

**Health Commissioner Cathleen D. Bennett**  
Senate Budget and Appropriations Committee

Good afternoon Chairman Sarlo, Vice Chairman Stack, Senator Bucco and members of the Senate Budget Committee.

Thank you for the opportunity to appear before you today to discuss the Department of Health's proposed budget for State Fiscal Year 2018.

If I may, I would like to introduce my team.

Eric Anderson, Director of the Division of Management and Administration; Alison Gibson Deputy Commissioner of Health Systems; a Registered Professional Nurse with more than 35 years of nursing and management experience; Acting Deputy Commissioner Dr. Tina Tan and Assistant Commissioner Christopher Rinn.

And in the audience, I would like to recognize Policy and Strategic Planning Director Anthony Welch and Colette Lamothe-Galette, director of our Office of Population Health. I would also like to acknowledge the other members of our team who have supported me as Commissioner including Assistant Commissioners Connie Meyers, Lisa Asare, Stefanie Mozgai, and Susan Dougherty.

The Department of Health's \$1.6 billion budget for fiscal year 2018 includes an increase of \$30 million to support our teaching hospitals and a \$10 million increase in funding to reduce lead exposure in children.

It also reflects our continued commitment to improving population health in New Jersey. Understanding where we live, work, go to school and enjoy leisure activities impacts population health. We have worked with our sister agencies to align policies to promote health and wellness. This budget reflects our investment through the lifespan—from our youngest residents with Newborn Screening and Early Intervention Services to health delivery system reform that led to better managing chronic diseases and advancing end-of-life planning with the Practitioner Orders for Life-Sustaining Treatment or POLST.

We continue to invest in our healthcare system by expanding health information exchange and increasing quality, access and safety. Our Hospital Performance Report Card and other quality reports show that this investment is paying off. We are transparent—providing needed data in accessible ways through the NJ State Health Assessment Data System, Healthy NJ 2020 and the Hospital Quality Compare web tools, which allows communities and partners to examine measures and advance health and wellness.

## **Hospital Funding**

This proposed budget dedicates nearly \$665 million to our hospitals and federally qualified health centers to care for patients, to improve quality of care and further build the healthcare workforce.

The largest portion of our budget is hospital funding. Our proposed budget includes \$252 million for charity care and recognizes that documented charity care to the uninsured declined by 53 percent over a two-year period. Hospital funding also includes \$166.6 million for the hospital incentive program known as the Delivery System Reform Incentive Payment (DSRIP) and \$218 million for Graduate Medical Education (GME) and \$28 million to reimburse community health centers for care of uninsured.

Since 2010, Governor Christie has increased GME funding by \$158 million, growing the number of teaching hospitals from 38 to 43 and increasing the number of slots by 10.5 percent. These efforts are focused on expanding the pool of physicians we need to care for New Jersey's aging population.

## **Population Health**

Ensuring the health of our communities is a core mission of the Department. To move the dial forward we need to harness the efforts of our local health departments, nonprofit community agencies, businesses, faith-based organizations, our medical, nursing and pharmacy schools and urban planners. In June, about 300 stakeholders will convene at Rider University at our second Population Health Summit to share best practices and announce the winners of the "Population Health Heroes" awards.

Our local health departments are the backbone of our public health infrastructure. Over the course of a year, they provided 250,000 immunizations, 178,000 health screenings, 57,000 retail food inspections, 38,000 communicable disease investigations, 72,000 rabies vaccinations for our pets and, finally, 4,400 recreational bathing facility inspections.

We support physical activity and nutrition efforts with our local partners through the New Jersey Healthy Communities Network. Last year, the network supported 44 local healthy nutrition projects, 49 new school breakfast programs, healthy corner store initiatives, Safe Routes to School activities, community gardens and farmer's markets.

At the state level, creating healthy communities goes far beyond the reach of the Health Department. That's why I've convened an action team of cabinet officers from Agriculture, Children and Families, Community Affairs, Education, Environmental Protection, Human Services and Transportation to improve health in all policies. The action team has focused this year on nutrition and fitness and childhood lead exposure.

### **Reducing Lead Exposure**

The Governor's proposed FY 2018 budget includes an additional \$10 million to assist local health departments in reducing potential exposures for children with elevated blood lead levels. The Department's regulations lower the threshold for action when lead is detected in a child — from 10 to 5 micrograms per deciliter. This change and the additional funding will enable public health officials and medical providers to intervene earlier with education, retesting, case management and home visits.

There is no safe level of lead and that's why the Department launched the #kNOwLEAD public awareness campaign last fall to increase awareness of all lead hazards in homes, schools and on the job, and to educate residents about what they can do to prevent exposure and safeguard their children's health.

### **Education and Outreach**

The Department has just completed a comprehensive renovation of our website to make it more consumer friendly and easier to navigate. Additionally, we have expanded our daily use of social media to better reach underserved populations such as the young who get their news and information through mobile platforms, primarily Facebook and Twitter. Recent social media campaigns have included #ZapZika, #kNOwLEAD and Get #TeSTD. We used social media to inform birth parents and adoptees of changes in the law, and to disseminate public health information about the dangers of vaping and addiction; mosquito control, the importance of getting screened for cancer, testing preschoolers for lead and young people for STDs and HIV. These changes have made the Department better equipped to inform the public in real time about hurricanes, floods, power outages and other public health emergencies.

### **Early Intervention Services**

One of the largest areas of funding in our budget is Early Intervention Services, which help parents minimize the effects of developmental delays and learning disabilities by identifying support services for children from birth to age 3. The Governor recognized how critical these therapies are and has increased funding over several years from \$48 million to \$176 million in fiscal year 2018. More than 26,000 infants and toddlers received services in the last year.

### **Behavioral Health**

The Department has been working to better integrate primary and behavioral health care. We issued a waiver so patients in need of behavioral health can receive this care in the same setting where they go for primary care.

Recognizing that many residents struggle with addiction and co-occurring behavioral health problems, the Department asked for applications to expand inpatient acute psychiatric care by up to 864 beds. This represents a nearly 40 percent increase in the adult psychiatric beds currently licensed by the Department.

The beds can be added to existing acute care or psychiatric hospitals, or any health care provider can apply to open a new inpatient psychiatric facility or create an inpatient psychiatric wing in an existing health care facility.

### **Adoption**

Another area the Department has been focused on in the past year has been the implementation of the new adoption law. The law balances the rights of adoptees to learn more about their genetic histories with the rights of birth parents to remain anonymous. Thanks to the leadership of the Governor and Legislature, there have been several emotional family reunions. For example, after many years of wondering who her mother is, a New Jersey police officer recently reunited with her mother and even learned she had a sister.

### **Streamlining Services**

The Department recognizes that the work we do directly impacts the lives of state residents and we continue to strive to better serve them. We have focused on improving access to nutritious food for children through the WIC program and during the Christie Administration we've added more than 90 new WIC vendors. We are also streamlining the process for vendors to make it easier to add the stores participants use every day.

Along with the New Jersey Hospital Association, we've made it easier for people to document end-of-life decisions through our new electronic Practitioner Orders for Life-Sustaining Treatment (POLST) initiative. POLST empowers residents facing serious illnesses to detail their healthcare choices. Until now, it was a paper form; the electronic version allows residents to access an online form via a secure website and mobile devices. We announced this new effort a few weeks ago at Holy Name Medical Center's Villa Marie Claire hospice. We are pilot-testing POLST in four hospitals. Individuals can access the electronic version anytime through a smart phone or tablet. Additionally, healthcare providers can check a statewide registry of POLST forms to make sure every individual's healthcare preferences are honored.

Thank you for this opportunity to highlight the Department of Health's proposed budget for State Fiscal Year 2018. I look forward to working with you in the future. And now I would be happy to answer your questions.