member of the public is able to make an informed comparison (P.L. 2018, c.82). https://www.nj.gov/health/maternal/morbidity/mhh_reportcard/

At this time, we would request this funding for SFY 2025 and beyond to maintain the Maternal Data Center.

19. Both the FY 2022 and the FY 2023 Appropriations Act include \$450,000 in funding for the Maternal Infant Health Doula Registry within the Division of Family Health Services. There is no recommended appropriation for the Maternal Infant Health Doula Registry in the Governor's proposed FY 2024 Budget within the Department of Health. However, the proposed FY 2024 Budget for the Department of Human Services recommends \$450,000 in funding for a Community Doula Directory.

The Governor's proposed FY 2024 Budget newly recommends \$500,000 for Community Doula Training in the Department of Health. As part of its response to an FY 2023 OLS Discussion Point, the department discussed the Doula Learning Collaborative, which was established through a departmental grant in 2021, and stated that the collaborative would provide training for doulas along with other services.

- **Questions: Has the Executive transferred responsibility for operation of the Doula Registry from the Department of Health to the Department of Human Services in FY 2024, or are these different programs? If the responsibility is being transferred, please explain the rationale for this change.**

Responsibility for the Doula Registry/Directory has been transferred to the Department of Human Services because the Department of Human Services currently has in place a

Discussion Points (Cont'd)

process of enrolling NJ FamilyCare Providers, maintains a fee-for-service directory, and has links and contacts to all five managed care organizations' provider directories.

- **Is the \$500,000 recommended for Community Doula Training in FY 2024 for a new doula training program? If yes, please provide details on the mission and scope of this program, as well as the number of doulas that will be trained during FY 2024. Alternatively, is the \$500,000 funding recommendation intended to fund the doula training programs currently run through the Doula Learning Collaborative? If yes, will this new funding be used to continue or expand its existing doula training programs?**

The \$500,000 requested in FY 2024 is to expand community doula training across the state. Currently the Doula Learning Collaborative (DLC) receives funding to conduct two trainings for approximately 40 doulas annually. These additional funds of \$500,000 in FY24 will support and expand the number of community doula trainings and training of trainers delivered by NJ based community organizations, including but not limited to the DLC; therefore, increasing the number of community doulas trained by at least 50% annually.

20. The Governor's proposed FY 2024 Budget recommends doubling the existing appropriation for the Maternal Feedback on Quality of Care Database, from \$600,000 in FY 2023 to \$1.2 million in FY 2024.

The FY 2023 Appropriations Act provides new funding for the department to develop and conduct a maternity care experience survey in order to evaluate individuals' experiences with maternity care services during the preconception, pregnancy, childbirth, and postpartum periods. The department will utilize the resultant survey data to identify local and Statewide trends in the provision of maternity care, detect disparities in care experienced by discrete racial, cultural, and socioeconomic groups, and formulate strategies and programs to improve access to, and the quality of, maternity care.

- **Questions: How does the department plan to utilize the additional \$600,000 in funding for the Maternal Feedback on Quality of Care Database? Does the department plan to expand the database? What program features will be supported with the additional funds?**

The additional funds will expand the reach of the maternal feedback database tool in NJ by marketing and providing incentives to utilize the feedback tool to capture the voices of all birthing people in NJ, especially non-Hispanic Black mothers who experience the highest rates of maternal mortality and morbidity. Additionally, these additional funds will create a data dashboard and a summary report to disseminate findings to hospitals, health care facilities and other interested stakeholders.

- **Please provide an update on the development of the survey database, and the ways in which the department has utilized any resultant data to address disparities in maternity care services provided in the State.**

Discussion Points (Cont'd)

Currently, Family Health Initiatives, the organization developing the maternal feedback database, has convened a multidisciplinary advisory group to oversee the process and is currently reviewing available evidence-based tools to inform the development of the maternal feedback database tool in NJ that is valid and reliable. Implementation of this tool will occur in the summer and information gathered will highlight any disparities prevalent in maternity care services. The Department will review these findings as part of efforts to increase maternal care quality.

21. Multiple grant programs within the Division of Family Health Services receive annual funding through the Maternal, Child, and Chronic Health Services budget line. The Governor’s proposed FY 2024 Budget increases funding for these grants from \$36.2 million to \$41.7 million.

- **Questions:** Please disaggregate the proposed funding by program, including the amount each grantee received in FY 2023 and the amount that each grantee is expected to receive in FY 2024.

Program	Grantee Name	FY2023	FY2024
Hemophilia		973,000	973,000
	HEMOPHILIA ASSOC OF NJ	259,902	259,902
	NEWARK BETH ISRAEL MEDICAL CEN	156,000	156,000
	CHOP CAREER PATH	130,000	130,000
	RUTGERS THE STATE UNIV RBHS	252,816	252,816
	PRIME HEALTHCARE SERVICES - SA	171,460	171,460
Case Management		569,356	569,356
	ATLANTIC HEALTH SYSTEM	48,812	48,812
	BACHARACH INSTITUTE FOR REHABI	1,200	1,200
	BERGEN CO	16,928	16,928
	BURLINGTON CO TREASURERS OFF	58,024	58,024
	CAMDEN CO COURT HOUSE	63,004	63,004
	CAPE MAY CO MENT HLTH	5,099	5,099
	CATHOLIC FAMILY AND COMMUNITY	4,730	4,730
	CHILDRENS SPECIALIZED HOSPITAL	83,278	83,278
	CUMBERLAND CO	13,006	13,006
	ESSEX CO TREASURER	88,490	88,490
	GLOUCESTER CO	41,127	41,127
	H. A. MCKEE & ASSOCIATES	12,218	12,218

Discussion Points (Cont'd)

Program	Grantee Name	FY2023	FY2024
	HACKENSACK MERIDIAN HEALTH	9,690	9,690
	HUNTERDON MEDICAL CENTER	5,808	5,808
	MERCER CO SPECIAL SERVICES	16,491	16,491
	MIDDLESEX CO TREASURER	12,146	12,146
	OCEAN COUNTY BOARD OF	13,222	13,222
	SAINT BARNABAS MEDICAL CENTER	10,129	10,129
	SALEM CO CLERKS OFFICE	7,659	7,659
	SOMERSET CRIPPLED	14,635	14,635
	SUSSEX CO	2,031	2,031
	VISITING NURSE ASSOCIATION OF	28,991	28,991
	WARREN CO	4,224	4,224
SCHS-Ped Tertiary		1,069,579	1,069,579
	MONMOUTH MEDICAL CTR	4,186	4,186
	NEWARK BETH ISRAEL MEDICAL CEN	278,012	278,012
	RUTGERS THE STATE UNIV RBHS	278,492	278,492
	SAINT BARNABAS MEDICAL CENTER	44,164	44,164
	ST. JOSEPHS REGIONAL MEDICAL C	65,747	65,747
	ST. PETERS UNIVERSITY HOSPITAL	30,379	30,379
	THE COOPER HEALTH SYSTEM	365,497	365,497
SCHS-Child Evaluation		733,435	733,435
	ATLANTIC HEALTH SYSTEM	38,616	33,900
	CHILDRENS SPECIALIZED HOSPITAL	314,746	316,260
	CHOP CAREER PATH	72,332	68,360
	HMH HOSPITAL CORP.	124,875	98,260
	RUTGERS THE STATE UNIV RBHS	100,000	101,520
	ST. JOSEPHS REGIONAL MEDICAL C	3,376	4,905
	THE COOPER HEALTH SYSTEM	73,000	74,520
Renal		330,023	330,023
	TRANS-ATLANTIC RENAL COUNCIL,	329,099	329,099
Cystic Fibrosis		239,068	239,068

Discussion Points (Cont'd)

Program	Grantee Name	FY2023	FY 2024
	NEW JERSEY STATE ORGANIZATION	238,399	238,399
Birth Defects		35,000	35,000
	RUTGERS THE STATE UNIV RBHS	1,968	1,968
	ST. PETERS UNIVERSITY HOSPITAL	32,930	32,930
Newborn Screening		93,550	93,550
	CHOP CAREER PATH	141	141
	HMH HOSPITAL CORP.	34,820	34,820
Program	Grantee Name	FY 2023	FY2024
	NEWARK BETH ISRAEL MEDICAL CEN	12,000	12,000
	RUTGERS THE STATE UNIV RBHS	16,141	16,141
	ST. PETERS UNIVERSITY HOSPITAL	30,174	30,174
MCH-Ped Tertiary		41,790	41,790
	MONMOUTH MEDICAL CTR	8,385	8,385
	SAINT BARNABAS MEDICAL CENTER	8,317	8,317
	ST. JOSEPHS REGIONAL MEDICAL C	8,322	8,322
	ST. PETERS UNIVERSITY HOSPITAL	8,322	8,322
	THE COOPER HEALTH SYSTEM	8,322	8,322
MCH- Case Management		1,431,390	1,431,360
	ATLANTIC HEALTH SYSTEM	34,250	34,250
	AUTISM NEW JERSEY	40,000	40,000
	BERGEN CO	38,479	38,479
	BURLINGTON CO TREASURERS OFF	57,585	57,755
	CAMDEN CO COURT HOUSE	158,207	158,207
	CAPE MAY CO MENT HLTH	4,485	14,418
	CATHOLIC FAMILY AND COMMUNITY	115,533	105,533
	CHILDRENS SPECIALIZED HOSPITAL	160,020	160,020
	CUMBERLAND CO	40,600	40,877
	ESSEX CO TREASURER	85,000	85,000
	GLOUCESTER CO	109,600	109,600

Discussion Points (Cont'd)

Program	Grantee Name	FY2023	FY2024
	HUNTERDON MEDICAL CENTER	5,323	5,323
	MERCER CO SPECIAL SERVICES	126,638	126,638
	MIDDLESEX CO TREASURER		123,281
	OCEAN COUNTY BOARD OF	52,781	52,781
	SALEM CO CLERKS OFFICE	2,668	2,668
	SOMERSET CRIPPLED	31,264	31,264
	STATEWIDE PARENT ADVOCACY NETW	66,106	26,106
	SUSSEX CO	83,969	83,969
	VISITING NURSE ASSOCIATION OF	106,200	107,740
	WARREN CO	23,300	23,300
MCH-Child Evaluation		846,680	846,680
	ATLANTIC HEALTH SYSTEM	32,379	33,698
	CHILDRENS SPECIALIZED HOSPITAL	300,000	301,318
	CHOP CAREER PATH	66,835	68,153
	HMH HOSPITAL CORP.	101,783	98,057
	JOHN F KENNEDY MEDICAL CENTER	27,734	29,053
	RUTGERS THE STATE UNIV RBHS	112,420	113,739
	ST. JOSEPHS REGIONAL MEDICAL C	129,174	124,989
	THE COOPER HEALTH SYSTEM	73,899	75,217
MCH-Lead Poisoning		12,179,620	17,429,620
	ATLANTIC CO TREASURER	207,000	207,000
	BERGEN CO	226,691	226,691
	BLOOMFIELD TWP	142,211	142,211
	BURLINGTON CO TREASURERS OFF	405,777	405,777
	CAMDEN CO COURT HOUSE	209,052	209,052
	CITY OF JERSEY CITY	643,872	643,872
	CUMBERLAND CO	357,377	357,377
	EAST ORANGE CITY	477,347	477,347
	ELIZABETH CITY	154,483	154,483
	GLOUCESTER CO	144,349	144,349

Discussion Points (Cont'd)

Program	Grantee Name	FY2023	FY 2024
	HAMILTON TWP	53,000	53,000
	HUDSON REGIONAL HEALTH COMM	386,203	386,203
	IRVINGTON TREASURER	575,417	575,417
	ISLES INC.	100,000	100,000
	MIDDLESEX CO TREASURER	666,434	666,434
	MONMOUTH CO	370,000	370,000
	MONMOUTH COUNTY REG HEALTH	202,700	202,700
	MONTCLAIR TWP	127,507	127,507
	NEWARK CITY	1,400,000	1,400,000
	OCEAN COUNTY BOARD OF	195,762	195,762
	PASSAIC CITY	562,500	562,500
	PASSAIC CO	525,567	525,567
	PATERSON CITY	583,796	583,796
	PLAINFIELD CITY	860,500	860,500
	SALEM CO CLERKS OFFICE	190,034	190,034
	SOMERSET CO	200,237	200,237
	SOUTHERN NEW JERSEY PERINATAL	199,800	199,800
	THE PARTNERSHIP FOR MATERNAL &	623,941	623,941
	TRENTON CITY	780,605	780,605
	UNION CO	337,459	337,459
	WARREN CO	189,984	189,984
	FY24 Childhood Lead - Reduced BL Exp		5,250,000
MCH-Healthy Women Healthy Family		3,556,000	3,556,000
	CENTRAL JERSEY FAMILY HEALTH C	532,048	532,048
	GREATER NEWARK HEALTH CARE COA	723,423	723,423
	PROJECT SELF-SUFFICIENCY OF SU	134,660	134,660
	RUTGERS THE STATE UNIV RBHS	80,000	80,000
	SOUTHERN NEW JERSEY PERINATAL	846,434	846,434
	THE CHILDRENS HOME SOCIETY OF	230,975	230,975

Discussion Points (Cont'd)

Program	Grantee Name	FY2023	FY2024
	THE PARTNERSHIP FOR MATERNAL &	1,008,334	1,008,334
MCH-Fetal Alcohol		419,000	180,000
	CENTRAL JERSEY FAMILY HEALTH C	23,789	23,789
	FAMILY HEALTH INITIATIVES, INC	56,008	56,008
	SOUTHERN NEW JERSEY PERINATAL	29,423	29,423
	THE PARTNERSHIP FOR MATERNAL &	61,444	61,444
MCH-Oral Health		214,000	214,000
	SOUTHERN JERSEY FAMILY MEDICAL	101,542	101,542
	ZUFALL HEALTH CENTER INC	111,542	111,542
Cleft Palate		501,000	501,000
	MONMOUTH MEDICAL CTR	76,045	76,045
	SAINT BARNABAS MEDICAL CENTER	99,950	99,950
	ST. JOSEPHS REGIONAL MEDICAL C	115,230	115,230
	ST. PETERS UNIVERSITY HOSPITAL	100,000	100,000
	THE COOPER HEALTH SYSTEM	108,322	108,322
Tourette's Syndrome		400,000	40,000
	NEW JERSEY CENTER FOR TOURETTE	400,000	400,000
Cancer Screening Detection and Education		5,370,000	5,370,000
	ATLANTIC HEALTH SYSTEM	215,585	215,585
	BERGEN CO	146,086	146,086
	CAPE MAY CO MENT HLTH	64,174	64,174
	HOBOKEN FAMILY PLANNING	1,151,596	1,151,596
	HUNTERDON MEDICAL CENTER	42,473	42,473
	INSPIRA MEDICAL CENTERS	322,297	322,297
	MIDDLESEX CO TREASURER	246,338	246,338
	NORWESCAP	95,708	95,708
	PRIME HEALTHCARE SERVICES - SA	389,416	389,416
	RUTGERS THE STATE UNIV RBHS	363,314	363,314
	SHORE MEMORIAL HOSPITAL	170,211	170,211
	ST. JOSEPHS REGIONAL MEDICAL C	369,813	369,813

Discussion Points (Cont'd)

Program	Grantee Name	FY2023	FY2024
	SUSSEX CO	51,726	51,726
	THE COOPER HEALTH SYSTEM	346,951	346,951
	TRENTON HEALTH TEAM INC	154,789	154,789
	VIRTUA HOME CARE AT WEST JERSE	276,975	276,975
	VISITING NURSE ASSOCIATION OF	635,766	635,766
	ZUFALL HEALTH CENTER INC	311,209	311,209
SIDS Assistance		221,000	511,000
	RUTGERS THE STATE UNIV RBHS	220,006	510,006
Huntington's		201,000	201,000
	ROWAN UNIVERSITY	200,437	200,437
Postpartum Screening		1,900,000	1,400,000
	CENTER FOR FAMILY SERVICES	204,035	204,035
	CENTRAL JERSEY FAMILY HEALTH C	353,475	300,000
	MERCER CO	40,000	40,000
	RUTGERS THE STATE UNIV RBHS	195,000	195,000
	SOUTHERN NEW JERSEY PERINATAL	265,125	265,125
	THE PARTNERSHIP FOR MATERNAL &	393,000	391,220
Tuberculosis		2,150,000	2,150,000
	BERGEN CO	287,808	287,808
	CAMDEN CO COURT HOUSE	49,625	49,625
	HUDSON CO	318,116	318,116
	PATERSON CITY	224,036	224,036
	RUTGERS THE STATE UNIV RBHS	890,806	890,806
	SOMERSET CO	87,422	87,422
	THE COOPER HEALTH SYSTEM	292,187	292,187
Immunization Services		525,000	525,000
	BURLINGTON CO TREASURERS OFF	125,000	125,000
	CENTER FOR HEALTH EDUCATION ME	45,500	45,500
	CENTRAL JERSEY FAMILY HEALTH C	60,000	60,000
	GATEWAY COMMUNITY ACTION PARTN	14,500	14,500

Discussion Points (Cont'd)

Program	Grantee Name	FY2023	FY2024
	NEWARK CITY	178,000	178,000
	THE PARTNERSHIP FOR MATERNAL &	100,000	100,000
Doula		464,539	464,539
	HealthConnect One	450,000	450,000
Expanded Alma			
	TBD		1,200,000
Autism			
	TBD		500,000
Administration			
		1,695,000	734,000
	TOTAL	36,159,000	41,339,000

Please note that some FY24 awards are subject to a new RFA Competitive process and as a result, some final award amounts may change

- **Does the department anticipate any significant funding changes for any grantee from FY 2023 to FY 2024? If so, please indicate the nature and reasons for these changes.**

Following recent findings from the New Jersey Maternal Mortality Review Committee that 58% of pregnancy-associated deaths were associated with substance use disorder, the Division of Family Health Services (FHS) expects to realign some program funding in FY24 to enhance or create more programs that focus on mental health issues and substance use among birthing people. In addition, to address increasing autism rates in the state, specifically care needs that may have been exacerbated by the pandemic such as aggressive, anxious behavior, FHS plans to create additional programs that serve children with autism. These will be focusing on severe challenging behaviors and improving best practices in health care practices to optimize care.

Other Programs and Issues

County	Allocated Amount	Expended Amount
Atlantic County	\$1,224,215	\$0
Bergen County	\$4,246,633	\$0
Burlington County	\$2,067,037	\$0
Camden County	\$2,331,954	\$0
Cape May County	\$425,906	\$0

Discussion Points (Cont'd)

County	Allocated Amount	Expended Amount
Cumberland County	\$683,984	\$0
Essex County	\$3,806,296	\$0
Gloucester County	\$1,355,605	\$0
Hudson County	\$3,127,534	\$0
Hunterdon County	\$578,453	\$0
Mercer County	\$1,718,111	\$0
Middlesex County	\$3,832,520	\$0
Monmouth County	\$2,873,271	\$0
Morris County	\$2,275,010	\$0
Ocean County	\$2,889,495	\$0
Passaic County	\$2,306,781	\$0
Salem County	\$289,600	\$0
Somerset County	\$1,538,904	\$0
Sussex County	\$647,992	\$0
Union County	\$2,547,189	\$0
Warren County	\$493,001	\$0
Total	\$41,259,491	\$0

22. The Executive allocated \$41.3 million from the State’s largely discretionary \$6.24 billion federal Coronavirus State Fiscal Recovery Fund grant under the American Rescue Plan Act of 2021 for a County Health Infrastructure Program. According to the Executive, “The intent [of this program] is to provide county health departments the funds for facility and equipment improvements, and increased supports to address the impacts of the pandemic, among other permissible uses.” As displayed in the table, below, each of the State’s 21 counties would receive a portion of the \$41.3 million allocation. As of March 22, 2023, none of the funds allocated for the County Health Infrastructure Program have been expended.

- **Questions:** When does the department anticipate that the funds allocated for the County Health Infrastructure Program will be dispersed? What is the anticipated timeline for completion of each county’s planned projects?

The Department received the funding for the County Health Infrastructure Program from the Department of Community Affairs (DCA) on March 15, 2023. The funding will be distributed using non-competitive grants. A request for applications (RFA) will be released in April and awards will be dispersed in July, which is the soonest date that complies with State grant rules and procedures. County health departments will have several years to complete planned projects as funding does not expire until December 31, 2026.

- On what basis did the department determine the amount of funding allocated to each county? Did the department require each county to submit a proposal and a budget for projects that will be funded under the program? If yes, are these documents publicly available?

Discussion Points (Cont'd)

The Department determined the funding allocation for each county based on population size.

23. The Emergency Medical Technician (EMT) Training Fund provides funds to nonprofit entities that conduct training for individuals seeking to become EMTs. Individuals enrolling in an EMT training course typically pay the \$1,800 training course fee. If an individual volunteers with an emergency medical services squad prior to becoming a licensed EMT, the squad typically covers the training fee, and then seeks reimbursement from the EMT Training Fund. Currently, the EMT Training Fund will reimburse emergency medical services squads \$1,500 for unreimbursed costs for initial and recertification training and testing per volunteer or paid EMT, provided the squad does not charge a fee for the provision of emergency medical services.

Last year, the turnover rate for full-time EMTs nationwide was 36%, which was the same for part-time EMTs, according to an American Ambulance Association survey. The turnover rate includes both resignations and firings, but nearly all of the EMTs and paramedics who left did so voluntarily. More than one-third of new hires don't last through their first year, the survey found. A federal study has projected a need for 40,000 more full-time emergency medical personnel from 2016 to 2030.

- **Questions: How much money was distributed from the EMT Training Fund for training costs during FY 2022 and FY 2023 to date? Please also provide information on the number of EMTs whose training was supported by EMT Training Fund resources in FY 2022 and FY 2023 to date.**

The EMT Training Fund reimburses the agency or entity that provides EMT initial or continuing education for an eligible volunteer. The EMT Training Fund expenditures encompass initial, refresher, and select elective continuing education programs as well as the credentialing examination.

- For FY 2022, a total of \$670,483 was expended from the EMT Training Fund supporting approximately 3,398 EMTs or prospective EMTs.
- To date, for FY 2023, a total of \$1,515,276 has been expended from the EMT Training Fund supporting approximately 3,880 EMTs or prospective EMTs.

During FY 2023 the associated fees for the certification examination, set by the National Registry of Emergency Medical Technicians, increased from \$98 to \$104. FY 2023 expenditures are higher because of the examination and the number of individuals utilizing the fund for initial education, which was 50% greater than in FY 2022. Also, the expenditure for initial education is significantly greater than that of continuing education.

- **Does the nationwide turnover rate and need for more EMTs mirror what is happening in New Jersey? What steps can the department take to increase the number of EMTs Statewide?**

Discussion Points (Cont'd)

Yes, the nationwide rate and need for more EMTs does mirror what is happening in New Jersey. We have seen an increase in the total Emergency Medical Services call volume at the same time as a decrease in NJ certified EMS providers.

To increase the number of EMTs, the department can make training more accessible and conduct a public awareness campaign to promote emergency medical services including EMT, paramedic, administrative roles, etc. This was a recommendation of the Emergency Medical Technician Training Fund Advisory Committee and can be accomplished utilizing existing funding. This campaign will alert the public to career opportunities. The department can continue to promote the EMT Training Fund to EMS agencies as a tool to assist their recruitment and promotion efforts.

24. On December 30, 2022, CentraState Medical Center in Freehold was the target of a ransomware attack. In 2019, Hackensack Meridian Health, the state's largest health system, was targeted with a ransomware attack, impacting 17 facilities. Cyberattacks on the health care sector nearly doubled between 2020 and 2021, according to a report by Sophos, a British-based IT security company.

- **Questions:** What role can the department play in helping to prevent hospital cyberattacks? How many hospitals were targeted for cyberattacks in 2022 and in 2023 to date?

In accordance with N.J.A.C. 8:43G 5.16 (a) (5) Disaster planning, "The hospital shall have a written, comprehensive disaster plan. The disaster plan, and any updates or changes to it, shall be submitted to the Inspection Service Program within the Department and shall include procedures in the case of interruption of utilities services in a way that affects the health and safety of patients." The Department also supports hospitals through linking hospitals to assist with divert or other medical response in emergency situations. DOH also links hospitals to the New Jersey Cybersecurity and Communications Integration Cell (NJCCIC) of the Office of Homeland Security and Preparedness (OHSP), which offers security guidance and a membership program for private sector entities in the state.

CentraState Hospital was subject to a cyber-attack in 2022.

25. The Governor's proposed FY 2024 Budget recommends a \$1.4 million funding increase for expenses for equipment maintenance for the State's Public Health and Environmental Laboratory. The budget proposal additionally recommends \$700,000 in new funding for the Public Health and Environmental Laboratory for the purchase of an Ultra-High Performance Liquid-Chromatography Tandem Mass Spectrometer and an Inductively Coupled Plasma-Mass Spectrometer Analytical Instrument.

According to the department, the Tandem Mass Spectrometer will be used for the department's Food Emergency Response Network to prepare proficiency samples for emergency food testing and participation in national events. The Inductively Coupled Plasma-Mass

Discussion Points (Cont'd)

Spectrometer Analytical Instrument will be used to conduct lead and mercury analyses on prenatal and newborn samples from mothers and infants.

- **Questions:** Please provide specific information on how the department will use the \$1.4 million in new funding for equipment maintenance for the State's Public Health and Environmental Lab. What equipment will be maintained or repaired, and what public health programs are supported by this equipment? Will the equipment maintenance for the Public Health and Environmental Laboratory be performed in-house or will it be contracted out to vendor? If the latter, which vendor holds the contract to perform the maintenance?

Maintenance costs have increased dramatically due to onboarding new equipment during the pandemic and PHEL currently spends \$1.6M annually. This line item is for all equipment /instrumentation in the laboratory, PCR instruments, molecular instruments, HPLC-Mass Spectrometers, GC-Mass Spectrometers, ICP- Mass Spectrometers etc. for toxic chemical analysis. There are currently 60 maintenance contracts in place that cover well over 100 instruments. These instruments require performance maintenance at the schedule recommended by the manufacturer/vendor. All the maintenance is performed by the equipment/instrument manufacturer and multiple vendors are used. These are high-tech pieces of instrumentation and in many instances the equipment/instrumentation warranty is voided if we do use the approved vendor for maintenance.

- **What does the department mean by "emergency food testing?" Under what circumstances does this testing take place?**

PHEL is a part of the Food Emergency Response Network (FERN). This program integrates the local, state, and federal levels into a network to respond to food emergencies involving biological, chemical (toxic organic contaminants by the Chemical Threat Testing Lab (CT Lab) and toxic metals by the Inorganic Testing lab) and radiological contamination of food products. This network offers a surge capacity for threat agents in the American food supply. Testing has been performed for large events, for example the Democratic and Republican National Conventions as well as the Superbowl XLVIII in East Rutherford.

- **On average, how many tests per month will the Food Emergency Response Network perform using the Ultra-High Performance Liquid-Chromatography Tandem Mass Spectrometer? What is the expected average cost per test?**

1. The instrument will be used by the Chemical Threat Laboratory (CT Lab)
2. The major programs that will utilize this instrument includes:
 - a. The FDA Food Emergency Response Network (FERN) for environmental contaminants, including the emerging contaminants PFAS (primary proficiency test, 2-3 times/year, 10 samples/time, \$300-500/sample)
 - b. FDA Laboratory Flexible Funding Model (LFFM) for PFAS and pesticides in food (200-300 samples/yr, 250-350/sample)

Discussion Points (Cont'd)

- c. The CDC Laboratory Response Network-chemical Threat Program (LRN-C), including fentanyl and other emerging drugs in the street marketplace, which is part of the department's efforts to address the opioid epidemic (~1000 samples/yr, \$250-300/sample)
- d. NJDEP Bureau of Freshwater & Biological Monitoring programs for PFSA and other contaminants in fish and water (100-200 samples, \$250-350/sample).

This instrument will also serve additional purposes, such as non-targeted fentanyl analysis to identify emerging drugs in the street marketplace as part of the Department's efforts to address the opioid epidemic.

- **Does the network test proficiency samples each time there is an outbreak of food-borne illness in the State? How many national events does the department participate in on an annual basis?**

No, The Proficiency Test (PT) samples are tested irrespective of outbreaks. PTs are designed to ensure capabilities in the event of an outbreak.

The volume of samples varies from year to year. National events also fluctuate and include major national sporting events, such as the soccer world cup, and political national conventions.

- **Which program within the Public Health and Environmental Laboratory will utilize the Inductively Coupled Plasma-Mass Spectrometer? How many lead and mercury analyses does the department anticipate that the Laboratory will conduct on an annual basis? How many mother-infant dyads will be tested each year? What is the estimated cost per test?**

The Environmental Chemical Laboratory Services Inorganic Testing Laboratory utilizes the Inductively Coupled Plasma-Mass Spectrometer.

Approximately 8,000 to 10,000 analyses are conducted of each in blood currently, with an additional 5,000 – 10,000 anticipated. An additional 1,000 – 2,000 are analyzed in various other matrices currently.

Approximately 3,000 mother-infant dyads are tested currently, with an additional 2,000 – 5,000 anticipated.

The cost per test, which are borne by the CDC-funded Prenatal Screening Program and CDC's state biomonitoring program cooperative, are: Lead \$25, Mercury \$25, Mercury Speciation \$225.

- **How will the department utilize the results of the lead and mercury analyses that will be conducted on mothers and infants? As a part of which departmental program will these tests be conducted?**

Discussion Points (Cont'd)

In collaboration with the Childhood Lead Program, results are utilized by physicians to detect lead and mercury levels in expectant mothers and newborn infants and to provide treatment if the levels of lead and mercury exceed the health limit.

ECLS Inorganic Testing – Prenatal screening program, biomonitoring surveillance program, water testing program, and food testing program.

26. Recommended funding for the South Jersey Cancer Program in Camden would increase by \$5.0 million under the Governor's proposed FY 2024 Budget, rising from \$27.4 million in FY 2023 to \$32.4 million in FY 2024. Currently, the department provides funding to Cooper University Hospital on a cost reimbursement basis for oncology staff support and for construction and renovations. According to the department, the \$5 million in additional funding for FY 2024 would help support the hospital's facility and operational needs.

In the fall of 2022, Cooper University Hospital announced a \$2.0 billion expansion of its Camden campus. As part of this expansion, the hospital plans to add three new buildings that will expand the facility's bed count. According to news reports, the hospital anticipates that construction of the first building, a patient care center, will begin in 2023.

- **Questions: Please provide a table showing the allocation of the recommended \$5.0 million increase in funding, disaggregated by program or project, and amount. Are the funds intended to be used for new construction, renovations on existing facilities, or to add additional oncology staff?**

The \$5 million increase supports continued volume growth in cancer services provided in South Jersey, including in Camden, Moorestown, Willingboro, and Egg Harbor Township. The funding will support staff, renovation, and construction costs. In addition, the funding will support the initiation in FY 2024 of a bone marrow transplant and cellular therapy program in South Jersey, which will help fill a critical gap for those services in the South Jersey region.