



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

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Governor

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FRED M. JACOBS, M.D., J.D.
Commissioner

October 5, 2006

Joint Legislative Committee on Government Consolidation
and Shared Services
c/o Brian McCord
Office of Legislative Services
State House Annex
P.O. Box 068
Trenton, New Jersey 08625-0068

Dear Mr. McCord:

Please accept this input as the New Jersey Department of Health and Senior Services (DHSS) response to questions raised by the Joint Legislative Commission on Government Consolidation and Shared Services during DHSS testimony of September 13, 2006.

1. In response to the question requesting an explanation of the Essex and Hudson County Regional Health Commissions:

Essex and Hudson Counties

A regional health commission is defined by *N.J.S.A. 26:3-84* and *N.J.S.A. 26:3A2-3(e)* as an association, consisting of boards of health from two or more municipalities, for the purpose of providing public health services. Although Health Commissions in name, both Essex Regional and Hudson Regional Health Commissions primarily provide countywide environmental health services in accordance with the *County Environmental Health Act (CEHA), N.J.S.A. 26: 3A2-21*, not the full range of health services in accordance with "standards of performance" defined at *N.J.S.A. 26: 3A2-3(i)* and its associated rules, *N.J.A.C. 8:52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey*.

A full array of public health services, as required by *Practice Standards*, is provided by the individual municipal health departments, as well as contracting health departments through inter-municipal agreements.

Total calendar year 2005 expenditures reported by Commissions:

Essex Regional Health Commission -	\$ 653,563
Hudson Regional Health Commission -	\$1,641,263.

Total calendar year 2005 expenditures reported by local health departments serving municipalities and comprising the Commissions:

Essex municipality total (21 municipalities) –	\$37,411,522
Hudson municipality total (12 municipalities) –	\$15,941,841
Total reported 2005 and per capita public health expenditures for each county (Commission + municipality total):	
Essex –	\$38,065,085 (\$48.29 per capita)
Hudson –	\$17,583,104 (\$28.87 per capita)

In comparison, the total expenditures reported by the county health departments that cover all or most municipalities in their county range from \$2,103, 803 (\$17.25 per capita) in Hunterdon County to \$20,559,300 (\$40.93 per capita) in Ocean County.

2. In response to the Commission's inquiry regarding language of statutes governing health staff working for an agency absorbed by another agency:

Statutes require that when a local health department is closed, its employees must be offered positions by the county or local health department that assumes responsibility for that jurisdiction. The first occurrence of this requirement is in the Local Public Health District Act of 1951 (Public Law 1951, Chapter 69). Section 62 of this Act states:

“ Every ... employee, engaged in full-time local public health services prior to the adoption of the referendum who is employed as such by the municipal local boards of health superseded by any such consolidated local board of health or county board of health shall be transferred to the consolidated local board of health or county board of health ... and be assigned to duties which are nearly comparable as may be to those previously performed by them ... Their compensation shall be fixed by the board at not less than the amount received during the year immediately preceding ...”

This Law is based on the recommendations contained in the “Interim Report of the Governor's Committee on Local Health Administration”, dated June 1, 1950. Among the barriers to establishing local health units of sufficient size cited in the report was: “The fear of some full and part time local health employees that they would be eclipsed by the inclusion of their administrative unit in one covering a larger area.” The Committee's recommendations included one that: “Every effort should be made to protect present qualified local health personnel on a career basis.”

Public Law 1970, chapter 60, section 6 added similar requirements to the statute governing regional health commissions, originally adopted in 1938 (N.J.S.A. 26:3-94).

The 1951 statute was superseded by the Local Health Services Act of 1975 (Public Law 1975, chapter 329). The applicable sections of this act read:

Transfer of civil service employees of terminated local health agency to superseding agency

Each person who shall have been employed as a full-time employee of a local health agency whose employment by such agency was governed by the provisions of the Civil Service law and whose employment by such agency shall

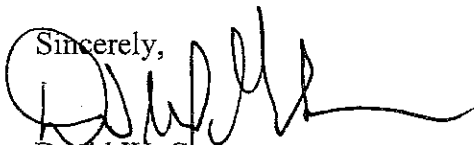
have been terminated by reason of the assumption of its activities and responsibilities by another local health agency shall be transferred to such other local agency, shall be assigned duties comparable to those previously performed by him, and shall be entitled to and credited with all rights and privileges accruing to him by reason of his tenure in such previous office or position, the same as if the entire period of such previous employment had been in the position to which he shall have been transferred. His compensation shall be fixed at not less than the amount received by him at the time of transfer." (N.J.S.A. 26:3A2-16).

Transfer of non-civil service employees of terminated local health agency to superseding agency

Each person who shall have been employed as a full-time employee for a period of 2 years or more by a local health agency whose employment by such agency was not governed by the provisions of the Civil Service law, and whose employment by such agency shall have been terminated by reason of the assumption of its activities and responsibilities by another local health agency, shall be transferred to the local health agency and be assigned duties comparable to those previously performed by him. He shall be entitled to and credited with all rights and privileges accruing to him by reason of his tenure in such previous office or position the same as if the entire period of such employment had been in the position to which he shall have been transferred. In the event employment by the county health department to which such person shall have been transferred is subject to the provisions of the Civil Service law, the board shall forthwith certify to the Civil Service Commission, pursuant to applicable rules of said commission, the entitlement of such person to such rights and privileges. In such event, the Civil Service Commission shall appropriately classify such person in the competitive civil service without examination; a person so classified shall thereafter be subject to the provisions of the Civil Service law with regard to the terms of his employment, promotion, tenure, classification, compensation and like matters. His compensation shall be fixed at not less than the amount received by him at the time of transfer. (N.J.S.A. 26:3A2-17)

DHSS hopes that these answers satisfy the requests of the Committee, and stands ready to provide additional or clarifying information.

Sincerely,



David W. Gruber
Senior Assistant Commissioner
Health Infrastructure Preparedness and
Emergency Response

c: The Honorable Bob Smith, Senator, Legislative District 17
The Honorable John S. Wisniewski, Assemblyman, Legislative District 19