Honorable Paul A. Sarlo  
Chairman, Senate Budget and Appropriations Committee  
c/o David J. Rosen  
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 Sarlo:

Q1: Please provide specific information, including recipient name and funding timeline, for expenditures from the appropriation for the New Jersey Commission on Cancer Research for FY 2011 through FY 2015, including funds which may have been lapsed or are encumbered for future spending.

Response
From Fiscal Year (FY) 2011-2015, the New Jersey Department of Health received $2,094,000 in appropriated funding for the New Jersey State Commission on Cancer Research, with access to an additional $352,210 in carry forward balances from prior periods. Awarded in two year cycles, sub-grantees such as University Hospital, Rutgers University of New Jersey, Princeton University, and the Cancer Institute of New Jersey all received or are receiving grant funding to support this initiative. To date, the only lapsed funding during this period was $373.00 during FY 2014. See attached chart.

As of April 21, 2015, the New Jersey Department of Health has expended $962,023, or nearly 40% of available FY 2015 New Jersey State Commission on Cancer Research appropriated funding, with $1,467,603 encumbered for current grant agreements, leaving a current balance of $16,584 for FY 2015.
Senator Sarlo
OLS Follow-up

Senator Greenstein:

Q2: Please provide to the committee the most current information the department has on the number of women who may have lost access to family planning services, due to the budget cuts in FY 2011 for Family Planning Services. For women who are now receiving similar care at different facilities, if possible, please specify the facilities as Federally Qualified Health Centers, Title X Family Planning Centers, or other types of provider.

Response
The table below illustrates women (unique encounter data) who received services from New Jersey Family Planning League Centers and from FQHCs. We do not track women who choose to seek healthcare services at physician offices or other sites other than family planning centers and federally qualified health centers (FQHCs).

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Women receiving health services at Family Planning Centers</th>
<th>Women receiving health service at FQHCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>126,903</td>
<td>193,566</td>
</tr>
<tr>
<td>2010</td>
<td>122,619</td>
<td>227,966</td>
</tr>
<tr>
<td>2011</td>
<td>100,943</td>
<td>299,726</td>
</tr>
<tr>
<td>2012</td>
<td>95,471</td>
<td>243,047</td>
</tr>
<tr>
<td>2013</td>
<td>60,336</td>
<td>248,875</td>
</tr>
<tr>
<td>2014</td>
<td>64,648</td>
<td>241,993</td>
</tr>
</tbody>
</table>

Q3: What has been the impact, if any, of federal sequestration and subsequent losses and delays on the department's programs and grants?

Response
Beginning in federal FY 2013, the New Jersey Department of Health experienced reductions to as many as twenty-one federally funded programs as a result of the federal sequestration. Programs such as Public Health Emergency Preparedness (PHEP), Hospital Preparedness (HPP), Healthy Start Family Services/Eliminating Disparities in Perinatal Health, and Ryan White Part B/ADDP all received reduced levels of funding. Reductions for this period are estimated at approximately $7.5 million. The Department addressed these reductions through programmatic adjustments, reprioritization of target areas, reduced contractual obligations, and other cost savings initiatives aimed at reducing impact.

Q4: What is the number of positions which are partially or fully federally funded? Please itemize these positions by program area and specify which positions are partially or fully federally funded.

Response
The New Jersey Department of Health has a total of 469 positions that are currently filled and supported with federal resources. The itemization of these positions are: 4
positions to support Management and Administration, 18 positions supporting the Office of Vital Statistics, 125 in the Division of Family Health Services, 142 supporting the Division of Epidemiology, Environmental and Occupational Health, 80 supporting the Division of HIV/AIDS, TB and STD Services, 81 supporting the Division of Health Facility Survey and Field Operations, 19 supporting Public Health Infrastructure and Emergency Preparedness. Positions partially funded with federal resources are calculated individually depending on actual time and activity performed during the pay period.

Q5: How many of the federally funded positions are vacant? Do the vacant positions result in the department returning federal funds?

Response
As identified in the Governor’s Recommended Budget, DOH has 455 filled federally funded positions and is budgeted for 469 positions through June 2016. The department is currently working on filling the vacancies. There is no return of federal funds expected.

Q6: Please explain why the department anticipates a decrease in the number of filled positions dedicated to Health Care Systems Analysis in FY 2016 versus FY 2015 (page D-153).

Response
No program changes are planned, the FY 2015 estimate is based on the FTE count at a single point in time, and the variance versus the FY 2016 estimate is reflective of the small employee count fluctuations that occur due to the dynamics related to attrition and recruitment.

Q7: Please explain the expected $11.1 million decrease in anticipated revenue from Licenses, Fines, Permits, Penalties and Fees in FY 2015 and FY 2016 versus FY 2014. The FY 2016 Budget Recommendation on page C-5 indicates that this revenue totaled over $13.6 million in FY 2014, but expected revenue is only $2.54 million in FY 2015 and FY 2016. If this is disparity is a result of anticipated revenue appearing on Schedule 2 (pages C-11 to C-12) versus realized revenue appearing on Schedule 1 (page C-5), please itemize the lines, as they appear in Schedule 2 on pages C-12 and C-13, which contribute to the realized Schedule 1 revenue.

Response
The overall revenues are projected not to decrease by $11.1 million, but increase by $1.3 million. The increase of $1.3 million is the difference of the FY 2014 actual of $13.59 million and the estimates of FY 2015 & 2016 $2.5 million in Schedule 1 (C-5) and the estimates of $12.4 million in Schedule 2 (C-11-12).
The reason FY 2014 displays $13.59 million and FY 2015 / FY 2016 (estimates) displays $2.54 million is because FY 2015 / FY 2016 Schedule 1 does not reflect the total revenue. The FY 2015 and FY 2016 estimates are displayed on two revenue schedules, Schedule 1 and Schedule 2. This split display between Schedules 1 and 2 is not an accounting change and historically has been reported in this manner.

**Schedule 1**: Licenses, Fines, Permits, Penalties and Fees line on page C-5 shows the actual full revenue collection in FY 2014 ($13.59m), which includes both the amount supporting the General Fund and the amount kept and spent by the Department. The Schedule 1 FY 2015 and FY 2016 estimates are only the estimates for revenues supporting the General Fund.

**Schedule 2** (pages C-11, C12) displays the revenue estimates for collections kept by the Department. Schedule 2 revenues are displayed separately in several line items including Health Care Facility Regulation and Oversight, Laboratory Services, Public Health Protection Services and Vital Statistics. There is no specific line for Licenses, Fines, Permits, Penalties and Fees. The expected revenue for FY 2015 and FY 2016 is $12.4 million.

Sincerely,

Mary E. O'Dowd, M.P.H.
Commissioner

Enclosure
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