

VETO MESSAGE: Yes

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: No

RH/CL

P.L. 2018, CHAPTER 136, *approved November 1, 2018*
Senate, No. 2758 (*First Reprint*)

1 AN ACT establishing the County Option Hospital Fee Pilot Program
2 and supplementing Title 30 of the Revised Statutes.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. This act shall be known and may be cited as “The County
8 Option Hospital Fee Pilot Program Act.”

9
10 2. As used in this act:

11 “Commissioner” means the Commissioner of Human Services.

12 “Department” means the Department of Human Services.

13 “Fee” means the local health care-related fee authorized pursuant
14 to this act.

15 “Hospital” means a hospital that is licensed pursuant to
16 P.L.1971, c.136 (C.26:2H-1 et seq.) and is located within the
17 borders of a participating county.

18 “Medicaid program” means the “New Jersey Medical Assistance
19 and Health Services Program” established pursuant to P.L.1968,
20 c.413 (C.30:4D-1 et seq.).

21 “Participating county” means a county with a population greater
22 than 250,000, according to the federal decennial census
23 immediately preceding the effective date of this act; that contains a
24 municipality which: (1) is classified, pursuant to N.J.S.40A:6-4, as
25 a First or Second Class municipality, or a Fourth Class municipality
26 whose population exceeds 20,000, and (2) has a Municipal
27 Revitalization Index score, as last calculated by the New Jersey
28 Department of Community Affairs prior to the effective date of this
29 act, that exceeds 60; and which chooses to participate in the pilot
30 program.

31 “Pilot program” means “The County Option Hospital Fee Pilot
32 Program” established pursuant to this act.

33 “Proposed fee and expenditure report” means a written report by
34 a participating county that describes how the fee will be imposed in
35 the participating county; how the funds collected from the fee will
36 be used by the participating county, including the amount and
37 services the participating county plans to provide with the funds;

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate amendments adopted in accordance with Governor's recommendations September 27, 2018.

1 and how the plan satisfies paragraph (1) of subsection b. of section
2 3 of this act.

3

4 3. a. There is established “The County Option Hospital Fee
5 Pilot Program” in the Department of Human Services.

6 b. The purpose of the pilot program is:

7 (1) to increase financial resources through the Medicaid
8 program to support local hospitals and to ensure that they continue
9 to provide necessary services to low-income citizens; and

10 (2) to provide participating counties with new fiscal resources.

11 c. To effectuate the purposes of this program, the
12 commissioner shall authorize no more than seven participating
13 counties in the State for participation in the program. Each
14 participating county shall be authorized to impose a local health
15 care-related fee on hospitals within its borders.

16 d. A participating county shall submit a proposed fee and
17 expenditure report to the commissioner to ensure that the proposed
18 fee and expenditure plan satisfies paragraph (1) of subsection b. of
19 this section and subsection e. of this section, and does not create a
20 direct or indirect guarantee to hold harmless, as those terms are
21 used in 42 C.F.R. s.433.68(f). ¹The commissioner shall further
22 review the proposed fee and expenditure report to determine
23 whether it complies with relevant rules and regulations.¹ Each
24 participating county shall consult with affected hospitals within its
25 jurisdiction to prepare the proposed fee and expenditure report
26 before the report is submitted to the commissioner. The
27 commissioner shall make the proposed fee and expenditure report
28 available to the affected hospitals for review and the hospitals shall
29 be permitted to provide comments to the commissioner regarding
30 the report for a period of 21 calendar days from the date the
31 proposed report is made available for review.

32 e. The board of chosen freeholders of a participating county,
33 following the approval of the participating county’s proposed fee
34 and expenditure plan by the commissioner, may adopt an ordinance
35 providing for the imposition of a fee on hospitals located within its
36 borders and for appropriate administrative provisions, including,
37 but not limited to, provisions for the collection of interest and
38 penalties.

39 The fee shall be implemented in accordance with the provisions
40 of 42 U.S.C. s.1396b(w)(3)(A), and shall be subject to the
41 maximum aggregate amount that may be assessed pursuant to 42
42 C.F.R. s.433.68(f)(3), or any subsequent maximum amount as may
43 be established by federal law ¹, and shall be subject to a cap as
44 determined by the commissioner¹. The participating county may
45 exempt a hospital within its jurisdiction from the fee, provided that
46 the exemption complies with the requirements of 42 C.F.R.
47 s.433.68.

1 The fee authorized pursuant to this act may be collected only to
2 the extent, and for the period, that the commissioner determines that
3 the revenues generated qualify as the State share of Medicaid
4 program expenditures eligible for federal financial participation
5 pursuant to 42 C.F.R. s.433.68.

6 ¹f. Any subsequent alterations to the fee are subject to the
7 approval of the commissioner prior to implementation. Upon
8 approval, the commissioner shall apply for such State plan
9 amendments or waivers as may be necessary to implement the
10 changes and to secure federal financial participation for State
11 Medicaid expenditures under the federal Medicaid program.¹

12
13 4. a. A participating county may transfer funds collected from
14 the fee imposed pursuant to subsection c. of section 3 of this act to
15 the commissioner. The commissioner shall use funds transferred
16 from a participating county, and any matching amount of federal
17 Medicaid funds or other federal funds generated therefrom, for the
18 following purposes: to increase Medicaid payments to hospitals in
19 the jurisdiction from which the funds are received; for payments to
20 managed care organizations that have contracted with Medicaid
21 serving the jurisdiction from which the funds are received for
22 increased hospital or hospital-related payments; and for direct costs
23 related to administrative purposes to implement the pilot program.

24 The commissioner shall seek to minimize the length of time
25 between the collection of the fee by the participating county and the
26 distribution of payments pursuant to this subsection.

27 Notwithstanding any other law to the contrary, the commissioner
28 and a participating county are authorized to enter into an
29 intergovernmental transfer agreement as may be necessary to
30 transfer funds under this subsection or to otherwise satisfy the
31 requirements of this act.

32 b. A participating county may retain the funds collected from
33 the imposition of the fee, in which case the participating county
34 shall generate the same level of funding, in addition to the funds
35 collected from the imposition of the fee, that would be generated by
36 the department through any matching amount of federal Medicaid
37 funds or other federal funds, and use the total funding amount to
38 satisfy paragraph (1) of subsection b. of section 3 of this act.

39 c. At least ¹~~75~~ ⁹⁰ percent of the funds collected from
40 imposition of the fee shall be used by a participating county or the
41 department for the benefit of local hospitals ¹~~or local hospital-~~
42 ~~related providers~~¹ within the participating county's borders to
43 ensure that the hospitals ¹~~or hospital-related providers~~¹ continue
44 to provide necessary services to low-income citizens. ¹The
45 participating counties shall transfer at least one percent of funds
46 collected from the imposition of the fee to the department for
47 administration of the program.¹

1 5. a. The fee imposed pursuant to subsection c. of section 3 of
2 this act shall be imposed in relation to health care items or services
3 provided only during the effective period of this act, and shall not
4 be collected until the commissioner notifies the appropriate
5 governmental entities that any State plan amendment or waivers
6 submitted pursuant to section 6 of this act have been approved.

7 b. No hospital subject to the fee shall pass on the cost of the fee
8 to any patient, insurer, self-insured employer program, or other
9 responsible party, nor list it separately on any invoice or statement
10 sent to a patient, insurer, self-insured employer program, or other
11 responsible party.

12 c. Unless otherwise prohibited by the federal government, no
13 managed care organization operating in the State that has contracted
14 with Medicaid shall retain any funds generated by the fee, other
15 than to offset any increased administrative costs incurred as a result
16 of the pilot program.

17 d. Funds generated by the fee shall not supplant or offset any
18 current or future State funds allocated to a county participating in
19 the pilot program.

20 e. Payments distributed to hospitals pursuant to this act shall
21 not supplant or offset any current or future funds paid to hospitals
22 through other State or federal funding mechanisms or pools.

23

24 6. The Commissioner of Human Services shall apply for such
25 State plan amendments or waivers as may be necessary to
26 implement the provisions of this act and to secure federal financial
27 participation for State Medicaid expenditures under the federal
28 Medicaid program, and shall receive approval for such State plan
29 amendments or waivers prior to collection of a fee authorized
30 pursuant to subsection c. of section 3 of this act.

31

32 ¹7. The commissioner shall promulgate, pursuant to the
33 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
34 seq.), rules and regulations necessary for the implementation of this
35 act which shall include appropriate methodologies for the county
36 proposed fee and expenditure report. Participating counties shall
37 not submit the proposed fee and expenditure plan to the department
38 prior to the adoption of rules and regulations.¹

39

40 ¹[7.] 8.¹ This act shall take effect ¹[i]mmediately, subject to
41 such actions by the federal government as are necessary to
42 effectuate the purposes of this act] on the 180th day after the date of
43 enactment¹, and shall expire five years after the effective date. ¹All
44 proposed fee and expenditure plans are subject to both approval of
45 the commissioner and such actions by the federal government as are
46 necessary to effectuate the purposes of this act.¹

S2758 [1R]

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1

2

3 Increases financial resources provided through Medicaid
4 program for certain hospitals; Establishes County Option Hospital
5 Fee Pilot Program.

SENATE, No. 2758

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JUNE 18, 2018

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator M. TERESA RUIZ

District 29 (Essex)

Assemblyman CRAIG J. COUGHLIN

District 19 (Middlesex)

SYNOPSIS

Increases financial resources provided through Medicaid program for certain hospitals; Establishes County Option Hospital Fee Pilot Program.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/26/2018)

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19 and Health Services Program” established pursuant to P.L.1968,
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21 “Participating county” means a county with a population greater
22 than 250,000, according to the federal decennial census
23 immediately preceding the effective date of this act; that contains a
24 municipality which: (1) is classified, pursuant to N.J.S.40A:6-4, as
25 a First or Second Class municipality, or a Fourth Class municipality
26 whose population exceeds 20,000, and (2) has a Municipal
27 Revitalization Index score, as last calculated by the New Jersey
28 Department of Community Affairs prior to the effective date of this
29 act, that exceeds 60; and which chooses to participate in the pilot
30 program.

31 “Pilot program” means “The County Option Hospital Fee Pilot
32 Program” established pursuant to this act.

33 “Proposed fee and expenditure report” means a written report by
34 a participating county that describes how the fee will be imposed in
35 the participating county; how the funds collected from the fee will
36 be used by the participating county, including the amount and
37 services the participating county plans to provide with the funds;
38 and how the plan satisfies paragraph (1) of subsection b. of section
39 3 of this act.

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41 3. a. There is established “The County Option Hospital Fee
42 Pilot Program” in the Department of Human Services.

43 b. The purpose of the pilot program is:

44 (1) to increase financial resources through the Medicaid
45 program to support local hospitals and to ensure that they continue
46 to provide necessary services to low-income citizens; and

47 (2) to provide participating counties with new fiscal resources.

1 c. To effectuate the purposes of this program, the
2 commissioner shall authorize no more than seven participating
3 counties in the State for participation in the program. Each
4 participating county shall be authorized to impose a local health
5 care-related fee on hospitals within its borders.

6 d. A participating county shall submit a proposed fee and
7 expenditure report to the commissioner to ensure that the proposed
8 fee and expenditure plan satisfies paragraph (1) of subsection b. of
9 this section and subsection e. of this section, and does not create a
10 direct or indirect guarantee to hold harmless, as those terms are
11 used in 42 C.F.R. s.433.68(f). Each participating county shall
12 consult with affected hospitals within its jurisdiction to prepare the
13 proposed fee and expenditure report before the report is submitted
14 to the commissioner. The commissioner shall make the proposed
15 fee and expenditure report available to the affected hospitals for
16 review and the hospitals shall be permitted to provide comments to
17 the commissioner regarding the report for a period of 21 calendar
18 days from the date the proposed report is made available for review.

19 e. The board of chosen freeholders of a participating county,
20 following the approval of the participating county's proposed fee
21 and expenditure plan by the commissioner, may adopt an ordinance
22 providing for the imposition of a fee on hospitals located within its
23 borders and for appropriate administrative provisions, including,
24 but not limited to, provisions for the collection of interest and
25 penalties.

26 The fee shall be implemented in accordance with the provisions
27 of 42 U.S.C. s.1396b(w)(3)(A), and shall be subject to the
28 maximum aggregate amount that may be assessed pursuant to 42
29 C.F.R. s.433.68(f)(3), or any subsequent maximum amount as may
30 be established by federal law. The participating county may exempt
31 a hospital within its jurisdiction from the fee, provided that the
32 exemption complies with the requirements of 42 C.F.R. s.433.68.

33 The fee authorized pursuant to this act may be collected only to
34 the extent, and for the period, that the commissioner determines that
35 the revenues generated qualify as the State share of Medicaid
36 program expenditures eligible for federal financial participation
37 pursuant to 42 C.F.R. s.433.68.

38
39 4. a. A participating county may transfer funds collected from
40 the fee imposed pursuant to subsection c. of section 3 of this act to
41 the commissioner. The commissioner shall use funds transferred
42 from a participating county, and any matching amount of federal
43 Medicaid funds or other federal funds generated therefrom, for the
44 following purposes: to increase Medicaid payments to hospitals in
45 the jurisdiction from which the funds are received; for payments to
46 managed care organizations that have contracted with Medicaid
47 serving the jurisdiction from which the funds are received for

1 increased hospital or hospital-related payments; and for direct costs
2 related to administrative purposes to implement the pilot program.

3 The commissioner shall seek to minimize the length of time
4 between the collection of the fee by the participating county and the
5 distribution of payments pursuant to this subsection.

6 Notwithstanding any other law to the contrary, the commissioner
7 and a participating county are authorized to enter into an
8 intergovernmental transfer agreement as may be necessary to
9 transfer funds under this subsection or to otherwise satisfy the
10 requirements of this act.

11 b. A participating county may retain the funds collected from
12 the imposition of the fee, in which case the participating county
13 shall generate the same level of funding, in addition to the funds
14 collected from the imposition of the fee, that would be generated by
15 the department through any matching amount of federal Medicaid
16 funds or other federal funds, and use the total funding amount to
17 satisfy paragraph (1) of subsection b. of section 3 of this act.

18 c. At least 75 percent of the funds collected from imposition of
19 the fee shall be used by a participating county or the department for
20 the benefit of local hospitals or local hospital-related providers
21 within the participating county's borders to ensure that the hospitals
22 or hospital-related providers continue to provide necessary services
23 to low-income citizens.

24
25 5. a. The fee imposed pursuant to subsection c. of section 3 of
26 this act shall be imposed in relation to health care items or services
27 provided only during the effective period of this act, and shall not
28 be collected until the commissioner notifies the appropriate
29 governmental entities that any State plan amendment or waivers
30 submitted pursuant to section 6 of this act have been approved.

31 b. No hospital subject to the fee shall pass on the cost of the fee
32 to any patient, insurer, self-insured employer program, or other
33 responsible party, nor list it separately on any invoice or statement
34 sent to a patient, insurer, self-insured employer program, or other
35 responsible party.

36 c. Unless otherwise prohibited by the federal government, no
37 managed care organization operating in the State that has contracted
38 with Medicaid shall retain any funds generated by the fee, other
39 than to offset any increased administrative costs incurred as a result
40 of the pilot program.

41 d. Funds generated by the fee shall not supplant or offset any
42 current or future State funds allocated to a county participating in
43 the pilot program.

44 e. Payments distributed to hospitals pursuant to this act shall
45 not supplant or offset any current or future funds paid to hospitals
46 through other State or federal funding mechanisms or pools.

1 A participating county may transfer funds collected from the
2 imposition of the fee to the commissioner. The commissioner must
3 use these funds, and any matching amount of federal Medicaid
4 funds or other federal funds generated therefrom, for the following
5 purposes: to increase Medicaid payments to hospitals in the
6 jurisdiction from which the funds are received; for payments to
7 managed care organizations that have contracted with Medicaid
8 serving the jurisdiction from which the funds are received for
9 increased hospital or hospital-related payments; and for direct costs
10 related to administrative purposes to implement the pilot program.

11 A participating county may also retain the funds collected from
12 the imposition of the fee, in which case the participating county
13 must generate the same level of funding, in addition to the funds
14 collected from the imposition of the fee, that would be generated by
15 the department through any matching amount of federal Medicaid
16 funds or other federal funds, and use the total funding amount to
17 satisfy the purposes of the pilot program.

18 At least 75 percent of the funds collected from imposition of the
19 fee must be used by a participating county or the department for the
20 benefit of local hospitals or local hospital-related providers within
21 the participating county's borders to ensure that the hospitals or
22 hospital-related providers continue to provide necessary services to
23 low-income citizens.

24 Furthermore, no hospital subject to the fee is authorized to pass
25 on the cost of the fee to any patient, insurer, self-insured employer
26 program, or other responsible party, nor list it separately on any
27 invoice or statement sent to a patient, insurer, self-insured employer
28 program, or other responsible party. In addition, unless otherwise
29 prohibited by the federal government, no managed care
30 organization operating in the State that has contracted with
31 Medicaid is authorized to retain any funds generated by the fee,
32 other than to offset any increased administrative costs incurred as a
33 result of the pilot program.

34 Finally, funds generated by the fee are not to supplant or offset
35 any current or future State funds allocated to a county participating
36 in the pilot program. In addition, payments distributed to hospitals
37 pursuant to the bill are not to supplant or offset any current or future
38 funds paid to hospitals through other State or federal funding
39 mechanisms or pools.

40 This bill will take effect immediately, subject to such actions by
41 the federal government as are necessary to effectuate the purposes of
42 the bill, and will expire five years after the effective date.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE, No. 2758

STATE OF NEW JERSEY

DATED: JUNE 18, 2018

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 2758.

This bill establishes a five-year County Option Hospital Fee Pilot Program. The purpose of the program is: 1) to increase financial resources through the Medicaid program to support local hospitals and to ensure that they continue to provide necessary services to low-income citizens; and 2) to provide participating counties with new fiscal resources. To effectuate the purposes of this program, the Commissioner of Human Services shall authorize no more than seven participating counties in the State to impose of a local health care-related fee on hospitals within the borders of participating counties. Under the bill, a “participating county” means a county with a population greater than 250,000, according to the federal decennial census immediately preceding the passage of this act; that contains a municipality which: (1) is classified, pursuant to N.J.S.A. 40A:6-4, as a First or Second Class municipality, or a Fourth Class municipality whose population exceeds 20,000, and (2) has a Municipal Revitalization Index score, as last calculated by the New Jersey Department of Community Affairs preceding the passage of this act, that exceeds 60; and which chooses to participate in the Pilot program.

A participating county shall submit a proposed fee and expenditure report to the commissioner to ensure that the proposed fee and expenditure plan satisfies certain goals. The bill requires that the affected hospitals must be consulted and permitted to provide comments during this process. Following the approval of a proposed fee and expenditure plan by the commissioner, the board of chosen freeholders of a participating county may adopt an ordinance providing for the imposition of a fee on hospitals located within its borders and for appropriate administrative provisions. The fee must be implemented in accordance with federal law and may be collected only to the extent, and for the period, that the commissioner determines that the revenues generated qualify as the State share of Medicaid program expenditures eligible for federal financial participation pursuant to 42 C.F.R. s.433.68.

A participating county may transfer funds collected from the imposition of the fee to the commissioner. The commissioner must use these funds, and any matching amount of federal Medicaid funds or other federal funds generated therefrom, for the following purposes:

to increase Medicaid payments to hospitals in the jurisdiction from which the funds are received; for payments to managed care organizations that have contracted with Medicaid serving the jurisdiction from which the funds are received for increased hospital or hospital-related payments; and for direct costs related to administrative purposes to implement the pilot program.

A participating county may also retain the funds collected from the imposition of the fee, in which case the participating county must generate the same level of funding, in addition to the funds collected from the imposition of the fee, that would be generated by the department through any matching amount of federal Medicaid funds or other federal funds, and use the total funding amount to satisfy the purposes of the pilot program.

At least 75 percent of the funds collected from imposition of the fee must be used by a participating county or the department for the benefit of local hospitals or local hospital-related providers within the participating county's borders to ensure that the hospitals or hospital-related providers continue to provide necessary services to low-income citizens.

Furthermore, no hospital subject to the fee is authorized to pass on the cost of the fee to any patient, insurer, self-insured employer program, or other responsible party, nor list it separately on any invoice or statement sent to a patient, insurer, self-insured employer program, or other responsible party. In addition, unless otherwise prohibited by the federal government, no managed care organization operating in the State that has contracted with Medicaid is authorized to retain any funds generated by the fee, other than to offset any increased administrative costs incurred as a result of the pilot program.

Finally, funds generated by the fee are not to supplant or offset any current or future State funds allocated to a county participating in the pilot program. In addition, payments distributed to hospitals pursuant to the bill are not to supplant or offset any current or future funds paid to hospitals through other State or federal funding mechanisms or pools.

This bill will take effect immediately, subject to such actions by the federal government as are necessary to effectuate the purposes of the bill, and will expire five years after the effective date.

FISCAL IMPACT:

The Office of Legislative Services (OLS) concludes that the bill may increase certain Medicaid expenditures, offset by an increase in revenues due to the collection of a local health care-related fee, as authorized under the bill, for the State and for participating counties in the County Option Hospital Fee Pilot Program established under the bill. The OLS is unable to quantify this impact or the extent to which the impact will affect the State or participating counties because the implementation of the fee depends upon the provisions of the fee and expenditure report submitted by each participating county and

approved by the Commission of Human Services. Under the bill, participating counties are permitted to transfer the funds collected from the fee to the Commissioner of Human Services or retain the funds.

ASSEMBLY, No. 4212

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JUNE 18, 2018

Sponsored by:

Assemblyman CRAIG J. COUGHLIN

District 19 (Middlesex)

SYNOPSIS

Increases financial resources provided through Medicaid program for certain hospitals; Establishes County Option Hospital Fee Pilot Program.

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25 penalties.

26 The fee shall be implemented in accordance with the provisions
27 of 42 U.S.C. s.1396b(w)(3)(A), and shall be subject to the
28 maximum aggregate amount that may be assessed pursuant to 42
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30 be established by federal law. The participating county may exempt
31 a hospital within its jurisdiction from the fee, provided that the
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1 increased hospital or hospital-related payments; and for direct costs
2 related to administrative purposes to implement the pilot program.

3 The commissioner shall seek to minimize the length of time
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6 Notwithstanding any other law to the contrary, the commissioner
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11 b. A participating county may retain the funds collected from
12 the imposition of the fee, in which case the participating county
13 shall generate the same level of funding, in addition to the funds
14 collected from the imposition of the fee, that would be generated by
15 the department through any matching amount of federal Medicaid
16 funds or other federal funds, and use the total funding amount to
17 satisfy paragraph (1) of subsection b. of section 3 of this act.

18 c. At least 75 percent of the funds collected from imposition of
19 the fee shall be used by a participating county or the department for
20 the benefit of local hospitals or local hospital-related providers
21 within the participating county's borders to ensure that the hospitals
22 or hospital-related providers continue to provide necessary services
23 to low-income citizens.

24
25 5. a. The fee imposed pursuant to subsection c. of section 3 of
26 this act shall be imposed in relation to health care items or services
27 provided only during the effective period of this act, and shall not
28 be collected until the commissioner notifies the appropriate
29 governmental entities that any State plan amendment or waivers
30 submitted pursuant to section 6 of this act have been approved.

31 b. No hospital subject to the fee shall pass on the cost of the fee
32 to any patient, insurer, self-insured employer program, or other
33 responsible party, nor list it separately on any invoice or statement
34 sent to a patient, insurer, self-insured employer program, or other
35 responsible party.

36 c. Unless otherwise prohibited by the federal government, no
37 managed care organization operating in the State that has contracted
38 with Medicaid shall retain any funds generated by the fee, other
39 than to offset any increased administrative costs incurred as a result
40 of the pilot program.

41 d. Funds generated by the fee shall not supplant or offset any
42 current or future State funds allocated to a county participating in
43 the pilot program.

44 e. Payments distributed to hospitals pursuant to this act shall
45 not supplant or offset any current or future funds paid to hospitals
46 through other State or federal funding mechanisms or pools.

1 6. The Commissioner of Human Services shall apply for such
2 State plan amendments or waivers as may be necessary to
3 implement the provisions of this act and to secure federal financial
4 participation for State Medicaid expenditures under the federal
5 Medicaid program, and shall receive approval for such State plan
6 amendments or waivers prior to collection of a fee authorized
7 pursuant to subsection c. of section 3 of this act.

8
9 7. This act shall take effect immediately, subject to such actions
10 by the federal government as are necessary to effectuate the purposes
11 of this act, and shall expire five years after the effective date.

12

13

14

STATEMENT

15

16 This bill establishes a five-year County Option Hospital Fee Pilot
17 Program. The purpose of the program is: 1) to increase financial
18 resources through the Medicaid program to support local hospitals
19 and to ensure that they continue to provide necessary services to
20 low-income citizens; and 2) to provide participating counties with
21 new fiscal resources. To effectuate the purposes of this program,
22 the Commissioner of Human Services shall authorize no more than
23 seven counties in the State to participate in the program. Each
24 participating county will be authorized to impose a local health
25 care-related fee on hospitals within its borders. Under the bill, a
26 “participating county” means a county with a population greater
27 than 250,000, according to the federal decennial census
28 immediately preceding the effective date of this bill; that contains a
29 municipality which: (1) is classified, pursuant to N.J.S.40A:6-4, as
30 a First or Second Class municipality, or a Fourth Class municipality
31 whose population exceeds 20,000, and (2) has a Municipal
32 Revitalization Index score, as last calculated by the New Jersey
33 Department of Community Affairs that exceeds 60; and which
34 chooses to participate in the Pilot program.

35 A participating county shall submit a proposed fee and
36 expenditure report to the commissioner to ensure that the proposed
37 fee and expenditure plan satisfies certain goals. The bill requires
38 that the affected hospitals must be consulted and permitted to
39 provide comments during this process. Following the approval of a
40 proposed fee and expenditure plan by the commissioner, the board
41 of chosen freeholders of a participating county may adopt an
42 ordinance providing for the imposition of a fee on hospitals located
43 within its borders and for appropriate administrative provisions.
44 The fee must be implemented in accordance with federal law and
45 may be collected only to the extent, and for the period, that the
46 commissioner determines that the revenues generated qualify as the
47 State share of Medicaid program expenditures eligible for federal
48 financial participation pursuant to 42 C.F.R. s.433.68.

1 A participating county may transfer funds collected from the
2 imposition of the fee to the commissioner. The commissioner must
3 use these funds, and any matching amount of federal Medicaid
4 funds or other federal funds generated therefrom, for the following
5 purposes: to increase Medicaid payments to hospitals in the
6 jurisdiction from which the funds are received; for payments to
7 managed care organizations that have contracted with Medicaid
8 serving the jurisdiction from which the funds are received for
9 increased hospital or hospital-related payments; and for direct costs
10 related to administrative purposes to implement the pilot program.

11 A participating county may also retain the funds collected from
12 the imposition of the fee, in which case the participating county
13 must generate the same level of funding, in addition to the funds
14 collected from the imposition of the fee, that would be generated by
15 the department through any matching amount of federal Medicaid
16 funds or other federal funds, and use the total funding amount to
17 satisfy the purposes of the pilot program.

18 At least 75 percent of the funds collected from imposition of the
19 fee must be used by a participating county or the department for the
20 benefit of local hospitals or local hospital-related providers within
21 the participating county's borders to ensure that the hospitals or
22 hospital-related providers continue to provide necessary services to
23 low-income citizens.

24 Furthermore, no hospital subject to the fee is authorized to pass
25 on the cost of the fee to any patient, insurer, self-insured employer
26 program, or other responsible party, nor list it separately on any
27 invoice or statement sent to a patient, insurer, self-insured employer
28 program, or other responsible party. In addition, unless otherwise
29 prohibited by the federal government, no managed care
30 organization operating in the State that has contracted with
31 Medicaid is authorized to retain any funds generated by the fee,
32 other than to offset any increased administrative costs incurred as a
33 result of the pilot program.

34 Finally, funds generated by the fee are not to supplant or offset
35 any current or future State funds allocated to a county participating
36 in the pilot program. In addition, payments distributed to hospitals
37 pursuant to the bill are not to supplant or offset any current or future
38 funds paid to hospitals through other State or federal funding
39 mechanisms or pools.

40 This bill will take effect immediately, subject to such actions by
41 the federal government as are necessary to effectuate the purposes of
42 the bill, and will expire five years after the effective date.

ASSEMBLY BUDGET COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4212

STATE OF NEW JERSEY

DATED: JUNE 18, 2018

The Assembly Budget Committee reports favorably Assembly Bill No. 4212.

Assembly Bill No. 4212 establishes a five-year County Option Hospital Fee Pilot Program. The purpose of the program is: 1) to increase financial resources through the Medicaid program to support local hospitals and to ensure that they continue to provide necessary services to low-income citizens; and 2) to provide participating counties with new fiscal resources. To effectuate the purposes of this program, the Commissioner of Human Services shall authorize no more than seven participating counties in the State to impose of a local health care-related fee on hospitals within the borders of participating counties. Under the bill, a “participating county” means a county with a population greater than 250,000, according to the federal decennial census immediately preceding the passage of this act; that contains a municipality which: (1) is classified, pursuant to N.J.S.A. 40A:6-4, as a First or Second Class municipality, or a Fourth Class municipality whose population exceeds 20,000, and (2) has a Municipal Revitalization Index score, as last calculated by the New Jersey Department of Community Affairs preceding the passage of this act, that exceeds 60; and which chooses to participate in the Pilot program.

A participating county shall submit a proposed fee and expenditure report to the commissioner to ensure that the proposed fee and expenditure plan satisfies certain goals. The bill requires that the affected hospitals must be consulted and permitted to provide comments during this process. Following the approval of a proposed fee and expenditure plan by the commissioner, the board of chosen freeholders of a participating county may adopt an ordinance providing for the imposition of a fee on hospitals located within its borders and for appropriate administrative provisions. The fee must be implemented in accordance with federal law and may be collected only to the extent, and for the period, that the commissioner determines that the revenues generated qualify as the State share of Medicaid program expenditures eligible for federal financial participation pursuant to 42 C.F.R. s.433.68.

A participating county may transfer funds collected from the imposition of the fee to the commissioner. The commissioner must use these funds, and any matching amount of federal Medicaid funds or other federal funds generated therefrom, for the following purposes:

to increase Medicaid payments to hospitals in the jurisdiction from which the funds are received; for payments to managed care organizations that have contracted with Medicaid serving the jurisdiction from which the funds are received for increased hospital or hospital-related payments; and for direct costs related to administrative purposes to implement the pilot program.

A participating county may also retain the funds collected from the imposition of the fee, in which case the participating county must generate the same level of funding, in addition to the funds collected from the imposition of the fee, that would be generated by the department through any matching amount of federal Medicaid funds or other federal funds, and use the total funding amount to satisfy the purposes of the pilot program.

At least 75 percent of the funds collected from imposition of the fee must be used by a participating county or the department for the benefit of local hospitals or local hospital-related providers within the participating county's borders to ensure that the hospitals or hospital-related providers continue to provide necessary services to low-income citizens.

Furthermore, no hospital subject to the fee is authorized to pass on the cost of the fee to any patient, insurer, self-insured employer program, or other responsible party, nor list it separately on any invoice or statement sent to a patient, insurer, self-insured employer program, or other responsible party. In addition, unless otherwise prohibited by the federal government, no managed care organization operating in the State that has contracted with Medicaid is authorized to retain any funds generated by the fee, other than to offset any increased administrative costs incurred as a result of the pilot program.

Finally, funds generated by the fee are not to supplant or offset any current or future State funds allocated to a county participating in the pilot program. In addition, payments distributed to hospitals pursuant to the bill are not to supplant or offset any current or future funds paid to hospitals through other State or federal funding mechanisms or pools.

This bill will take effect immediately, subject to such actions by the federal government as are necessary to effectuate the purposes of the bill, and will expire five years after the effective date.

FISCAL IMPACT:

This bill has not been certified as requiring a fiscal note.

SENATE BILL NO. 2758

To the Senate:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Senate Bill No. 2758 with my recommendations for reconsideration.

The bill establishes a five-year County Option Hospital Fee Pilot Program (the "Pilot" or "program"), intended to expand federal Medicaid investment to increase financial support to local hospitals that provide services to low-income individuals and provide participating counties with new fiscal resources. The bill accomplishes this goal by permitting seven participating counties to craft, with the approval of the Commissioner of Human Services and the Centers for Medicare & Medicaid Services ("CMS"), a local health care-related fee on hospitals within their borders.

While I applaud the efforts of the bill's sponsors to secure additional federal match dollars through this innovative program, I also hope to encourage the equitable distribution of funds amongst the hospitals in the State. Therefore, I recommend the bill be amended to require the Department of Human Services to adopt rules further defining the contours of the program to create a consistent approach and promote greater transparency in the process. The Department's oversight will also help ensure that the money collected through the Pilot is fairly distributed. I also recommend that a portion of the proceeds from the assessment be dedicated to the continued administration of the program, and further recommend an increase in the percentage of proceeds that must be used for the benefit of hospitals under the program. These improvements will allow for a more viable Pilot that can meet CMS requirements.

Accordingly, I herewith return Senate Bill No. 2758 and recommend that it be amended as follows:

- Page 3, Section 3, Line 11: After "s.433.68(f)." insert "The commissioner shall further review the proposed fee and expenditure report to determine whether it complies with relevant rules and regulations."
- Page 3, Section 3, Line 30: Delete "." and insert ", and shall be subject to a cap as determined by the commissioner."
- Page 3, Section 3, Line 38: Insert new section:
"f. Any subsequent alterations to the fee are subject to the approval of the commissioner prior to implementation. Upon approval, the commissioner shall apply for such State plan amendments or waivers as may be necessary to implement the changes and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program."
- Page 4, Section 4, Line 18: Delete "75" and insert "90"
- Page 4, Section 4, Line 20: Delete "or local hospital-related providers"
- Page 4, Section 4, Line 22: Delete "or hospital-related providers"
- Page 4, Section 4, Line 23: After "citizens." insert "The participating counties shall transfer at least one percent of funds collected from the imposition of the fee to the Department for administration of the program."
- Page 5, Line 8: Insert new section:
"7. The commissioner shall promulgate, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et 11 seq.), rules and regulations necessary for the implementation of this act which shall include appropriate methodologies for the county proposed fee and expenditure report. Participating counties shall not submit the proposed fee and expenditure plan to the Department prior to the adoption of rules and regulations."
- Page 5, Section 7, Line 9: Delete "7." and insert "8."

Page 5, Section 7, Line 9:

Delete "immediately, subject to such actions by the federal government as are necessary to effectuate the purposes of this act" and insert "on the 180th day after the date of enactment"

Page 5, Section 7, Line 11:

After "date." insert "All proposed fee and expenditure plans are subject to both approval of the commissioner and such actions by the federal government as are necessary to effectuate the purposes of this act."

Respectfully,

[seal]

/s/ Philip D. Murphy

Governor

Attest:

/s/ Matthew J. Platkin

Chief Counsel to the Governor



Newark, N.J.

Governor Murphy Takes Action on Legislation

08/27/2018

TRENTON – Today, Governor Phil Murphy announced that he has conditionally vetoed the following bills:

A-764/S-365 (Caputo, Tucker, Quijano, Vainieri Huttle, Sumter, McKnight, Conaway, Houghtaling/Rice, Ruiz, Bucco) – "Alyssa's Law"; requires public school buildings to be equipped with panic alarm linked to local law enforcement.

[Copy of Statement on A764](#)

A-1053/S-1429 (Houghtaling, Taliaferro, Andrzejczak/Van Drew) – Revises and expands laws on trespass and vandalism on agricultural and horticultural lands.

[Copy of Statement on A1053](#)

A-2762/S-1317 (Greenwald, Mukherji, Conaway/Ruiz, Singleton) – Revises law concerning temporary disability leave.

[Copy of Statement on A2762](#)

A-2763/S-342 (Greenwald, Downey/Cruz-Perez) – Requires additional data in annual temporary disability and family leave insurance reports.

[Copy of Statement on A2763](#)

A-3676/S-2307 (Mazzeo, Armato, Giblin/Sweeney, Van Drew, C.A. Brown) – Creates Garden State Growth Zone at Atlantic City International Airport and surrounding area; adjusts full-time employee designation requirements.

[Copy of Statement on A3676](#)

A-3683/S-2416 (Murphy, McKnight, Jones/Madden, Vitale) – Authorizes parking privileges for certain healthcare workers who render care at patients' home residences.

[Copy of Statement on A3683](#)

A-3703/S-2549 (DeAngelo/Cryan, Sweeney) – Revises ownership standards and exemptions under HVACR license law.

[Copy of Statement on A3703](#)

A-3754/S-2510 (McKnight, Speight, Barclay/Madden, Pennacchio) – Exempts persons providing hair braiding services from licensure requirement, requires registration of hair braiding establishments.

[Copy of Statement on A3754](#)

A-3808/S-2418 (Greenwald, Bramnick, Murphy/Singleton, Oroho) – Provides for prompt payment of public contracts for purchase of goods and services.

[Copy of Statement on A3808](#)

A-4118/S-1838 (Swain, Tully, Murphy/Ruiz, Diegnan) – Permits individuals to submit TDI and family temporary disability leave claims to DOLWD prior to commencement of leave under certain circumstances and requires timely payment of benefits for such claims.

[Copy of Statement on A4118](#)

ACS for A-4181/S-2722 (Jones, Murphy/Cruz-Perez) – Requires establishment of common enrollment system in renaissance school district; expands definition of urban campus area; clarifies that employees of renaissance school projects are in State-administered retirement systems.

[Copy of Statement on A4181](#)

A-4230/S-2752 (Burzichelli, Mukherji, Houghtaling, Downey/Gopal, Sarlo) – Changes use of certain revenue derived from sports wagering at racetracks.

[Copy of Statement on A4230](#)

A-4261/S-2794 (Burzichelli, Moriarty, Conaway/Sweeney, Singleton) – Provides for collection of sales tax from certain remote sellers.

[Copy of Statement on A4261](#)

A-4262/S-2795 (Pintor Marin/Sweeney) – Decouples certain provisions of corporation business tax from Internal Revenue Code; alters dividends received deduction; revises tax base of surtax on corporation business income; repeals tax on certain dividends.

[Copy of Statement on A4262](#)

S-250/A-3190 (Van Drew, Gopal/Land, Andrzejczak, Armato) – Provides tax credit eligibility for qualified businesses at certain airports under Grow New Jersey Assistance Program.

[Copy of Statement on S250](#)

S-844/A-1980 (Turner, Cruz-Perez/Sumter, Mukherji, Pintor Marin, Wimberly) – Establishes a partial return to work TDI program.

[Copy of Statement on S844](#)

S-866/A-3294 (Sweeney, Vitale/Vainieri Huttel, Mukherji) – Extends eligibility for certain individuals for emergency assistance.

[Copy of Statement on S866](#)

S-2293/A-3902 (Sweeney, Oroho, Gordon, A.R. Bucco/Benson, Burzichelli, Lampitt) – "Securing Our Children's Future Bond Act"; authorizes issuance of \$1,000,000,000 in general obligation bonds to finance certain school, school district, and county college capital projects; appropriates \$5,000.

[Copy of Statement on S2293](#)

S-2758/A-4212 (Vitale, Ruiz/Coughlin) – Increases financial resources provided through Medicaid program for certain hospitals; Establishes County Option Hospital Fee Pilot Program.

[Copy of Statement on S2758](#)

Governor Murphy announced that he has absolute vetoed the following bills:

A-3267/S-2600 (Vainieri Huttle, Pinkin, McKeon/Ruiz, Smith, Weinberg) – Establishes fee on single-use carryout bags used in certain stores and dedicates fee revenue to "Healthy Schools and Community Lead Abatement Fund."

[Copy of Statement on A3267](#)

S-878/A-3084 (Madden, Sweeney, Singleton/Greenwald, Moriarty, Jones) – Restricts authority to terminate reciprocal personal income tax agreements with other states.

[Copy of Statement on S878](#)

S-2662/A-4113 (Sweeney, Bateman/Burzichelli) – Limits liability for persons who deliver heating oil to unregulated tanks for discharges from that tank under certain circumstances.

[Copy of Statement on S2662](#)

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Newark, N.J.

Governor Murphy Takes Action on Legislation

11/1/2018

TRENTON – Today, Governor Murphy signed the following bills into law:

A4674 (Coughlin/Sweeney) - Clarifies intent of existing statutory law in regard to nomination process for those seeking federal offices.

S883 (Sacco, Stack/Eustace, Mukherji, Benson) - Authorizes issuance of special Humane State license plates.

S2333 (Greenstein, Gordon/Lopez, Benson, Jones) - Requires NJT to establish office of real estate economic development and transit-oriented development; requires annual report of certain real property information.

S2758 w/GR (Vitale, Ruiz/Coughlin) - Increases financial resources provided through Medicaid program for certain hospitals; Establishes County Option Hospital Fee Pilot Program.

S2921 (Greenstein/Taliaferro, Carter, Caputo) - Corrects project list in P.L.2018, c.85, which appropriates funds to DEP for environmental infrastructure projects.

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