

26:3A2-1 et al.

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LEGISLATIVE FACT SHEET

on *Local Health Services Act*

N.J.R.S. 26:3A2-1 et al.

(Amendment)

LAWS OF 1975

CHAPTER 329 March 3, 1975

SENATE BILL 130 (OCR) [A1322-1972]

ASSEMBLY BILL

INTRODUCED *Pre-filed*

BY *Fay and others*

SPONSOR'S STATEMENT

YES NO

ASSEMBLY COMMITTEE STATEMENT

YES NO

SENATE COMMITTEE STATEMENT

YES NO

FISCAL NOTE

YES NO

AMENDED DURING PASSAGE

YES NO

HEARING *None discovered*

VETO

BACKGROUND:

See

- 974.90 *N.J. County & Municipal Govt. Study Commission.*
- H434 *Community Health Services: Existing Patterns -*
- 1974c *Emerging Trends, Nov. 1974. (See esp. Recommendations on page 5). (Recommendations attached. Full report available at NJ State Library)*

SPONSOR'S STATEMENT to Senate, No. 130

For several decades it has been apparent that the smaller municipalities, each with a low population and minimal tax base, could not establish health departments which provided the required public health activities meeting the minimum standards of performance. It is not feasible or economically justified for a small municipality to employ the necessary trained personnel or to organize the required services for a small population. In New Jersey, the State Health Aid Act of 1966 uses 25,000 as the minimum population that warrants the economic expenditure of State aid funds by local health departments. Five hundred municipalities in our State have a population of less than 25,000; the need for larger area health units is obvious.

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This legislation would eventually require the provision of local health services on an acceptable basis. Each municipality not providing adequate health services will have ample opportunity to select one of five acceptable methods to furnish public health services meeting the minimum standards of performance. The choices are:

- (a) individual municipal local health agency;
- (b) contracting health agency;
- (c) regional health commission;
- (d) health district;
- (e) county health department.

If no choice is made within 18 months, the State Department of Health would provide the required health services to the municipality using local funds as well as authorized State health aid.

The proposed legislation would protect the existence of the independent municipal and regional health departments now administered by full-time health officers. These ongoing independent agencies would also be excluded from taxation to pay the cost of the county health department as well as from the jurisdiction of ordinances enacted by the county board of health.

Previous accomplishments at the county level have been limited by the absence of enabling legislation for adequate county health departments. Prior to State health aid (January 1, 1967), six counties (Atlantic, Bergen, Cape May, Cumberland, Salem and Sussex) provided public health services to municipalities through the medium of a public health coordinator. The arrangement was made by contract. Since then seven additional counties (Burlington, Camden, Gloucester, Hunterdon, Middlesex, Ocean, and Warren) have followed suit. Thus, over half of our counties are meeting a pressing need in spite of the fact that contract arrangements, though necessary and desirable, do not provide a sound administrative or fiscal base. This is the reason why it is so urgent to provide legislation that will give a solid statutory base for county health departments.

The intent of the proposed legislation is to provide modern public health services in unserved areas while protecting the status of existing effective local health agencies.

CHAPTER 329 LAWS OF N. J. 19 25

APPROVED 3-3-76

[OFFICIAL COPY REPRINT]

SENATE, No. 130

STATE OF NEW JERSEY

PRE-FILED FOR INTRODUCTION IN THE 1974 SESSION

By Senator FAY

AN ACT concerning the provision of local health services*, and
repealing P. L. 1951, c. 69 and chapter 11 of Title 26 of the
Revised Statutes*.

1 BE IT ENACTED by the Senate and General Assembly of the State
2 of New Jersey:

1 1. This act may be known and may be cited as the "Local Health
2 Services Act."

1 *2. The Legislature declares that the policy of this State is to
2 assure the provision of a modern and manageable array of public
3 health services to all citizens of the State and to encourage the
4 efficient delivery of such services by areawide health departments
5 where such arrangements are needed to enable municipalities to
6 meet "Standards of Performance" as determined by the Public
7 Health Council.*

1 ***[2.]*** *3.* As used in this act unless otherwise specifically
2 indicated:

3 a. "Local health agency" means any county, ***[district,]***
4 regional, municipal or other governmental agency organized for the
5 purpose of providing health services, administered by a full-time
5A health officer and conducting a public health program pursuant to
5B law.

6 b. "County health department" means an agency established
6A and organized pursuant to this act by a county board of health
6B for the purpose of providing within its area of jurisdiction, health
6C services required for the protection of the health of citizens and for
6D the enforcement of health ordinances and statutes.

7 c. "County board of health" means a body established pursuant
8 to this act by a county board of freeholders, and empowered to ex-

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

9 ercise within its area of jurisdiction all the powers of a local board
10 of health pursuant to law.

11 d. "County health advisory commission" or "commission"
12 means the body established by a county board of health pursuant
13 to this act to advise the county health department regarding health
14 problems and measures required to improve health and to control
15 disease and disability in the county.

16 ***[e.]** "Health district" means a consolidated local health district
17 or a county local health district, administered by a full-time health
18 officer and conducting a public health program pursuant to law.

19 f. "District health board" means a consolidated local board of
20 health or a county local board of health created pursuant to the
21 "Local Health District Act, 1951," P. L. 1951, c. 69 (C. 26:3A1-1
22 et seq.).*

23 ***[g.]** *e.* "Regional health commission" means an association
24 of boards of health of two or more municipalities formed to furnish
25 such boards with public health services pursuant to P. L. 1938,
26 c. 67 (C. 26:3-83 to 26:3-94).

27 ***[h.]** *f.* "Contracting health agency" means a municipality
28 or group of municipalities which enter into contractual agreements
29 with approved health agencies for the provision of ***[one or more]***
30 public health services.

31 ***[i.]** *g.* "Full-time health officer" means a holder of a license
32 as a health officer issued by the State Department of Health who is
33 employed by a local health agency to function for that agency dur-
34 ing all the working hours of the regularly scheduled work week of
35 the governmental unit to which the local health agency is attached.

36 ***[j.]** *h.* "Area of jurisdiction" means the geographic area
37 within each of the municipalities ***[participating in a local health**
38 agency or contracting health agency or the geographic area within
39 an individual municipality]* *which contracts with a county board*
40 *of health for the provision of health services meeting the*
41 *"Standards of Performance"*.*

42 ***[k.]** *i.* "Standards of Performance" means the "Recog-
43 nized Public Health Activities and Minimum Standards of
44 Performance for Local Health Departments in New Jersey" as
45 prescribed by the Public Health Council of the New Jersey State
46 Department of Health under the authority of P. L. 1947, c. 177
47 (C. 26:1A-1 et seq.).

48 ***[l.]** *j.* "Commissioner" means the State Commissioner of Health
49 or his designee.*

1 ***[3.]*** *4. a.* The board of chosen freeholders of any county in
2 this State, on its own initiative or upon petition from three or more
3 municipalities in that county, after public hearing may, by ordi-
4 nance or resolution, establish a county board of health. Notice
5 of the public hearing shall be published at least 15 days prior to
6 that hearing in a newspaper circulated throughout the county.

7 *b. In any county in which the board of chosen freeholders has
8 established a county health agency there shall be established a
9 county board of health, pursuant to this act. Said existing county
10 health agency shall be continued as a county health department, as
11 provided herein. In any county having a board of health and vital
12 statistics, organized pursuant to chapter 11 of Title 26 of the Re-
13 vised Statutes, that board shall be continued as a county board of
14 health as provided herein.*

1 ***[4.]*** *5.* a. A county board of health shall consist of not less
2 than five nor more than nine members appointed by the board of
3 chosen freeholders. No more than two members of a county board
4 of health may be members of the board of chosen freeholders. Mem-
5 bers other than freeholders shall be selected, with due regard to
6 their knowledge, and interest in health affairs, from participating
7 municipalities so that each of the participating municipalities,
8 where possible, shall have at least one member on the county board
9 of health.

10 b. Each member of a county board of health shall be appointed
11 for a term of 3 years; provided, however, that of those first ap-
12 pointed at least two shall have terms of 1 year, at least two shall
13 have terms of 2 years and the remaining members shall have terms
14 of 3 years; provided that where the board consists of nine members
15 appointments shall be made so that at least three terms shall expire
16 each year. All appointments shall designate the date of expiration
17 of the term. The term of office of a freeholder member shall termi-
18 nate with his term of office as freeholder should this date precede
19 the termination of his appointment to the board of health and a
20 freeholder designated as a successor in such case shall be appointed
21 for the unexpired term.

22 c. The county board of health shall meet not less than bimonthly
23 and shall exercise within its area of jurisdiction all the powers
24 granted to a local board of health.

1 ***[5.]*** *6.* The county board of health shall establish a county
2 health department, under the administration of a full-time health
3 officer, which provides public health activities meeting "Standards
4 of Performance."

1 ***[6.]*** *7.* The county board of health may establish a county
 2 health advisory commission and may appoint not less than nine nor
 3 more than 15 citizens to serve as members of that commission, each
 4 of whom shall be chosen with due regard to his knowledge or
 5 interest in health affairs. The commission shall include not less
 6 than three consumers of health services who are engaged in the
 7 delivery of those services.

8 b. Each member of the advisory commission shall be appointed
 9 for a term of 3 years; provided, however, that of those first ap-
 10 pointed at least $\frac{1}{3}$ (or the closest number thereto) shall have terms
 11 of 1 year, at least $\frac{1}{3}$ shall have terms of 2 years and the remaining
 12 members shall have terms of 3 years. All appointments shall desig-
 13 nate the date of expiration of the term.

14 c. The commission shall meet at least four times a year.

1 ***[7.]*** *8.* The county board of health shall, in order to perform
 2 any power delegated to it or in the performance of any duty imposed
 3 upon it by law, adopt, amend and repeal health ordinances and
 4 provide services necessary for the appropriate control of disease
 5 and the improvement of the health of citizens. An ordinance of the
 6 county board shall be effective and enforceable only within the
 7 area of jurisdiction of the county board.

1 ***[8.]*** *9.* A county board of health shall enact and enforce
 2 health ordinances in the manner prescribed by articles 4 and 5,
 3 **[chapter 11, Title 26 of the Revised Statutes of New Jersey (R. S.**
 4 **26:11-26 through 26:11-37)]*** **of chapter 3 of Title 26 of the Re-*
 5 *vised Statutes (R. S. 26:3-64 through 26:3-82)*.*

1 ***[9.]*** *10. a. *Within 3 months after the Public Health Council*
 2 *has completed its first revision of the "Standards of Performance"*
 3 *pursuant to section 13 of this act, the commissioner shall provide*
 4 *an evaluation form to every municipal board of health for the*
 5 *purpose of measuring said municipal boards' compliance with said*
 6 *"Standards of Performance." Said evaluation form shall be com-*
 7 *pleted; signed and certified as being correctly completed by the*
 8 *municipal health officer or by the officer designated to act in behalf*
 9 *of the municipal board of health and by the presiding officer of said*
 10 *board; and returned to the commissioner by every municipality*
 11 *within 60 days after issuance.*

12 b. *Within 18 months after the effective date of this act, the com-*
 13 *missioner shall advise every municipal board of health as to*
 14 *whether said board meets the "Standards of Performance."*

15 *c.* In every municipality not presently providing a program of
 16 public health services meeting ***[minimum standards of perform-**
 17 **ance]*** **the "Standards of Performance," as determined herein*

18 *by the commissioner,** the elected governing body shall, within
 19 ***[18]* *24*** months after the effective date of this act, provide a
 20 program of public health services meeting "Standards of Per-
 21 formance." A ***[municipality]* *municipality* *may elect to]****
 22 **shall** meet this requirement by use of the services of **one or*
 23 *more of** the following agencies:

24 ***[a.]* *(1)*** Individual municipal local health agency.

25 ***[b.]* *(2)*** Contracting health agency.

26 ***[c.]* *(3)*** Regional health commission.

27 ***[d. Health district.]***

28 ***[e.]* *4.*** County health department.

29 **d. The commissioner shall periodically review every municipal*
 30 *or county health department to determine whether said municipal*
 31 *or county department is meeting the "Standards of Per-*
 32 *formance."**

1 ***[10.]* *11.*** a. In the event any municipality fails to comply
 2 with section ***[9]* *10*** of this act:

3 (1) The State Commissioner of Health shall cause a public
 4 health services program meeting "Standards of Performance," to
 5 be provided in that municipality at the expense of the municipality.
 6 Expenditures for this purpose shall ***[not exceed the local fair**
 7 **share or existing municipal expenditures for public health pur-**
 8 **poses, whichever is greater, and may be supplemented by State**
 9 **health aid funds pursuant to the State Health Aid Act of 1966**
 10 **(P. L. 1966, c. 36, C. 26:2F-1 et seq.)]* *be adequate to provide by**
 10A *contract or direct employment of staff and other necessary re-*
 10B *sources, the services required in the "Standards of Performance."*
 10C *The staff, contracted services, or resources necessary to provide the*
 10D *required services in municipalities of various sizes and conditions*
 10E *shall be determined by the commissioner*.*

11 ***[(2) The Public Health Council shall have and exercise all**
 12 **powers of the local board of health of the municipality.]***

13 ***[(3)]* *(2)*** State health aid funds to which that municipality
 14 would otherwise be entitled shall be delivered to and administered
 15 by the State Department of Health. Those funds shall be used
 16 solely for providing public health services meeting "Standards of
 17 Performance" in that municipality.

18 b. When a municipality submits a plan acceptable to the depart-
 19 ment which provides assurances that public health services in that
 20 municipality will meet "Standards of Performance" the depart-
 21 ment may relinquish powers granted to it under the authority of

22 this section under such terms and conditions as may be prescribed
23 by the department.

1 ***[11.]*** *12.* a. A municipality participating in a local health
2 agency or contracting health agency may withdraw therefrom in
3 the following manner:

4 The governing body or local board of health, whichever is ap-
5 plicable, after participation for not less than 2 years in a local
6 health agency or contracting health agency may by resolution
7 declare its intention to establish its own local health agency or join
8 with one or more municipalities in establishing a local health
9 agency meeting "Standards of Performance." A certified ***[copy]***
10 copy of that resolution, setting forth the date of the municipality's
11 intention to withdraw, shall be submitted to the agency from which
12 it proposes to withdraw a minimum of 6 months prior to the
13 proposed withdrawal date. The withdrawal shall be effective on
14 the date set forth in that resolution.

15 b. In the event that the requirements of section ***[9]*** *10* of
16 this act are not met within 6 months after the time of withdrawal,
17 the municipality shall be subject to the provisions of section ***[10]***
18 *11* of this act.

1 *13. Within 6 months after the effective date of this act, the
2 Public Health Council shall review and revise the present "Stand-
3 ards of Performance," and provide new "Standards of Perform-
4 ance" which shall include (1) core standards applicable to every
5 local health agency, and (2) supplemental standards applicable to
6 individual local health agencies which reflect specific public health
7 needs of such local agencies. Said council shall periodically con-
8 duct a review and revision of the "Standards of Performance" as
9 may be necessary thereafter.*

1 ***[12.]*** *14.* Every local health agency shall be administered by
2 a full-time health officer. The health officer and other personnel em-
3 ployed by a municipality, groups of municipalities or county which
4 shall have adopted, or which shall hereafter adopt, the provisions
5 of subtitle 3 of Title 11, Civil Service, of the Revised Statutes, shall
6 be appointed in accordance with the provision of said subtitle 3,
7 Title 11 of the Revised Statutes.

1 ***[13.]*** *15.* No local health agency shall appoint or employ any
2 person as health officer, public health laboratory technician,
3 sanitary inspector, veterinary meat inspector or plumbing in-
4 spector nor appoint or employ any person to do work ordinarily
5 performed by a health officer, public health laboratory technician or
6 an inspector of any of the classes named who is not the holder of a

7 current license or certificate issued by the State Department of
8 Health authorizing the performance of such type and class of
9 work.

1 ***[14.]*** *16.* Each person who shall have been employed as a
2 full-time employee of a local health agency whose employment by
3 such agency was governed by the provisions of the Civil Service law
4 and whose employment by such agency shall have been terminated
5 by reason of the assumption of its activities and responsibilities
6 by another local health agency shall be transferred to such other
7 local agency, shall be assigned duties comparable to those
8 previously performed by him, and shall be entitled to and credited
9 with all rights and privileges accruing to him by reason of his
10 tenure in such previous office or position, the same as if the entire
11 period of such previous employment had been in the position to
12 which he shall have been transferred. His compensation shall be
13 fixed at not less than the amount received by him at the time of
14 transfer.

1 ***[15.]*** *17.* Each person who shall have been employed as a
2 full-time employee for a period of 2 years or more by a local health
3 agency whose employment by such agency was not governed by the
4 provisions of the Civil Service law, and whose employment by such
5 agency shall have been terminated by reason of the assumption
6 of its activities and responsibilities by another local health agency,
7 shall be transferred to the local health agency and be assigned
8 duties comparable to those previously performed by him. He shall
9 be entitled to and credited with all rights and privileges accruing
10 to him by reason of his tenure in such previous office or position
11 the same as if the entire period of such employment had been in
12 the position to which he shall have been transferred. In the event
13 employment by the county health department to which such person
14 shall have been transferred is subject to the provisions of the Civil
15 Service law, the board shall forthwith certify to the Civil Service
16 Commission, pursuant to applicable rules of said commission, the
17 entitlement of such person to such rights and privileges. In such
18 event, the Civil Service Commission shall appropriately classify
19 such person in the competitive civil service without examination;
20 a person so classified shall thereafter be subject to the provisions
21 of the Civil Service law with regard to the terms of his employ-
22 ment, promotion, tenure, classification, compensation and like
23 matters. His compensation shall be fixed at not less than the
24 amount received by him at the time of transfer.

1 ***[16.]*** *18.* Every person, who shall have been employed as a
2 part-time employee of a local board of health for a period of 2 years

3 or more, and whose employment by such agency shall be terminated
 4 by reason of the assumption by another local health agency of
 5 activities and responsibilities, shall be placed on a preferential
 6 reemployment list for a period of at least 2 years for positions in
 7 that local health agency requiring the same license and type and
 8 class of work.

1 ***[17.]*** *19.* The county health officer shall prepare, subject to
 2 the advice of the county board of health, in each year, a budget
 3 setting forth in detail the amounts of money necessary for the
 4 operation of the county health department during the ensuing year
 5 and present that budget to the board of chosen freeholders. Such
 6 sum as approved by the board of chosen freeholders shall be
 7 certified by the board of chosen freeholders to the county board of
 8 taxation which shall apportion such amount among the munici-
 9 palities participating in the county health department in accordance
 10 with the provision of R. S. 54:4-49. The amount thus apportioned
 11 to each municipality shall be assessed, levied and collected in the
 12 same manner and at the same time as other county taxes are
 13 assessed, levied and collected therein.

1 *20. *The Legislature, through the Senate and General Assembly*
 2 *Standing Committees on Institutions, Health and Welfare, shall*
 3 *review the implementation of this act. To facilitate this review, the*
 4 *commissioner shall submit annual progress reports to the com-*
 5 *mittees for a period of 2 years after the effective date of this act,*
 6 *and any other such reports thereafter as may be deemed necessary*
 7 *by the committees. All such reports shall also be submitted to the*
 8 *Legislature's Office of Fiscal Affairs.**

1 *21. *The following are repealed: P. L. 1951, c. 69 (C. 26:3A1-1*
 2 *to 26:3A1-69) and chapter 11 of Title 26 of the Revised Statutes.**

1 *22. *If any provision of this act or the application thereof to any*
 2 *person or circumstance is held invalid, such invalidity shall not*
 3 *affect any other provision or application of the act which can be*
 4 *given effect without such invalid provision or application, and to*
 5 *this end the provisions of this act are declared to be severable.**

1 ***[18.]*** *23.* This act shall take effect at the beginning of the
 2 month next following enactment.

SENATE, No. 130

STATE OF NEW JERSEY

PRE-FILED FOR INTRODUCTION IN THE 1974 SESSION

By Senator FAY

AN ACT concerning the provision of local health services.

1 BE IT ENACTED *by the Senate and General Assembly of the State*
2 *of New Jersey:*

1 1. This act may be known and may be cited as the "Local Health
2 Services Act."

1 2. As used in this act unless otherwise specifically indicated:

2 a. "Local health agency" means any county, district, regional,
3 municipal or other governmental agency organized for the pur-
4 pose of providing health services, administered by a full-time health
5 officer and conducting a public health program pursuant to law.

6 b. "County health department" means an agency established
6A and organized pursuant to this act by a county board of health
6B for the purpose of providing within its area of jurisdiction, health
6C services required for the protection of the health of citizens and for
6D the enforcement of health ordinances and statutes.

7 c. "County board of health" means a body established pursuant
8 to this act by a county board of freeholders, and empowered to ex-
9 ercise within its area of jurisdiction all the powers of a local board
10 of health pursuant to law.

11 d. "County health advisory commission" or "commission"
12 means the body established by a county board of health pursuant
13 to this act to advise the county health department regarding health
14 problems and measures required to improve health and to control
15 disease and disability in the county.

16 e. "Health district" means a consolidated local health district
17 or a county local health district, administered by a full-time health
18 officer and conducting a public health program pursuant to law.

19 f. "District health board" means a consolidated local board of
20 health or a county local board of health created pursuant to the
21 "Local Health District Act, 1951," P. L. 1951, c. 69 (C. 26:3A1-1
22 et seq.).

23 g. "Regional health commission" means an association of boards
24 of health of two or more municipalities formed to furnish such
25 boards with public health services pursuant to P. L. 1938, c. 67
26 (C. 26:3-83 to 26:3-94).

27 h. "Contracting health agency" means a municipality or group
28 of municipalities which enter into contractual agreements with ap-
29 proved health agencies for the provision of one or more public
30 health services.

31 i. "Full-time health officer" means a holder of a license as a
32 health officer issued by the State Department of Health who is em-
33 ployed by a local health agency to function for that agency during
34 all the working hours of the regularly scheduled work week of the
35 governmental unit to which the local health agency is attached.

36 j. "Area of jurisdiction" means the geographic area within each
37 of the municipalities participating in a local health agency or con-
38 tracting health agency or the geographic area within an individual
39 municipality.

40 k. "Standards of Performance" means the "Recognized Public
41 Health Activities and Minimum Standards of Performance for
42 Local Health Departments in New Jersey" as prescribed by the
43 Public Health Council of the New Jersey State Department of
44 Health under the authority of P. L. 1947, c. 177 (C. 26:1A-1 et seq.).

1 3. The board of chosen freeholders of any county in this State,
2 on its own initiative or upon petition from three or more munici-
3 palities in that county, after public hearing may, by ordinance or
4 resolution, establish a county board of health. Notice of the public
5 hearing shall be published at least 15 days prior to that hearing in
6 a newspaper circulated throughout the county.

1 4. a. A county board of health shall consist of not less than five
2 nor more than nine members appointed by the board of chosen
3 freeholders. No more than two members of a county board of
4 health may be members of the board of chosen freeholders. Mem-
5 bers other than freeholders shall be selected, with due regard to
6 their knowledge, and interest in health affairs, from participating
7 municipalities so that each of the participating municipalities,
8 where possible, shall have at least one member on the county board
9 of health.

10 b. Each member of a county board of health shall be appointed
11 for a term of 3 years; provided, however, that of those first ap-
12 pointed at least two shall have terms of 1 year, at least two shall
13 have terms of 2 years and the remaining members shall have terms
14 of 3 years; provided that where the board consists of nine members
15 appointments shall be made so that at least three terms shall expire

16 each year. All appointments shall designate the date of expiration
17 of the term. The term of office of a freeholder member shall termi-
18 nate with his term of office as freeholder should this date precede
19 the termination of his appointment to the board of health and a
20 freeholder designated as a successor in such case shall be appointed
21 for the unexpired term.

22 c. The county board of health shall meet not less than bimonthly
23 and shall exercise within its area of jurisdiction all the powers
24 granted to a local board of health.

1 5. The county board of health shall establish a county health
2 department, under the administration of a full-time health officer,
3 which provides public health activities meeting "Standards of Per-
4 formance."

1 6. The county board of health may establish a county health
2 advisory commission and may appoint not less than nine nor more
3 than 15 citizens to serve as members of that commission, each of
4 whom shall be chosen with due regard to his knowledge or interest
5 in health affairs. The commission shall include not less than three
6 consumers of health services who are not engaged in the delivery
7 of those services.

8 b. Each member of the advisory commission shall be appointed
9 for a term of 3 years; provided, however, that of those first ap-
10 pointed at least $\frac{1}{3}$ (or the closest number thereto) shall have terms
11 of 1 year, at least $\frac{1}{3}$ shall have terms of 2 years and the remaining
12 members shall have terms of 3 years. All appointments shall desig-
13 nate the date of expiration of the term.

14 c. The commission shall meet at least four times a year.

1 7. The county board of health shall, in order to perform any
2 power delegated to it or in the performance of any duty imposed
3 upon it by law, adopt, amend and repeal health ordinances and
4 provide services necessary for the appropriate control of disease
5 and the improvement of the health of citizens. An ordinance of the
6 county board shall be effective and enforceable only within the
7 area of jurisdiction of the county board.

1 8. A county board of health shall enact and enforce health ordi-
2 nances in the manner prescribed by articles 4 and 5, chapter 11,
3 Title 26 of the Revised Statutes of New Jersey (R. S. 26:11-26
4 through 26:11-37).

1 9. In every municipality not presently providing a program of
2 public health services meeting minimum standards of perform-
3 ance the elected governing body shall, within 18 months after the
4 effective date of this act, provide a program of public health

5 services meeting "Standards of Performance." A municipality
6 may elect to meet this requirement by use of the services of the
7 following agencies:

- 8 a. Individual municipal local health agency.
- 9 b. Contracting health agency.
- 10 c. Regional health commission.
- 11 d. Health district.
- 12 e. County health department.

1 10. a. In the event any municipality fails to comply with sec-
2 tion 9 of this act:

3 (1) The State Commissioner of Health shall cause a public
4 health services program meeting "Standards of Performance," to
5 be provided in that municipality at the expense of the municipality.
6 Expenditures for this purpose shall not exceed the local fair share
7 or existing municipal expenditures for public health purposes,
8 whichever is greater, and may be supplemented by State health
9 aid funds pursuant to the State Health Aid Act of 1966 (P. L.
10 1966, c. 36, C. 26:2F-1 et seq.).

11 (2) The Public Health Council shall have and exercise all powers
12 of the local board of health of the municipality.

13 (3) State health aid funds to which that municipality would
14 otherwise be entitled shall be delivered to and administered by the
15 State Department of Health. Those funds shall be used solely for
16 providing public health services meeting "Standards of Per-
17 formance" in that municipality.

18 b. When a municipality submits a plan acceptable to the depart-
19 ment which provides assurances that public health services in that
20 municipality will meet "Standards of Performance" the depart-
21 ment may relinquish powers granted to it under the authority of
22 this section under such terms and conditions as may be prescribed
23 by the department.

1 11. a. A municipality participating in a local health agency or
2 contracting health agency may withdraw therefrom in the follow-
3 ing manner:

4 The governing body or local board of health, whichever is ap-
5 plicable, after participation for not less than 2 years in a local
6 health agency or contracting health agency may by resolution
7 declare its intention to establish its own local health agency or join
8 with one or more municipalities in establishing a local health
9 agency meeting "Standards of Performance." A certified copy
10 copy of that resolution, setting forth the date of the municipality's
11 intention to withdraw, shall be submitted to the agency from which

12 it proposes to withdraw a minimum of 6 months prior to the
13 proposed withdrawal date. The withdrawal shall be effective on
14 the date set forth in that resolution.

15 b. In the event that the requirements of section 9 of this act are
16 not met within 6 months after the time of withdrawal, the munici-
17 pality shall be subject to the provisions of section 10 of this act.

1 12. Every local health agency shall be administered by a full-
2 time health officer. The health officer and other personnel employed
3 by a municipality, groups of municipalities or county which shall
4 have adopted, or which shall hereafter adopt, the provisions of
5 subtitle 3 of Title 11, Civil Service, of the Revised Statutes, shall
6 be appointed in accordance with the provision of said subtitle 3,
7 Title 11 of the Revised Statutes.

1 13. No local health agency shall appoint or employ any person
2 as health officer, public health laboratory technician, sanitary in-
3 spector, veterinary meat inspector or plumbing inspector nor
4 appoint or employ any person to do work ordinarily performed
5 by a health officer, public health laboratory technician or an
6 inspector of any of the classes named who is not the holder of a
7 current license or certificate issued by the State Department of
8 Health authorizing the performance of such type and class of
9 work.

1 14. Each person who shall have been employed as a full-time
2 employee of a local health agency whose employment by such
3 agency was governed by the provisions of the Civil Service law
4 and whose employment by such agency shall have been terminated
5 by reason of the assumption of its activities and responsibilities
6 by another local health agency shall be transferred to such other
7 local agency, shall be assigned duties comparable to those
8 previously performed by him, and shall be entitled to and credited
9 with all rights and privileges accruing to him by reason of his
10 tenure in such previous office or position, the same as if the entire
11 period of such previous employment had been in the position to
12 which he shall have been transferred. His compensation shall be
13 fixed at not less than the amount received by him at the time of
14 transfer.

1 15. Each person who shall have been employed as a full-time
2 employee for a period of 2 years or more by a local health agency
3 whose employment by such agency was not governed by the pro-
4 visions of the Civil Service law, and whose employment by such
5 agency shall have been terminated by reason of the assumption
6 of its activities and responsibilities by another local health agency,
7 shall be transferred to the local health agency and be assigned

8 duties comparable to those previously performed by him. He shall
9 be entitled to and credited with all rights and privileges accruing
10 to him by reason of his tenure in such previous office or position
11 the same as if the entire period of such employment had been in
12 the position to which he shall have been transferred. In the event
13 employment by the county health department to which such person
14 shall have been transferred is subject to the provisions of the Civil
15 Service law, the board shall forthwith certify to the Civil Service
16 Commission, pursuant to applicable rules of said commission, the
17 entitlement of such person to such rights and privileges. In such
18 event, the Civil Service Commission shall appropriately classify
19 such person in the competitive civil service without examination;
20 a person so classified shall thereafter be subject to the provisions
21 of the Civil Service law with regard to the terms of his employ-
22 ment, promotion, tenure, classification, compensation and like
23 matters. His compensation shall be fixed at not less than the
24 amount received by him at the time of transfer.

1 16. Every person, who shall have been employed as a part-time
2 employee of a local board of health for a period of 2 years or
3 more, and whose employment by such agency shall be terminated
4 by reason of the assumption by another local health agency of
5 activities and responsibilities, shall be placed on a preferential
6 reemployment list for a period of at least 2 years for positions in
7 that local health agency requiring the same license and type and
8 class of work.

1 17. The county health officer shall prepare, subject to the advice
2 of the county board of health, in each year, a budget setting forth
3 in detail the amounts of money necessary for the operation of the
4 county health department during the ensuing year and present
5 that budget to the board of chosen freeholders. Such sum as
6 approved by the board of chosen freeholders shall be certified by
7 the board of chosen freeholders to the county board of taxation
8 which shall apportion such amount among the municipalities par-
9 ticipating in the county health department in accordance with
10 the provision of R. S. 54:4-49. The amount thus apportioned to
11 each municipality shall be assessed, levied and collected in the
12 same manner and at the same time as other county taxes are
13 assessed, levied and collected therein.

1 18. This act shall take effect at the beginning of the month
2 next following enactment.

STATEMENT

For several decades it has been apparent that the smaller municipalities, each with a low population and minimal tax base, could not establish health departments which provided the required public health activities meeting the minimum standards of performance. It is not feasible or economically justified for a small municipality to employ the necessary trained personnel or to organize the required services for a small population. In New Jersey, the State Health Aid Act of 1966 uses 25,000 as the minimum population that warrants the economic expenditure of State aid funds by local health departments. Five hundred municipalities in our State have a population of less than 25,000; the need for larger area health units is obvious.

This legislation would eventually require the provision of local health services on an acceptable basis. Each municipality not providing adequate health services will have ample opportunity to select one of five acceptable methods to furnish public health services meeting the minimum standards of performance. The choices are:

- (a) individual municipal local health agency;
- (b) contracting health agency;
- (c) regional health commission;
- (d) health district;
- (e) county health department.

If no choice is made within 18 months, the State Department of Health would provide the required health services to the municipality using local funds as well as authorized State health aid.

The proposed legislation would protect the existence of the independent municipal and regional health departments now administered by full-time health officers. These ongoing independent agencies would also be excluded from taxation to pay the cost of the county health department as well as from the jurisdiction of ordinances enacted by the county board of health.

Previous accomplishments at the county level have been limited by the absence of enabling legislation for adequate county health departments. Prior to State health aid (January 1, 1967), six counties (Atlantic, Bergen, Cape May, Cumberland, Salem and Sussex) provided public health services to municipalities through the medium of a public health coordinator. The arrangement was made by contract. Since then seven additional counties (Burlington, Camden, Gloucester, Hunterdon, Middlesex, Ocean, and Warren) have followed suit. Thus, over half of our counties are meeting

a pressing need in spite of the fact that contract arrangements, though necessary and desirable, do not provide a sound administrative or fiscal base. This is the reason why it is so urgent to provide legislation that will give a solid statutory base for county health departments.

The intent of the proposed legislation is to provide modern public health services in unserved areas while protecting the status of existing effective local health agencies.

SENATE INSTITUTIONS, HEALTH AND WELFARE
COMMITTEE

STATEMENT TO

SENATE, No. 130

STATE OF NEW JERSEY

DATED: NOVEMBER 25, 1974

The Senate committee has amended this bill to direct the Department of Health to review and revise the current "Recognized Public Health Activities and Minimum Standards of Performance for Local Health Departments in New Jersey" to take into account different public health needs in different areas of the State. These revised "Standards of Performance" would also be used by the department to evaluate which local health agencies or departments are presently meeting basic public health needs, and which would have to select one of the alternative methods for meeting such needs provided under the provisions of the bill.

SENATE COMMITTEE AMENDMENTS TO
SENATE, No. 130

STATE OF NEW JERSEY

ADOPTED NOVEMBER 25, 1974

Amend page 1, title, line 1, after "services", insert ",", and repealing P. L. 1951, c. 69 and chapter 11 of Title 26 of the Revised Statutes".

Amend page 1, section 1, after line 2, insert new section as follows:
"2. The Legislature declares that the policy of this State is to assure the provision of a modern and manageable array of public health services to all citizens of the State and to encourage the efficient delivery of such services by areawide health departments where such arrangements are needed to enable municipalities to meet 'Standards of Performance' as determined by the Public Health Council."

Amend pages 1 through 6, sections 2 through 11, line 1, renumber sections 2 through 11 as 3 through 12.

Amend page 1, section 2, line 2, after "county," omit "district,".

Amend page 1, section 2, lines 16 through 22, omit entirely.

Amend page 2, section 2, lines 23 through 40, reletter subsections "g." through "k." as "e." through "i."

Amend page 2, section 2, line 29, after "provision of", omit "one or more".

Amend page 2, section 2, line 37, after "municipalities", omit remainder of sentence; insert "which contracts with a county board of health for the provision of health services meeting the 'Standards of Performance'."

Amend page 2, section 2, after line 44, insert new subsection as follows:

"j. 'Commissioner' means the State Commissioner of Health or his designee."

Amend page 2, section 3, line 1, after "3.", insert "a."

Amend page 2, section 3, after line 6, insert new subsection as follows:

“b. In any county in which the board of chosen freeholders has established a county health agency there shall be established a county board of health, pursuant to this act. Said existing county health agency shall be continued as a county health department, as provided herein. In any county having a board of health and vital statistics, organized pursuant to chapter 11 of Title 26 of the Revised Statutes, that board shall be continued as a county board of health as provided herein.”.

Amend page 3, section 8, line 2, after “5”, omit remainder of sentence; insert “of chapter 3 of Title 26 of the Revised Statutes (R. S. 26:3-64 through 26:3-82).”.

Amend page 3, section 9, line 1, after “9.”, insert new subsection as follows:

“a. Within 3 months after the Public Health Council has completed its first revision of the ‘Standards of Performance’ pursuant to section 13 of this act, the commissioner shall provide an evaluation form to every municipal board of health for the purpose of measuring said municipal boards’ compliance with said ‘Standards of Performance.’ Said evaluation form shall be completed; signed and certified as being correctly completed by the municipal health officer or by the officer designated to act in behalf of the municipal board of health and by the presiding officer of said board; and returned to the commissioner by every municipality within 60 days after issuance.

b. Within 18 months after the effective date of this act, the commissioner shall advise every municipal board of health as to whether said board meets the ‘Standards of Performance.’ c.”.

Amend page 3, section 9, lines 2 and 3, after “meeting”, omit “minimum Standards of Performance”, insert “the ‘Standards of Performance’, as determined herein by the commissioner,”.

Amend page 3, section 9, line 3, omit “18”, and insert “24”.

Amend page 4, section 9, line 5, omit “municipality”, and insert “municipality”.

Amend page 4, section 9, line 6, omit “may elect to”, insert “shall”; after “services of”, insert “one or more of”.

Amend page 4, section 9, lines 8 through 10, omit “a.”, “b.” and “c.”, insert “(1)”, “(2)” and “(3)”.

Amend page 4, section 9, line 11, omit in its entirety.

Amend page 4, section 9, line 12, omit “e.”, insert “(4)”.

Amend page 4, section 9, after line 12, insert new section as follows:

“d. The commissioner shall periodically review every municipal or county health department to determine whether said municipal or county department is meeting the ‘Standards of Performance.’ ”.

Amend page 4, section 10, line 2, omit "9", insert "10".

Amend page 4, section 10, line 6, after "shall", omit remainder of sentence; insert "be adequate to provide by contract or direct employment of staff and other necessary resources, the services required in the 'Standards of Performance.' The staff, contracted services, or resources necessary to provide the required services in municipalities of various sizes and conditions shall be determined by the commissioner."

Amend page 4, section 10, lines 11 and 12, omit in their entirety.

Amend page 4, section 10, line 13, omit "(3)", insert "(2)".

Amend page 4, section 11, line 9, after "certified", omit "copy".

Amend page 5, section 11, line 15, omit "9", and insert "10".

Amend page 5, section 11, line 17, omit "10", insert "11".

Amend page 5, section 11, after line 17, insert new section as follows:

"13. Within 6 months after the effective date of this act, the Public Health Council shall review and revise the present 'Standards of Performance,' and provide new 'Standards of Performance' which shall include (1) core standards applicable to every local health agency, and (2) supplemental standards applicable to individual local health agencies which reflect specific public health needs of such local agencies. Said council shall periodically conduct a review and revision of the 'Standards of Performance' as may be necessary thereafter."

Amend pages 5 and 6, sections 12 through 17, line 1, renumber sections 12 through 17 as 14 through 19.

Amend page 6, section 17, after line 13, insert new sections as follows:

"20. The Legislature, through the Senate and General Assembly Standing Committees on Institutions, Health and Welfare, shall review the implementation of this act. To facilitate this review, the commissioner shall submit annual progress reports to the committees for a period of 2 years after the effective date of this act, and any other such reports thereafter as may be deemed necessary by the committees. All such reports shall also be submitted to the Legislature's Office of Fiscal Affairs.

21. The following are repealed: P. L. 1951, c. 69 (C. 26:3A1-1 to 26:3A1-69) and chapter 11 of Title 26 of the Revised Statutes.

22. If any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect any other provision or application of the act which can be given effect without such invalid provision or application, and to this end the provisions of this act are declared to be severable."

Amend page 6, section 18, line 1, omit "18.", insert "23."

FISCAL NOTE TO
SENATE, No. 130

STATE OF NEW JERSEY

DATED: APRIL 1, 1975

Senate Bill No. 130 is designated the "Local Health Services Act" and provides for modern public health services in all municipalities.

The Department of Health states that the current budget request for fiscal 1975-76 provides funding for municipalities that were participating as of January 1, 1975. It is the department's estimate that if this legislation is enacted and all the other communities then participate, an additional State expenditure for the period January 1, 1976 through June 30, 1976 of \$219,000.00 would be required as well as an additional expenditure by local governments of \$626,250.00.

The department further estimates that a State expenditure of \$436,000.00 and an expenditure by local governments of \$1,283,812.00 would then be required for fiscal 1976-77.

The fiscal note is based on an estimate of costs rather than actual cost information.

In compliance with written request received, there is hereby submitted a fiscal estimate for the above bill, pursuant to P. L. 1962, c. 27.



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TENTH REPORT

NOVEMBER 1974

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did attempt to determine some of the specific community health needs in New Jersey. Unfortunately, no public or private organization has yet performed such comprehensive assessment. Thus, the Commission had to rely largely on the broad determination of general health needs as outlined in the 1973 *Public Health Program Plan* of the Department of Health. This formulation of the State's health needs, (which was limited by the absence of detail and specificity in several areas), was augmented by interviews with individuals responsible for various program areas at the Department of Health and at the local level. Studies conducted in a number of municipalities, to the extent that they are representative of various community types, also suggested areas of demand for improved community health services. This information of health needs was furthermore supplemented by reports of the State Health Aid Task Force, the Rutgers' Bureau of Government Research, and the Center for Analysis of Public Issues in Princeton. Moreover, the Commission's own studies in environmental areas have previously established the need for increased and improved environmental health services.

Our findings indicate that some programs do approach stated objectives, state wide. At the same time a wide array of public health services has been provided in some areas of the State through the combined efforts of state, regional, local and even private agencies. However, the majority of the programs in the majority of the areas fall short of satisfying the stated needs. Clearly, a detailed quantification of the demand for health service is desirable. Thus, in addition to the recommendations made elsewhere in this report, which constitute the basis for discrete administrative and legislative action, **the Commission also endorses a comprehensive evaluation of the needs and demands for community health services in the State.**

Summary of Recommendations:

The Commission's analysis of local health services has resulted in a number of policy recommendations which are summarized below. (More detailed recommendations appear in the texts of the respective chapters.)

- **The Commission recommends that a concerted effort be made to achieve consolidation of local health departments so that adequate public health service is available throughout the State.** This effort should be made by legislation such as the amended version of S-130 the "Local Health Services Act," by enforcing the State promulgated "Minimum Standards of Performance" guidelines, and by utilization of State Aid. (*See Chapter II*)
- **It is the Commission's recommendation that efforts be made to improve the quality and qualifications of health personnel.** These efforts should include incentive pay raises for continuing in-service education, more rigid health officer licensing requirements, and an increased number of short courses offered at various locations throughout the State. (*See Chapter III*)

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- **The Commission recommends that the existing *Minimum Standards of Performance* be immediately reviewed, and that subsequent standards be reviewed at periodic intervals not to exceed five years.**

This review should include a more realistic appraisal of individual communities' needs. The appraisal of community needs could be obtained by surveys conducted by local health departments and certified by a licensed health officer. Standards should be clearly presented making certain that the legal responsibilities of the executive health officers are clearly defined. Having established and approved a set of guidelines and standards with the necessary community inputs, the State Department of Health should use all its authority to insure that these standards are being met. (See Chapter IV)

- **It is recommended by the Commission that modifications be made in State Health Aid so that this aid can be more effectively utilized as a means of achieving greater area-wide consolidation.** Per capita allowances by the State should be kept in line with inflationary medical costs and a more uniform formulation of the equalization rate should be utilized. Distribution of Basic State Aid should include only regional or consolidated health departments with special consideration given to organized center city health departments. Interdepartmental responsibilities at the State level for programs receiving State Aid should be coordinated by a committee comprised of personnel from DOH and DEP. (See Chapter IV)

- **The Commission recommends a new County Service Department to promote the provision of a broad range of local health and health-related services.** This new structure would be a county health and environmental service department, providing standard health services, as well as services in air, water and waste pollution. This department would also be responsible for establishing a technical resource center that could provide the training area for upgrading the background of present health personnel as well as helping to train new people in the field. This department would inspect industrial and public facilities for all pollution problems. A more detailed description of this department will be continued in the corollary study of environmental services. (See Chapter V)