

DEPARTMENT OF HEALTH

01. OVERVIEW

The mission of the Department of Health is to foster accessible, affordable health services which enable all residents of New Jersey to achieve optimal health through the prevention of disease, the promotion of community action, and the protection of those at special risk. The Department has two major subdivisions: Health Services, which represents the traditional public health programs, and Health Planning and Evaluation, where emphasis is placed on improving the quality of health care through expanded surveillance efforts and development of new regulations.

The recommended State appropriation of \$91.9 million for the Department of Health represents a decrease of \$5.6 million from the current year appropriation, largely due to the fact that the Health Department no longer sets hospital rates, therefore, this function is no longer funded at a savings of \$2.8 million.

In the traditional area of Health Services, the recommended Budget of \$83.0 million will allow the Department to continue its emphasis on programs for the prevention and treatment of diseases. In the area of Acquired Immune Deficiency Syndrome (AIDS), the Department provides grants to community-based programs to provide prevention and education, counseling and testing, training, and care and treatment services. In the area of substance abuse, a continuation level of services is recommended to provide support to clinics and facilities that treat substance abusers and to agencies and community groups that provide education, prevention, training, and public information. In epidemiology, the Department addresses both communicable diseases such as tuberculosis and hepatitis, and chronic diseases such as cancer and Alzheimer's. Finally, in the Department's public health laboratory, testing for asbestos in schools and public institutions, rabies, Lyme ticks, AIDS, and ocean and drinking water contaminants, as well as a myriad of lab services are performed for State and local agencies.

In the area of health planning and regulation, \$7.2 million is recommended. This Budget will continue to provide the Department the necessary funding to assure that quality, accessible facilities and services are available and that costs are contained through the development of a statewide health plan. Under the Certificate of Need program, the Department provides for the orderly development and replacement of needed facilities and services. The Department is also responsible for inspecting and licensing all health care facilities.

Health planning and regulation was reduced by \$2.8 million to reflect the deregulation of hospital rates and the downsizing of the regulatory side of the Department. The majority of these reductions will be in hospital rate setting, because Chapter 160 eliminated the Diagnosis Related Group (DRG) method of setting hospital rates. The Department will begin to focus on providing consumers with information about health care. This information will give consumers of health care the information they need to make informed choices in the new deregulated hospital environment.

In addition, the Department anticipates receiving nearly \$259.9 million in federal funds, which represents an anticipated increase of over \$35.2 million. These federal funds provide for drug treatment, maternal and child health programs, as well as the inspection of health care facilities. The Women, Infants and Children (WIC) Program alone accounts for 40 percent of all federal funds anticipated by Department in fiscal year 1995. The WIC program provides approximately 206,000 pregnant women and their children monthly vouchers to purchase nutritious food supplements such as milk, eggs, cheese, peanut butter and beans.

SUMMARY OF APPROPRIATIONS BY PROGRAM
(thousands of dollars)

Year Ending June 30, 1993					Year Ending June 30, 1995		
Orig. & (S)Supple- mental	Reapp. & (R)Repts.	Transfers & (E)Emer- gencies	Total Available	Expended	1994 Adjusted Approp.	Requested	Recom- mended
					Health Services		
997	102	6	1,105	1,074			
2,226	8	-517	1,717	1,683	1,062	1,036	1,036
14,015	1,532	-152	15,395	14,773	2,124	1,447	1,447
					Epidemiology, Environmental and Occupational Health Services		
2,450	—	-1,649	801	795	13,927	13,396	13,396
					Alcoholism, Drug Abuse and Addiction Services		
3,905	—	561	4,466	4,451	555	464	464
4,389	—	-1,311	3,078	2,986	4,880	4,427	4,427
					Laboratory Services		
					AIDS Services		
					3,083	3,083	3,083
27,982	1,642	-3,062	26,562	25,762	25,631	23,853	23,853
					<i>Subtotal</i>		

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Year Ending June 30, 1993					Year Ending June 30, 1995			
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Expended	1994 Adjusted Approp.	Requested	Recommended	
6,125	1,021	-1,616	5,530	5,081				
3,515	4,830	-271	8,074	7,236				
<u>9,640</u>	<u>5,851</u>	<u>-1,887</u>	<u>13,604</u>	<u>12,317</u>				
1,242	75	3,055	4,372	4,224				
<u>1,242</u>	<u>75</u>	<u>3,055</u>	<u>4,372</u>	<u>4,224</u>				
<u>38,864</u>	<u>7,568</u>	<u>-1,894</u>	<u>44,538</u>	<u>42,303</u>				
					Health Planning and Evaluation			
					Health Facilities Evaluation	5,663	5,115	5,115
					Health Care Planning, Financing and Information Services	3,670	1,540	1,540
					<i>Subtotal</i>	<u>9,333</u>	<u>6,655</u>	<u>6,655</u>
					Health Administration			
					Management and Administrative Services	2,589	1,686	1,686
					<i>Subtotal</i>	<u>2,589</u>	<u>1,686</u>	<u>1,686</u>
					Total Appropriation	<u>37,553</u>	<u>32,194</u>	<u>32,194</u>

20. PHYSICAL AND MENTAL HEALTH

21. HEALTH SERVICES

OBJECTIVES

1. To provide a system for the registration of births, deaths, marriages and other vital statistics and to furnish certified copies as requested.
2. To reduce infant mortality and improve the health of mothers and children; to provide medical and dental services to special high risk populations; to provide access to quality medical services for handicapped children; to provide and promote family planning services and to identify, treat and minimize the exposure of children at high risk of lead poisoning.
3. To provide technical assistance and to monitor local health department performance against prescribed standards for Public Health Priority Funding.
4. To promote and improve local health delivery services, particularly for low income and minority families, and assist local health agencies in meeting recognized minimum standards of performance.
5. To assure the wholesomeness and safety of foods and cosmetics; to prevent food related illnesses and the misbranding, adulteration and illicit tampering of foods and cosmetics; to prevent the spread of animal diseases to man, especially rabies; to enhance the Department's capabilities to protect the citizenry from environmental hazards; to assure the health and safety of youth attending camps and the safety of those persons swimming in recreational waters; to assure a high level of sanitation in health care facilities and various State operated institutions; and to administer animal population control programs.
6. To detect, prevent, control and treat chronic diseases with emphasis on assistance for persons with low or limited socioeconomic status and to assess and support the special health needs of the geriatric population.
7. To reduce the incidence and spread of tuberculosis.
8. To detect, prevent and control occupationally related cancer and other diseases among workers in high risk industries.
9. To reduce dependence on narcotics and alcohol.
10. To provide a comprehensive range of timely and accurate public health, environmental and chemical laboratory analytical and diagnostic services to state and federal agencies, physicians, clinics, hospitals, local health departments, and other health care interests in the identification and control of disease and environmental threats.
11. To reduce the spread of AIDS and HIV infection by providing an integrated continuum of AIDS health and social support services to promote cost-effective treatment, and to expand prevention and education efforts.

PROGRAM CLASSIFICATIONS

01. **Vital Statistics.** Collects and records data such as births, deaths and marriages from the 566 local registrars; approves appointment of, instructs and supervises local registrars of vital statistics; receives and processes vital records, searches and makes certified copies of these records (RS 26:8-23 et seq.); processes legal changes of name, adoptions and corrections to vital records.
02. **Family Health Services.** Provides funding of specialized medical and rehabilitative services for handicapped children (RS 9:13-1 et seq.); provides and promotes family planning and genetic services (RS 26:5B), maternal and child health care (C26:1A-37E) including supplemental nutrition services, prenatal care, child health supervision and screening of newborns for metabolic causes of mental retardation and deafness; administers poison control activities e.g., childhood lead poisoning (C24:14A-1 et seq.); prenatal services for children; provides financial assistance to persons with hemophilia (C26:2-87 et seq.); provides financial assistance to persons with chronic renal disease (C26:2-87 et seq.) and general assistance to persons with other chronic diseases (C26:1A-92 et seq.); provides assistance to local health departments for the provision of primary and preventive health services; develops community based chronic disease detection programs and supports the special health needs of the geriatric population.
03. **Epidemiology, Environmental and Occupational Health Services.** Initiates programs to reduce incidence of sexually transmitted diseases (RS 26:4-27 et seq.); controls tuberculosis (RS 26:4-1 et seq.); monitors and initiates programs to reduce the incidence of other communicable diseases such as hepatitis, measles, polio, pertussis and diphtheria; maintains a cancer registry which provides epidemiologic intelligence regarding cancer associated risk factors for control and prevention activities. Assures quality of food and milk, drugs, and general sanitation (C26:1A-7); distributes vaccine for the prevention of rabies; and assures the appropriate utilization of funds from dog license fees (\$1.00 per dog) to support activities. Performs health investigations in private and public workplaces to evaluate occupational exposures; conducts medical screenings for individuals exposed to chemicals; implements the worker provisions of the Worker and Community Right to Know Act and the health provisions of the Public Employees Occupational Safety and Health Act; collects occupational illness and exposure data; conducts environmental monitoring, health assessments, health screening and epidemiologic investigations of community exposure to toxic substances, and implements the State asbestos policy.
04. **Alcoholism, Drug Abuse and Addiction Services.** Provides, by grants, support to multi-modality drug clinics and training facilities which reduce drug abuse and treat and rehabilitate addicts (C26:2G). Provides, by grants, counseling and detoxification services in clinics, institutions and schools; assists in development of employee assistance programs; coordinates with Mental Health Programs (C26:2B-1); coordinates programs on fetal alcohol syndrome and child abuse; and provides counseling programs for compulsive gamblers.
08. **Laboratory Services.** Performs comprehensive analytical and diagnostic laboratory services through five primary service categories on a 24 hour-7 day a week basis, which includes: Bacteriology (eg. tuberculosis, dairy products, sexually transmitted diseases, gastrointestinal illnesses, drinking water, and ocean pollution); Virology (eg. AIDS, influenza, Rubella, and rabies); Serology (eg. Lyme, Legionella, and syphilis); Inborn Errors of Metabolism (eg. sickle cell, hypothyroidism, PKU, and Galactosemia) and Environmental and Chemical (eg. blood lead, asbestos, drugs, water, food, and other environmental and chemical contaminants).

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12. **AIDS Services.** Promotes the health of the people of New Jersey by reducing the spread of AIDS by establishing and maintaining a comprehensive system of HIV/AIDS-related prevention, surveillance, counseling and testing, and health services.

25. **Catastrophic Illness.** The Catastrophic Illness in Children Relief Fund Program (P.L.1987, c.370) was established to provide financial assistance to families whose children have experienced an illness which is not otherwise covered by health insurance or by any State and Federal program.

EVALUATION DATA

	Actual FY 1992	Actual FY 1993	Revised FY 1994	Budget Estimate FY 1995
PROGRAM DATA				
Vital Statistics				
Searches	75,703	76,235	76,000	76,000
Certified Copies Issued	49,764	50,004	50,000	50,000
Family Health Services				
Agencies receiving health services grants	131	135	135	155
Handicapped Children				
Physically disabled children receiving services	25,231	26,000	22,000	22,000
Newborns registered with Special Child Health Services	8,874	8,910	8,900	9,000
Maternal and Child Health				
Infant mortality rate/1,000 live births	8.9	8.8	8.8	8.8
Newborns screened for PKU and hypothyroidism, galactosemia and hearing	114,156	116,000	122,000	122,000
Number of infants in early intervention	4,000	4,100	5,000	6,000
Number of infants to be followed	6,125	6,200	6,200	6,800
Number of infants to be treated	735	875	850	875
HealthStart (prenatal)	43,865	44,765	45,000	45,000
HealthStart Plus (prenatal)	—	236	470	470
Women assessed for alcohol use/abuse during pregnancy ...	14,393	14,788	16,000	16,000
Number of Fetal Alcohol Syndrome (FAS) risk reduction projects established	11	18	18	18
Women, Infants and Children (WIC) receiving services	196,300	199,200	204,000	206,000
Family Planning				
Women in reproductive years applying for and receiving services	69,034	70,000	76,000	76,000
Poison Control				
Children screened for lead poisoning	65,000	64,000	65,000	65,000
Number of lead poisoned children identified	1,700	1,000	2,000	2,000
Percent of high risks screened	37	37	37	37
Gerontology				
Huntington's disease families served	—	150	150	150
Adults served with Cystic Fibrosis	103	98	95	90
Geriatric patients served	16,285	2,200	2,200	2,200
Alzheimer day care units provided	27,627	26,758	25,625	24,275
Persons trained in gerontology	6,394	3,000	3,000	3,000
Health Promotion				
Persons screened and educated for breast and cervical cancer	—	—	6,875	6,875
Number of rape victims served	11,246	13,322	11,000	11,000
Number of prevention and education programs for rape victims	5,070	4,417	4,000	4,000
Number of renal patients served	1,180	1,011	1,200	1,200
Number of persons screened for hypertension and/or cholesterol	6,000	6,000	6,000	6,000
Youth violence prevention and intervention participants	—	—	350	350
The increase in the number of infants in early intervention is attributable to Federal Medicaid reimbursement.				
Epidemiology, Environmental and Occupational Health Services				
Cancer and Epidemiological Services				
Number of new cancer cases	42,000	42,400	43,000	43,500
Number of cumulative cancer reports in master file	429,500	470,000	520,000	580,000

	Actual FY 1992	Actual FY 1993	Revised FY 1994	Budget Estimate FY 1995
Tuberculosis Control				
TB cases on register as of June 30	863	937	975	925
Visits to chest clinics	46,369	49,121	52,000	53,000
Percent of TB patients completing chemotherapy	66%	64%	75%	80%
Sexually Transmitted Diseases (STD)				
Percent of STD clinic patients receiving education about HIV infection	77%	75%	77%	75%
Reported cases of early syphilis	1,710	1,106	1,000	1,000
Syphilis cases (early and late) brought to treatment by Department of Health	2,416	1,869	1,500	1,500
Reported cases of gonorrhea	8,592	6,564	6,000	7,000
Gonorrhea cases brought to treatment by Department of Health	2,053	1,457	1,300	1,500
Visits to STD clinics	—	30,354	28,000	29,000
Patients receiving diagnostic services	—	18,516	17,000	17,500
Consumer Health				
Pet spay/neuter surgeries performed	21,700	3,300	6,200	6,900
Registration of dogs (Rabies control)	476,000	471,000	476,000	479,000
Environmental and sanitary inspections and investigations conducted	8,640	8,518	8,300	8,100
Number of food, drug and cosmetic embargoes, destructions and recalls	70	50	50	50
Food and water borne illness outbreaks investigated	19	28	25	25
Other Communicable Disease Control				
Number of disease cases reported	5,675	4,872	5,000	4,500
Number of investigations of outbreaks	110	88	100	70
Levels of protection for children entering school against:				
Rubella	99%	98%	98%	98%
Measles	99%	98%	98%	98%
Mumps	99%	98%	98%	98%
Polio	99%	98%	98%	98%
Diphtheria	99%	98%	98%	98%
Infectious disease consultations	2,880	5,982	6,000	5,000
Non-outbreak investigations	52	62	50	35
Lyme disease hotline calls	4,800	3,860	4,000	4,000
Public Employees Occupational Safety and Health				
Complaint inspections conducted	88	87	96	88
Targeted inspections conducted	62	35	23	23
Telephone consultations	1,960	2,903	2,000	2,000
Educational seminars presented	63	77	72	60
Right to Know				
Factsheets written or revised	66	64	100	100
Public and private workplaces inspected	1,011	1,061	1,000	800
Telephone consultations	4,071	4,514	4,000	4,000
Occupational Health Surveillance				
Exposure and illness reports received	6,626	4,029	4,000	3,000
Educational materials mailed to public	8,613	7,205	4,000	4,000
In-depth industrial hygiene evaluations	40	31	20	20
Follow-up industrial hygiene evaluations	9	9	8	8
Work-related chronic disease and epidemiology studies	13	8	5	4
Worker interviews and mailings	275	198	150	150
Environmental Health Services				
Certification of private training agencies	25	25	27	20
Accreditation of asbestos safety technicians	95	40	25	25
Audits of asbestos training agencies	84	29	30	15
PEOSHA asbestos hazard assessments	19	20	10	10
Quality assurance inspections in schools	297	295	300	300
Disease cluster investigations on-going	19	17	15	15
Major community health field study on-going	2	2	2	2
Telephone consultations	4,585	3,597	4,000	3,300

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	Actual FY 1992	Actual FY 1993	Revised FY 1994	Budget Estimate FY 1995
Hazardous materials training sessions provided	18	17	20	20
Emergency Medical Technicians's certified in hazardous materials training	409	241	300	300
Responses to acute environmental emergencies	28	20	20	20
Consultations provided to other agencies and to the public	46	26	25	25
Alcoholism, Drug Abuse and Addiction Services				
Drug treatment admissions – primary alcohol	33,806	34,508	35,000	35,000
Drug treatment admissions – primary other drugs	33,495	34,582	35,000	35,000
Adult hospital detoxification admissions	17,015	17,487	17,000	17,000
Adult residential detoxification admissions	4,459	4,225	4,200	4,200
Adult residential admissions	9,100	10,223	10,500	10,500
Juvenile treatment admissions	32,570	33,908	34,000	34,000
Juvenile hospital detoxification admissions	3,007	2,907	3,000	3,000
Juvenile residential detoxification admissions	267	216	250	250
Juvenile residential admissions	56	43	50	50
Juvenile out-patient admissions	941	986	1,000	1,000
Intoxicated driver cases processed	1,719	1,647	1,700	1,700
Individuals assisted by information and referral centers	33,172	29,021	29,000	29,000
Individuals given information and referral	41,075	44,893	45,000	45,000
Tobacco Control				
Number of counties with smokefree treatment services	—	1	5	6
Number of counties with tobacco use education in curricula	21	21	21	21
Number of tobacco free schools	2,200	2,200	2,200	2,200
Laboratory Services				
Bacteriology				
Specimens analyzed	163,300	150,480	150,000	157,000
Inborn Errors of Metabolism				
Specimens performed	129,299	130,781	135,000	135,000
Chemistry				
Asbestos samples examined	823	539	600	600
Occupational health samples examined	149	232	150	150
Sewage, stream & trade waste samples examined	2,512	2,601	2,500	2,500
Narcotic samples examined	57,723	63,314	60,000	60,000
Potable water samples examined	1,382	1,876	1,500	1,500
Food and milk samples examined	2,873	2,819	3,000	3,000
Blood lead samples examined	24,157	24,109	30,000	40,000
Serology				
Routine screen tests for syphilis	124,807	112,207	93,860	98,200
Virology				
Specimens analyzed	135,340	135,532	135,500	136,000
<p>The increase in the number of specimens analyzed is attributable to drug resistant tuberculosis. The increase in blood lead sampling is attributable to aggressive marketing of the DOH laboratory abilities in this testing area.</p>				
AIDS Services				
Number of clients tested and counseled	76,067	84,781	82,500	85,000
Contact tracing of individuals	1,323	1,527	1,650	1,650
Drug treatment clients and sex partners served	10,446	13,619	13,750	14,250
High risk individuals educated	142,822	126,283	145,000	117,439
Hotline network calls	27,472	24,000	24,000	24,000
Living AIDS clients	5,686	7,189	9,000	11,000
HIV positive clients	4,390	7,341	10,000	11,000
Early intervention services	5,063	8,591	9,591	11,000
HIV care consortia	6	8	8	9
Individuals reached/HIV training	5,500	3,000	2,500	2,000
<p>The number of high risk individuals educated has decreased due to a change in DOH educational strategy. The Department is implementing a HIV prevention case management approach which is more time consuming.</p>				

Actual FY 1992 Actual FY 1993 Revised FY 1994 Budget Estimate FY 1995

PERSONNEL DATA

Position Data

Filled Positions by Funding Source

State Supported	509	431	426	414
Federal	375	435	440	542
All Other	87	73	66	54
Total Positions	971	939	932	1,010

Filled Positions by Program Class

Vital Statistics	51	49	48	45
Family Health Services	172	171	166	194
Epidemiology and Disease Control	345	322	303	333
Alcoholism, Drug Abuse and Addiction Services	157	164	174	183
Diagnostic Services	110	96	96	98
AIDS Services	128	129	135	146
Catastrophic Illness	8	8	10	11
Total Positions	971	939	932	1,010

Note: Actual fiscal years 1992 and 1993 and Revised fiscal year 1994 position data reflect actual payroll counts. The Budget Estimate for fiscal year 1995 reflects the number of positions funded.

APPROPRIATIONS DATA

(thousands of dollars)

Year Ending June 30, 1993					Year Ending June 30, 1995			
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Expended	Prog. Class.	1994 Adjusted Approp.	Requested	Recommended
Distribution by Program								
997	102	6	1,105	1,074	01	1,062	1,036	1,036
2,226	8	-517	1,717	1,683	02	2,124	1,447	1,447
14,015	1,532	-152	15,395	14,773	03	13,927	13,396	13,396
2,450	—	-1,649	801	795	04	555	464	464
3,905	—	561	4,466	4,451	08	4,880	4,427	4,427
4,389	—	-1,311	3,078	2,986	12	3,083	3,083	3,083
27,982	1,642	-3,062	26,562	25,762		25,631 ^(a)	23,853	23,853
Distribution by Object								
Personal Services:								
17,957	68	-2,318	15,707	15,623		16,110	15,056	15,056
17,957	68	-2,318	15,707	15,623		16,110	15,056	15,056
2,647	—	149	2,796	2,762		4,092	3,559	3,559
1,742	—	-322	1,420	1,357		1,553	1,509	1,509
373	—	-91	282	265		329	307	307
Special Purpose:								
—	102 ^R	-80	22	—	01	—	—	—
—	—	—	—	—	02	35 ^S	—	—
—	8 ^R	—	8	—	02	—	—	—
341	—	—	341	341	03	— ^(b)	—	—
—	—	—	—	—	03	90 ^S	—	—
1,000	155	—	1,155	940	03	1,000	1,000	1,000
—	—	1,200	1,200	1,139	03	—	—	—
453	160	1	614	495	03	453	453	453
550	241	—	791	749	03	550	550	550

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Year Ending June 30, 1993					Year Ending June 30, 1995				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	1994 Adjusted Approp.	Requested	Recommended	
1,419	19 400 ^R	-14	1,824	1,751	Worker and Community Right to Know	03	1,419	1,419	1,419
—	483 ^R	-467	16	—	Control-Epidemiology, Environmental and Occupational Health Services	03	—	—	—
900	—	-900	—	—	Campus Grant Federal Match	04	—	—	—
—	—	—	—	—	Public Health Laboratory Restoration	08	—(c)	—	—
<u>600</u>	<u>—</u>	<u>-247</u>	<u>353</u>	<u>313</u>	AIDS Program - Correctional Inmates	12	—(d)	—	—
5,263	1,568	-507	6,324	5,728	<i>Total Special Purpose</i>		3,547	3,422	3,422
—	6	27	33	27	Additions, Improvements and Equipment		—	—	—
OTHER RELATED APPROPRIATIONS									
25,197	239	1,319	26,755	26,554	<i>Total Grants-in-Aid</i>		39,201	39,131	39,131
17,771	—	—	17,771	17,411	<i>Total State Aid</i>		18,371	18,371	18,371
<u>—</u>	<u>1</u>	<u>—</u>	<u>1</u>	<u>—</u>	<i>Total Capital Construction</i>		<u>3,793</u>	<u>1,000</u>	<u>1,000</u>
70,950	1,882	-1,743	71,089	69,727	<i>Total General Fund</i>		86,996	82,355	82,355
233	—	48	281	265	<i>Total Casino Revenue Fund - Direct State Services</i>		233	233	233
<u>1,447</u>	<u>—</u>	<u>-48</u>	<u>1,399</u>	<u>1,391</u>	<i>Total Casino Revenue Fund - Grants-in-Aid</i>		<u>1,447</u>	<u>1,447</u>	<u>1,447</u>
<u>1,680</u>	<u>—</u>	<u>—</u>	<u>1,680</u>	<u>1,656</u>	<i>Total Casino Revenue Fund</i>		<u>1,680</u>	<u>1,680</u>	<u>1,680</u>
72,630	1,882	-1,743	72,769	71,383	TOTAL STATE APPROPRIATIONS		88,676	84,035	84,035
Federal Funds									
—	170 353 ^R	1	524	485	Vital Statistics	01	523	523	523
—	1,034 82,280 ^R	5,166	88,480	86,487	Family Health Services	02	128,558	144,790	144,790
—	27 7,293 ^R	533	7,853	7,726	Epidemiology, Environmental and Occupational Health Services	03	15,744	30,880	30,880
—	628 47,273 ^R	-3,489	44,412	44,135	Alcoholism, Drug Abuse and Addiction Services	04	51,156	53,274	53,274
—	—	422	422	422	Laboratory Services	08	482	533	533
—	110 13,790 ^R	-523	13,377	13,361	AIDS Services	12	18,316	20,063	20,063
—	152,958	2,110	155,068	152,616	<i>Total Federal Funds</i>		214,779	250,063	250,063
All Other Funds									
—	25 17,378 ^R	9,718	27,121	27,096	Family Health Services	02	25,175	32,130	24,130
—	728 1,283 ^R	-1	2,010	1,478	Epidemiology, Environmental and Occupational Health Services	03	2,812	2,841	2,741
—	1,321 1,839 ^R	9,262	12,422	11,536	Alcoholism, Drug Abuse and Addiction Services	04	2,000	1,600	1,600

Year Ending June 30, 1993					Year Ending June 30, 1995				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (B)Emergencies	Total Available	Expended		Prog. Class.	1994 Adjusted Approp.	Requested	Recommended
—	504 ^R	—	504	504	AIDS Services	12	—	—	—
—	20	—	—	—	—	—	—	—	—
—	1,122 ^R	2	1,144	1,144	Catastrophic Illness	25	8,658	9,609	9,609
—	24,220	18,981	43,201	41,758	Total All Other Funds		38,645	46,180	38,080
72,630	179,060	19,348	271,038	265,757	GRAND TOTAL		342,100	380,278	372,178

Notes: (a) The fiscal year 1994 appropriation has been adjusted for the allocation of salary program and has been reduced to reflect the transfer of funds to the Employee Benefits accounts.

(b) Appropriation of \$553,000 distributed to applicable operating accounts.

(c) Appropriation of \$500,000 distributed to applicable operating accounts.

(d) Appropriation of \$300,000 distributed to applicable operating accounts.

LANGUAGE PROVISIONS

It is recommended that receipts in excess of those anticipated for the HealthStart Program be appropriated, subject to the approval of the Director of the Division of Budget and Accounting.

It is further recommended that the unexpended balance as of June 30, 1994, in the Comprehensive Regulated Medical Waste Management Act account, together with any receipts received by the Department of Health pursuant to the provisions of the "Comprehensive Regulated Medical Waste Management Act", P.L. 1989, c.34 (C.13:1E-48.1 et seq.) be appropriated.

It is further recommended that notwithstanding the provisions of P.L. 1989, c.34 (C.13:1E-48.1 et seq.) 35 percent of the receipts received pursuant to the provisions of the "Comprehensive Regulated Medical Waste Management Act", be appropriated to the Department of Health.

It is further recommended that the unexpended balance as of June 30, 1994, in the Rabies Control Program account, together with any receipts in excess of the amount anticipated be appropriated.

It is further recommended that the unexpended balance as of June 30, 1994, in the Animal Population Control Program account, together with any receipts in excess of the amount anticipated be appropriated.

It is further recommended that the amount hereinabove for the Animal Population Control Program account be payable out of the Animal Population Control Fund. If receipts to that fund are less than anticipated, the appropriation shall be reduced proportionately.

It is further recommended that the amount hereinabove for the Rabies Control Program account be payable out of the Rabies Control Fund. If receipts to that fund are less than anticipated, the appropriation shall be reduced proportionately.

It is further recommended that any receipts in the Worker and Community Right to Know Program account in excess of the amount anticipated, not to exceed \$650,000, be appropriated.

It is further recommended that notwithstanding the provisions of the Worker and Community Right to Know Act, P.L. 1983, c. 315 (C.34:5A-1 et seq.), the amount hereinabove for the Worker and Community Right to Know account be payable out of the Worker and Community Right to Know Fund. If receipts to that fund are less than anticipated, the appropriation shall be reduced proportionately.

It is further recommended that the amount hereinabove for the New Jersey State Commission on Cancer Research be charged to the Cancer Research Fund pursuant to section 5 of P.L. 1982, c. 40 (C. 54:40A-37.1).

It is further recommended that the Division of Alcoholism, Drug Abuse and Addiction Services be authorized to bill a patient, or a patient's estate, or the person chargeable for his support, or the county of residence for institutional, residential and out-patient support of patients treated for alcoholism or drug abuse or both. Furthermore, it is recommended that receipts derived from billings or fees and the unexpended balances as of June 30, 1994, from these billings and fees be appropriated to the Department of Health, Division of Alcoholism, Drug Abuse and Addiction Services, for the support of the alcohol and drug abuse programs.

It is further recommended that there be appropriated from the Alcohol Education, Rehabilitation and Enforcement Fund such sums as may be necessary to carry out the provisions of P.L. 1983, c.531 (C26:2B-32 et al), as amended by P.L. 1990, c.41.

It is further recommended that the Director of the Division of Budget and Accounting be empowered to transfer or credit appropriations to the Department of Health for diagnostic laboratory services provided to any other agency or department; provided further, however, that funds have been appropriated or allocated to such agency or department for the purpose of purchasing these services.

It is further recommended that the unexpended balance as of June 30, 1994, in the Lead Evaluation and Abatement Program account be appropriated.

It is further recommended that receipts from licenses, permits and fees collected by the Department of Health in Health Services, in excess of those anticipated, shall be appropriated.

20. PHYSICAL AND MENTAL HEALTH 22. HEALTH PLANNING AND EVALUATION

OBJECTIVES

1. To ensure high quality health care accessible to all New Jerseyans, in a safe environment, utilizing the appropriate level of health care facilities, at reasonable costs; to enhance the Department's response to consumer complaints and to conduct on-site visits at all health care facilities against which a complaint has been filed; to ensure that all new applications for licensure are capable of providing high quality care to the ill, the aging, and the vulnerable elderly and young; to continue development and implementation of improved licensure regulations for health care delivery; to monitor the quality of health care personnel training programs and to ensure an adequate number of certified personnel capable of providing quality care; and to increase consumer and professional awareness of the quality of care at New Jersey's licensed health care facilities.
2. To implement and participate in the development of the State health plan.
3. To improve the quality of performance in New Jersey's clinical laboratories in the specialties of microbiology, blood banking, chemistry, hematology, serology and immuno-hematology and to serve as a reference resource for all laboratories, clinical and analytical, in New Jersey.
4. To coordinate the development of public health and regulatory databases and the publication of health research.
5. To administer a comprehensive Certificate of Need program to provide for the orderly development and replacement of needed health care facilities and services.
6. To provide information and support services to the New Jersey Essential Health Services Commission regarding reimbursement of acute care hospital services, charity care, and the development of affordable health care.
7. To administer rate setting programs for nursing homes, specialized hospitals, and residential alcoholism treatment facilities.
8. To develop reimbursement policies and procedures to refine the system in response to changes in the health care environment.

9. To develop analytical data on hospital prices and outcome measures.
10. To reduce death and disability by improving response to medical emergencies, by assuring the availability of trained personnel for emergency medical services.

PROGRAM CLASSIFICATIONS

06. **Health Facilities Evaluation.** Licenses and inspects all health care facilities; maintains a surveillance system of all health care facilities and services; investigates complaints received from consumers and other State and Federal agencies; develops new and revises existing standards; reviews and approves all plans for construction and renovation of facilities and monitors costs; licenses nursing home administrators, certifies nurse's aides in long-term care facilities, approves nurse aide training programs; and provides consumers and professionals with information on the quality of care; and assists in training of emergency medical personnel and coordinating emergency medical services, including aeromedical response. Clinical Laboratory Services performs tests and monitors the quality of laboratory testing performed in independent, hospital and public health laboratories in the State; inspects, proficiency tests and licenses all such laboratories (C45:9-42.26 et seq.); improves techniques of laboratory personnel by conducting workshops and seminars as necessary; and certifies clinical laboratories for Medicare participation.
07. **Health Care Planning, Financing and Information Services.** Contributes to the development of the State Health Plan; administers the Certificate of Need program; evaluates and controls capital expenditures for health facilities; establishes and maintains uniform health facility reporting systems in conjunction with the New Jersey Essential Health Services Commission; establishes nursing home, specialized and residential alcoholism facility rates; relates to other agencies in the State and Federal government that are affected by the planning and reimbursement system; and the administration and development of analytical data.

EVALUATION DATA

	Actual FY 1992	Actual FY 1993	Revised FY 1994	Budget Estimate FY 1995
PROGRAM DATA				
Health Facilities Evaluation				
Licensed health care facilities	980	985	1,050	1,000
Licensed nursing home administrators	1,078	900	1,000	1,100
Certification of nursing home aides	6,744	6,000	6,000	6,000
Total licenses issued	998	1,046	1,100	1,150
Number of beds licensed	94,232	94,758	95,000	94,500
Total inspections	3,934	3,225	3,366	3,313
Total federally certified licensed facilities	402	599	689	689
Total federally certified licensed beds	3,881	3,841	3,841	3,841
Administrative actions/penalties	218	189	250	150
Plans reviewed	876	862	960	900
Emergency Medical Services				
Mobile intensive care paramedics certified	98	113	125	125
Mobile intensive care paramedics recertified	481	452	500	550

	Actual FY 1992	Actual FY 1993	Revised FY 1994	Budget Estimate FY 1995
Emergency Medical Technicians trained/certified	5,186	4,315	5,500	5,000
Helicopter response missions	1,179	1,665	1,800	1,800
Mobile intensive care unit's patient charts audited	4,846	2,512	1,500	1,500
Ambulance/invalid services licensed	173	154	100	175
Ambulance/invalid vehicles licensed	1,155	961	900	900
EMT training agencies certified	—	—	—	21
Certificate of need transfer of ownership applications processed	29	40	35	5
Clinical Laboratory Services				
Clinical laboratories licensed	676	772	750	750
Proficiency test samples (percent acceptable)	95%	95%	95%	95%
Proficiency test samples reviewed	38,536	48,770	50,000	50,000
Blood banks inspected	30	30	48	60
Clinical laboratory inspections	82	17	400	600
Blood banks licensed	143	146	153	160

The increased workload in the Clinical Laboratory Services area is attributable to increased federal requirements.

Health Care Planning, Financing and Information Services

Certificate of need applications processed	225	282	132	35
Establishment of Title XIX reimbursement rates—hospitals	85	84	84	84
Establishment of reimbursement rates—nursing homes	309	315	315	315
Establishment of reimbursement rates—specialized and rehabilitation hospitals	27	28	28	27
Establishment of reimbursement rates—residential and alcoholism facilities	23	24	24	20
Establishment of statewide uncompensated care add-on and payment amounts to and from acute care hospitals	85	84	—	—
Collection and analysis of hospital cost, financial, and utilization data				
By patient	1,400,000	1,400,000	1,400,000	1,400,000
By hospital	85	84	84	84
Response to requests for information on health care costs	9,405	5,272	5,000	5,000

The number of Certificate of Need applications has decreased because most hospitals had filed applications for major renovation projects during calendar years 1993 and 1994. In addition, hospitals need only apply for State approval for expenditures that exceed five percent of their annual operating costs. The requirement that the Health Department establish acute care hospital reimbursement rates and uncompensated care add-on rates ended with the passage of the Health Care Reform Act of 1992. However, the Department is still setting acute care hospital reimbursement rates for the Medicaid Program.

PERSONNEL DATA

Position Data

Filled Positions by Funding Source

State Supported	106	95	99	66
Federal	145	140	140	174
All Other	72	71	82	94
Total Positions	323	306	321	334

Filled Positions by Program Class

Health Facilities Evaluation	208	204	197	226
Health Care Planning, Financing and Information Services	115	102	124	108
Total Positions	323	306	321	334

Note: Actual fiscal years 1992 and 1993 and Revised fiscal year 1994 position data reflect actual payroll counts. The Budget Estimate for fiscal year 1995 reflects the number of positions funded.

It is further recommended that receipts derived from fees charged for processing Certificate of Need applications and the unexpended balances of such receipts as of June 30, 1994, be appropriated for the cost of this program, subject to the approval of the Director of the Division of Budget and Accounting.

It is further recommended that receipts from fees established by the Commissioner of Health for licensing of clinical laboratories pursuant to P. L. 1975, c. 166 (C45:9-42.26 et seq.) and blood banks pursuant to N.J.S.A 26:2A, and the unexpended balance of such fees, as of June 30, 1994, be appropriated.

It is further recommended that the unexpended balance as of June 30, 1994, in the Health Care Planning account be appropriated.

It is further recommended that any receipts from Facility Rate Setting, in excess of the amount anticipated by the Department of Human Services, be appropriated to the Department of Health.

It is further recommended that \$1,000,000 be made available to operate the Preventive Health Program for Uninsured Children to be payable through the New Jersey SHIELD Program.

It is further recommended that the unexpended balance as of June 30, 1994, in the Residential Alcoholism Treatment Facilities Rate Setting account be appropriated.

It is further recommended that the unexpended balance as of June 30, 1994, in the Special Hospital Rate Setting account be appropriated.

It is further recommended that available funds be appropriated to the Health Care Facilities Improvement Fund to provide available resources in an emergency situation at a health care facility, subject to the approval of the Director of Budget and Accounting.

It is further recommended that receipts from licenses, permits and fees collected by the Department of Health in Health Planning and Evaluation, in excess of those anticipated, shall be appropriated.

20. PHYSICAL AND MENTAL HEALTH

25. HEALTH ADMINISTRATION

OBJECTIVES

1. To execute legislative mandates and to assure the health and well-being of the citizens in New Jersey through the development of responsive public health policy and the provision of appropriate public health programs.
2. To plan, develop, and maintain financial, human resource, information processing and managerial support services which will ensure the delivery of effective and efficient public health programs.
3. To establish a subsidized health benefits program for workers and the temporarily unemployed; to allocate health care subsidy funds for hospitals and other health care initiatives; and to review and analyze issues related to health care financing.

PROGRAM CLASSIFICATIONS

16. **New Jersey Essential Health Services Commission.** The Essential Health Services Commission was established by the Health Care Reform Act of 1992 (P.L. 1992, c.160), and is organizationally placed "in but not of" the Department of Health. The Commission's duties include establishment of a subsidized health benefits program for workers and the temporarily unemployed; allocation of health care subsidy funds for hospitals and other health care initiatives; and review and analysis of other issues related to health care

financing. The Commission's operating costs are funded through a \$5.00 fee per adjusted hospital admission.

99. **Management and Administrative Services.** The Commissioner and staff (C26:1A-13 et seq.) provide Department-wide support in policy and planning development, legal services, legislative services, public information, program evaluation; the Office of Minority Health; and a full range of centralized support services to the operating divisions including:

- a. **Financial and General Services.** Prepares Department budgets; ensures the meeting of financial requirements for all federal, State and private grants; maintains Department financial records in accordance with legal requirements and generally accepted accounting principles; supervises Department auditing, procurement and grant processes and provides technical financial guidance to the Department and its grantees. Warehousing, printing, facilities, and mail handling are also provided.

- b. **Management and Information Services.** Develops and maintains electronic data processing services for the Department; ensures the collection, storage and retrieval of data in a uniform, centralized system; provides systems analysis, design and implementation.

- c. **Human Resource Services.** Provides personnel management and development, labor relations and affirmative action services for the Department.

EVALUATION DATA

	Actual FY 1992	Actual FY 1993	Revised FY 1994	Budget Estimate FY 1995
PERSONNEL DATA				
Affirmative Action Data				
Male Minority	110	108	108	108
Male Minority %	6.6	7.0	7.0	7.0
Female Minority	298	309	309	309

HEALTH

	Actual FY 1992	Actual FY 1993	Revised FY 1994	Budget Estimate FY 1995
Female Minority %	17.9	20.0	20.0	20.0
Total Minority	408	417	417	417
Total Minority %	24.5	27.0	27.0	27.0

Position Data

Filled Positions by Funding Source

State Supported	139	138	99	92
Federal	2	2	—	—
All Other	36	32	41	67
Total Positions	177	172	140	159

Filled Positions by Program Class

New Jersey Essential Health Services Commission	—	—	—	21
Management and Administrative Services	177	172	140	138
Total Positions	177	172	140	159

Note: Actual fiscal years 1992 and 1993 and Revised fiscal year 1994 position data reflect actual payroll counts. The Budget Estimate for fiscal year 1995 reflects the number of positions funded.

APPROPRIATIONS DATA (thousands of dollars)

Year Ending June 30, 1993					Year Ending June 30, 1995			
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended	Prog. Class.	1994 Adjusted Approp.	Requested	Recom- mended
1,242	75	3,055	4,372	4,224	Distribution by Program			
1,242	75	3,055	4,372	4,224	99	2,589	1,686	1,686
						2,589 ^(a)	1,686	1,686
					Distribution by Object			
					Personal Services:			
100	—	3,234	3,334	3,256		1,755	1,005	1,005
100	—	3,234	3,334	3,256		1,755	1,005	1,005
178	—	1	179	164		161	141	141
357	—	-49	308	287		232	212	212
470	—	-166	304	303		358	245	245
					Special Purpose:			
—	—	77	77	77	99	77	77	77
—	71 ^R	-51	20	—	99	—	—	—
—	71	26	97	77		77	77	77
137	4	9	150	137		6	6	6

OTHER RELATED APPROPRIATIONS

—	4,047 ^R	-3,656	391	391	Federal Funds			
—	4,047	-3,656	391	391	99	200	300	300
						200	300	300
					All Other Funds			
—	—	—	—	—	16	3,715	7,430	7,430
—	1,812	—	—	—		—	—	—
—	1,073 ^R	-1,797	4,682	2,819	99	2,608	2,430	2,430
—	2,885	-1,797	4,682	2,819		6,323	9,860	9,860
1,242	7,007	1,196	9,445	7,434		9,112	11,846	11,846

Notes: (a) The fiscal year 1994 appropriation has been adjusted for the allocation of salary program and has been reduced to reflect the transfer of funds to the Employee Benefits accounts.

38,864	7,568	-1,894	44,538	42,303	Total Appropriation, Department of Health		37,553	32,194	32,194
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DEPARTMENT OF HEALTH

It is recommended that funds shall be appropriated to the Department of Health from the "Health Care Subsidy Fund" established pursuant to section 8 of P.L. 1992, c.160 (C.26:2H-18-58) to continue to fund programs established pursuant to section 25 of P.L.1991, c.187 (C.26:2H-18.47). However, available funding shall first provide for the Expansion of Medicaid to 185 percent of poverty; the Community Care Program for the Elderly and Disabled; and the Infant Mortality Reduction Program. The remaining available funds may be used to fund programs established by section 25 of P.L. 1991, c.187 (C.26:2H-18.47), as determined by the Commissioner of Health, subject to the approval of the Director of the Division of Budget and Accounting.

It is further recommended that receipts from licenses, permits and fees collected by the Department of Health, in excess of those anticipated, shall be appropriated.