



State of New Jersey  
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Commissioner

June 12, 2019

Honorable Paul A. Sarlo  
Chairman, Senate Budget and Appropriations Committee  
c/o Frank Haines  
Legislative Budget and Finance Officer  
Office of Legislative Services  
State House Annex  
PO Box 068  
Trenton, New Jersey 08625-0068

Dear Senator Sarlo:

I am writing in response to your request for additional information to issues raised by committee members.

Senator Cunningham:

- **Regarding the recent State Commission of Investigation report concerning the ownership structures at the three hospitals administered under the CarePoint Health system, please provide additional details as to what staff reductions or other staff changes are occurring at Christ Hospital and Bayonne Medical Center.**

The department has not received any information indicating staff reductions or staff changes occurring at Christ Hospital and/or Bayonne Medical Center.

Senator Ruiz:

- **Please provide details concerning potential changes to the graduate medical education subsidy for University Hospital and please provide details concerning the hospital's relationship with State medical schools, including the Rutgers New Jersey Medical School. What plans exist to keep resources within the community?**

The department estimates that University Hospital will receive \$32.7 million for its GME subsidy in FY2020. This estimated subsidy is based on the same statutory formula as is used for all hospitals in FY2020 and the department has no plans for changes to the graduate medical education subsidy allocated to University Hospital in FY2019 or FY2020.

The department does not have oversight or involvement in a hospital's relationship with medical schools.

- **Please provide a complete summary of the recent infectious disease outbreak that occurred in the neonatal intensive care unit at University Hospital, including any connections between the outbreak and patient mortality.**

NJDOH's Communicable Disease Service (CDS) continues to investigate *Acinetobacter baumannii* infections in University Hospital (UH), related to an initial *A. baumannii* outbreak among UH NICU neonates during fall 2018; currently, CDS is in the process of evaluating *A. baumannii* infections hospital-wide, including adult units. As this is an ongoing investigation, there is no final complete report at this time. The information below provides a **preliminary** summary of NJDOH's initial NICU investigation.

On October 1, 2018, CDS received a report of a possible outbreak of *A. baumannii* in UH's NICU. CDS staff contacted the UH Infection Prevention Department the same day and confirmed that two neonates had been identified with *A. baumannii* infections in the prior month (September 2018). In order to prevent further infections in this vulnerable population, CDS immediately initiated an outbreak investigation.

Four neonates with carbapenem-resistant *A. baumannii* (CRAB) infections were identified in the UH NICU during September to October 2018. NJDOH worked with UH to review risk factors for acquiring infection, such as complications of premature birth or placement of invasive medical devices, and to ensure clinical specimens were sent for additional testing to the CDC. CDC testing indicated that the neonates had a related strain of CRAB indicating likely transmitted within the NICU. Three of the four neonates expired. In the context of complications associated with prematurity, CRAB infection may have contributed to the neonates' overall poor clinical status and increased risk for negative outcomes.

Senator Diegnan:

- **Does the State have the legal authority to require pharmacies to stock opioid antidotes, such as naloxone? Can the State require pharmacies to advertise the availability of opioid antidotes?**

The State Board of Pharmacy is best suited to address general oversight of pharmacies and requirements, if any, to stock opioid antidotes. State law currently provides that a pharmacist "may" dispense an opioid antidote but, in doing so, must comply with provisions of the Overdose Prevention Act. N.J.S.A. 45:14-67.2. The law further provides that the Commissioner of Health (or, if not a duly licensed physician, the Deputy Commissioner for Public Health Services) shall issue upon request by a licensed pharmacist, a standing order authorizing the pharmacist to dispense an opioid antidote to any patient, regardless of whether the patient holds an individual prescription for the opioid antidote. N.J.S.A. 45:14-67.2.

Senator Ruiz:

- **To what extent has the transfer of the Office of the State Medical Examiner from the Department of Law and Public Safety to the Department of Health affected the performance of the State's medical examiner system? Has there been a decrease in the case backlog?**

The office of the Chief State Medical Examiner (OCSME) is strictly administrative, however, it does provide direct oversight of the 2 state run facilities that cover Essex, Hudson, Passaic, Somerset, Atlantic, Cape May and Cumberland counties. Over the past 6 months, the OCSME has been actively recruiting personnel, including a CFO, attorney, paralegal, and an IT person. Once staffing is complete, we will start conducting inspections of county offices as outlined in the statute. We have seen an improvement in our case turnaround time at our regional offices.

- **P.L.2018, c.62 was designed to strengthen oversight of county and intercounty medical examiner offices by the Office of the State Medical Examiner. How has oversight of local offices been implemented? What role does the State Office play in ensuring services are provided in a consistent manner throughout the State?**

The OCSME is still in the process of hiring the necessary staff to support inspections of the county ME offices across the state. Once in place, these inspections will ensure that all offices meet national guidelines and statutory requirements in the management of death investigation, that would include case turnaround time.

- **Are any of the funds appropriated by the State for the Office of the State Medical Examiner allocated for the administration of local offices? If so, how much, and what is the source of those allocated funds? How does the State Office determine how much should be allocated to each local office?**

The OCSME has received approximately \$4.0M in grants. Most of this funding has been allocated to improvements for the State-run offices, including new equipment for the State toxicology lab and a total renovation of the body storage cooler at the Northern Regional MEO in Newark. The latter project is desperately needed in light of the surge in drug related fatalities seen in the recent years. Since the county offices are administered by the respective counties they are encouraged to apply for such grants independently.

- **Under P.L.2018, c.62, the Office of the Chief State Medical Examiner is required to issue an annual report with an evaluation of the performance of each medical examiner office and the medical examiner system as a whole. When is the first report due? Do you have any preliminary findings you can share?**

We are currently compiling annual reports. We expect to have preliminary reports in approximately 2 months.

Senator Singleton:

- **What programs and initiatives have been funded using the anticipated \$6.1 million in FY 2019 Anti-Smoking Cigarette Tax Dedication revenues?**

The Office of Tobacco Control, Nutrition and Fitness funded grantees in the amount of (\$2.345M) to provide best practice interventions to community coalitions to prevent initiation of smoking among youth and young adults, increase awareness of electronic nicotine devices, and develop and enhance health promotion, prevention education, and social marketing. These funds were utilized to enhance efforts with young adults by institutionalizing comprehensive tobacco free college policies, developing young adult workplace wellness policies targeting 18 to 24-year-old smokers, eliminating exposure to second hand smoke, identifying and eliminating tobacco-related disparities, and promoting quitting among adults and youth.

The program dedicated \$675,000 for a comprehensive health communications plan that included input from Youth Action Teams. The campaign includes exterior and interior posters on NJ Transit transports in targeted counties, ads in 400 stores in 6 communities, radio ads in 420 spots targeting 21 counties including NY-based Spanish speaking stations, 12 digital billboards statewide, and online and social media ads.

Cessation initiatives (\$1.9M) includes funding for 11 Quit Centers. The office established cessation services utilizing face to face counseling at quit centers in areas of highest burden and utilized existing grantees to provide intervention training to lung screening programs, behavioral health, and substance abuse providers to increase callers to the NJ Quitline. Additionally, the office developed a School Vaping Took Kit to provide education and uniform guidance to address and reduce the use of e-products and other tobacco products. It also collaborated with partners to provide educational alternatives to suspension of youth who have been caught smoking/vaping.

- **If additional funding were allocated to the tobacco prevention and control program, how would those funds best be utilized?**

The Office of Tobacco Control, Nutrition and Fitness, would allocate additional funds towards prevention and cessation activities/initiatives. The Department is unable to respond more specifically to this type of question.

- **Please provide information concerning the ways in which the \$3 million FY 2019 adjusted appropriation to Holy Name Medical Center Teaneck for a Palliative Care Pilot Program was utilized. What is the timeline for the pilot program? What metrics are being used to determine program success?**

The following performance objectives are included as requirements for the grant to Holy Name Medical Center Teaneck for Palliative Care:

1. To support capital improvements at Villa Marie Claire's end-of-life care facility in order to accommodate increased patient occupancy and on-site family support.
2. Develop a provider and caregiver specific educational program including, but not limited to, Medical Doctors, Registered Nurses, Masters in Social Workers, Licensed Nursing Home Administrators, and Certified Assisted Living Administrators by June, 2019.
3. Partner with ADVault and use the web tool mydirectives.com to conduct extensive training to ensure all patients and staff have advanced directives in place.
4. Expand the use of mydirectives.com to the broader community to provide greater access to advanced directives.
5. Implement an outreach program to include all professional stakeholders in end-of-life care giving by June 30, 2019.
6. Provide on-going recommendations on end-of-life policy to the Department and Legislature.
7. Prepare and submit a report on source and application of resources that identify and provide alternatives to avoid unnecessary services and treatments by April 30, 2019.

The grantee must submit a progress report annotating in detail what measures were performed and achieved for each objective. The progress report is filed with the System for Administering Grants Electronically (SAGE) and reviewed by Program and Grant Management Officers.

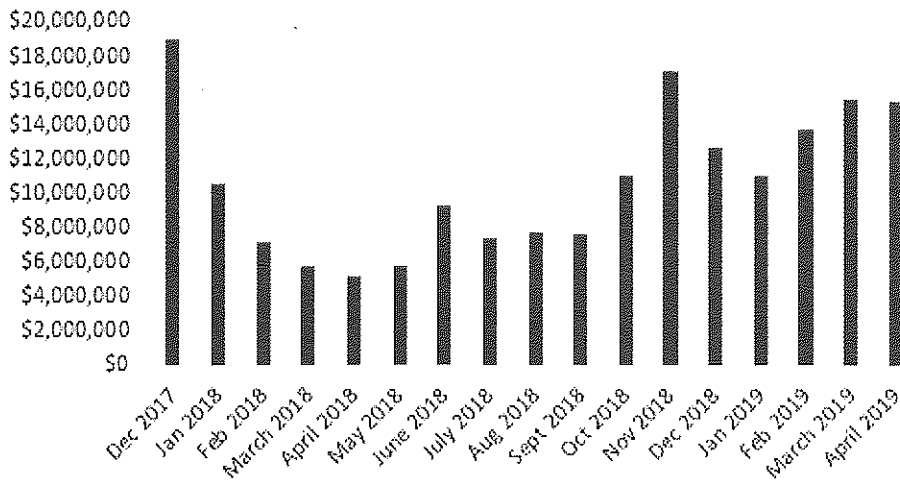
- **Regarding the Early Intervention System (EIS), do you anticipate establishing an advance payment system for providers commencing in FY 2020?**

No. Claim rates are continuing to improve, with the average as of February being over 86%. Additional initiatives have been put in place or are forthcoming to improve the back-logged claims.

- **Please provide data concerning the percentage of the total number of EIS claims submitted by providers for which payment has been made for the period of December 1, 2017 through March 31, 2019. When do you anticipate that full payment will be made on all claims submitted by EIS providers on or after December 1, 2017?**

The chart below shows the claims processed since Dec 2017 through April 2019 (Note: December 2017 includes 3 biweekly pay periods and includes CSC and PCG payments; November 2018 had 3 biweekly pay periods rather than 2.)

Claim Amounts from Dec 2017 through April 2019



The process is underway to process all of the back claims from Dec 2017 through May 2018. This process began in Sept 2018. Below is a chart that shows the completed claims through the upload process. The percentages underrepresent the true payments, as some agencies submitted the claims for processing, but then manually entered the claims. Additionally, 29 files of backlogged claims were uploaded on April 14<sup>th</sup> and have not been included in the data table. The program is awaiting the processing results. This set of back claims are expected to be completed in May 2019. A second back claims process for June through September 2018 claims will begin in May, and all claims are expected to be completed by the end of August 2019

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Provider	Submitted	% Processed as of April 15
St. Joseph's School for the Blind	539	10%
The Arc of Bergen & Passaic Counties, Inc.	6897	11%
Community HealthCare Systems, LLC	389	17%
Cerebral Palsy of North Jersey, Inc	6553	17%
Our Lady of Lourdes Health Foundation Inc.	3810	17%
Innovative Therapeutic Services, LLC.	1339	18%
Bergen County Special Services S.D.	283	18%
TheraNorth Services, LLC.	27200	19%
Innovative Interventions	14039	20%
The Arc of Somerset County (Part B)	1790	22%
AHS Hospital Corp, Morristown M.H.	975	24%
Summit Speech School	551	24%
St. Joseph's Hospital & Medical Center	2254	25%
Kid Clan Services, Inc.	775	26%
Lee's Developmental Services, LLC.	9928	27%
Montclair State University	3525	28%
Therapy Associates, LLC	21803	28%
The Arc of Union County	2428	28%
Hunterdon Medical Center	686	28%
The Arc of Somerset County	2643	30%
The Arc/ Warren County Chapter, Inc.	251	32%
Educational Translation Services, Inc.	570	34%
Bancroft	121	36%
Compcare Therapeutics Inc	28701	56%
Vista Rehab Services	1428	40%
Progressive Steps, LLC.	32054	43%
Pediatric Therapy Resources, LLC	300	43%
Rowan University	423	44%
Mountain Lakes Board of Education	875	48%
LADACIN Network	9944	52%
P.G. Chambers School	1862	53%
Cerebral Palsy League of Union County	6887	57%
Hudson Milestones	1520	57%
Sunny Days Early Childhood Developmental Services	65535	61%
New Jersey Institute for Disabilities	3810	67%
Family Resource Associates, Inc.	3628	67%
St. John of God Community Services	1371	68%
TheraCare of New York, Inc.	9411	72%
Classic Rehabilitation, LTD.	7747	73%
Shirley Eves Developmental & Therapeutic Center	266	74%
JFK Health System - Pediatric Rehabilitation	4214	75%
Children's Specialized Hospital	27290	76%
Gloucester County Special Services School District	292	76%
Big Apple Therapy Associates, Inc. (BATA )	12973	83%
Inspira Medical Centers, Inc.	647	84%
Salem County Special Services School District	1920	88%
Virtua Health System	831	89%
Archway Programs	685	90%
School for Children with Hidden Intelligence	5203	90%
Speech Therapy Center, LLC.	12	92%
Eden Autism Services, Inc.	14	100%
S & S Therapeutics, Inc.	75	100%
<b>Total</b>	<b>339267</b>	
<b>Average Completed</b>		<b>49%</b>

- **Has the State's network of family planning clinics fully recovered from the lapse in funding under Governor Christie? How does the current scope of services available in the State compare with the scope that existed prior to the funding cuts under Governor Christie?**

The restoration and continuation of State funding for family planning provided a solid foundation from which the New Jersey Family Planning League (NJFPL) can develop a multi-year plan to serve more than 130,000 patients by the end of FY2021. However, the State's family planning providers have *not* fully recovered from the 8 years without State family planning funding under Governor Christie. The total amount of funding lost over 8 years was \$52,171,000; and to date the amount that has been restored is \$14,906,000.

In terms of patients, in 2009, which was the last year family planning was fully funded, 136,364 patients accessed services at publicly funded family planning health centers. In 2018, the most recent year for which we have family planning data, 110,118 patients accessed services at publicly funded family planning centers, up from 99,844 in 2017, in which there was no State funding for family planning services.

- **Has the Family Planning League recommended any increase in the number of family planning and reproductive health care service providers or other changes to family planning services in New Jersey in FY 2019 or FY 2020? If so, what actions, if any, has the department undertaken to implement these recommendations?**

With the restoration of state funding, the NJFPL is assertively working to regain the lost patients and service sites after 8 years of defunding. To that end, providers have already seen over a 10% increase in patients over last year; more than 8,000 additional patient service hours have been added at family planning centers; over 50 providers and staff were hired to fill critical vacancies supporting increased access to care; over 80,000 additional free STD tests were provided; and the NJFPL service network expanded to include 5 additional health center sites.

In addition, the NJFPL is working diligently to reopen a service site in Atlantic City as soon as possible and has committed to ensuring Pre-Exposure Prophylaxis (PrEP) counseling in each of their service sites by the end of 2019 in line with the Administration's commitment to Ending the HIV Epidemic by 2025.

The NJFPL is committed to its continued partnership with First Lady Tammy Murphy, DOH, and other state and external partners on efforts to reduce infant mortality. Through the reinstated funding, the NJFPL has increased its service network and availability, which provides women with expanded access to contraception and family planning services, most notably for mothers planning future pregnancies with the availability of long-acting reversible contraception (LARCs).

- **What is the total amount of federal funding that the department anticipates receiving for family planning services in FY 2019 and FY 2020?**



DOH anticipates receiving \$2.1m in federal funds in FY 2019 and FY 2020. This \$2.1m is comprised of \$1,557,000 of Social Security Block Grant funds passed through from DCF, and \$543,000 of Maternal and Child Health Block Grant funds.

One important note is that DOH does not apply for or receive federal Title X funds in New Jersey. The NJFPL is the state's applicant, recipient, and sub-grantor of those funds. The NJFPL has been awarded \$8.3m in Title X funds (they had applied for \$8.815m).

- **Does the department anticipate that the receipt of federal funding for family planning services will be affected by the proposed changes to the Title X program? If the department anticipates a decline in federal funding as a result of the proposed changes, does the department have contingency plans to increase State funding for family planning services and ensure continuity of services for patients?**

Currently, the federal Title X funding for family planning services is **not** affected by the changes to the federal Title X rules that have been published in the Federal Register as of March 4. When the Department initially provided responses to OLS and the Governor's Office regarding family planning funding, there were possible changes in federal funding through the Title X program due to these changes in the rules governing the program. However, in the time since the initial submission of these responses, several states, including New Jersey, and other interested parties have entered litigation to oppose many aspects of the new rules and compliance with them. In several of these cases, stays have been granted on the preliminary injunctions that contest many aspects of the rule changes. It is likely that this matter will take several months, if not years, to make its way through the courts, and will not be completely adjudicated by the end of the SFY2020. Therefore, the department anticipates **no** effect on the amount of Title X funding toward family planning services, and therefore no effect on SFY2020 budget.

Sincerely,



Shereef M. Elnahal, MD, MBA  
Commissioner