

26:3A1-2

December 18, 1970

LEGISLATIVE HISTORY OF R.S.26:3A 1-2; 26:3A 1-44; 26:3-84;
26:3-92 to 94.
(Health districts - Consolidation)

Copy 3

Similar bills introduced (1965-69):

1969 - S776 (Tanzman and Wallwork)

Died in Committee.

No statement.

Governor Hughes in his Special Message on Health,
April 28, 1969 recommended encouragement of con-
solidated health districts. (pl and 2 enclosed)

L.1970 - Chap.60 - S291.

Prefiled by Tanzman, Wallwork and Guiliano.

Not amended during passage.

No statement.

This bill was listed as "approved" in:

974.905 League of N.J. Municipalities
M95 Legislative bulletin
No.2, February 26, 1970 p. 4

No clippings located at:

Vertical file--N.J.--Public Health (1970)

For background see:

974.90 Burch, Philip H.
H434 Public health service areas: a
1962h preliminary examination. Rutgers

974.90 _____
H434 Service areas for public health.
1966

974.90 N.J. County and Municipal Government
M966 Creative localism.
1968

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RSL/EH

N.J. - Public Health

Apr 28, 1969



STATE OF NEW JERSEY
OFFICE OF THE GOVERNOR
TRENTON

RICHARD J. HUGHES
GOVERNOR

SPECIAL MESSAGE ON HEALTH

To the Legislature:

In my Annual Message of January 14, I discussed the need for firm and decisive action by private citizens and government alike to improve our performance in the delivery of health services to the people of this State. I noted that despite the proud record in many sectors that skilled health professionals and dedicated private citizens alike have enabled this State to compile -- a record for which we have reason to be grateful -- a host of critical problems have arisen that require new State action.

To this end I set forth in my Annual Message a series of important proposals and indicated that further important recommendations would be forthcoming in this special message. Let me first review the proposals for action that I placed before you in January and then proceed with the details of my further recommendations.

Increased State Aid to Local Health Agencies

For the past two years, the Department of Health has administered, on a formula basis, State equalization aid to local health districts. Two hundred eighty municipalities now receive these grants which can be used, at the discretion of the local health officer and board of health, to provide any one of 51 certified health services, such as environmental sanitation, communicable disease control, maternal and child health services, and treatment of chronic illness. Although the per capita aid has increased at the rate of \$.05 annually since its initiation in 1967 at \$1.50, these increases have kept up with neither rising costs nor the demand for local health services.

I have already requested in my Budget Message a \$700,000 increase in the appropriation for this grant program to increase the formula to \$1.80 per capita beginning January 1, 1970. I urge you to act favorably on this request so that local health departments can continue to improve their services to our communities.

Improved Health Services at the Local Level

It is clear that outbreaks of Hong Kong flu, and other threats to the public health, do not respect municipal boundaries. Yet present statutes tend to discourage the provision of local services by agencies that serve populations of sufficient size to justify needed expenditures for health personnel and equipment. In certain cases, county-wide or other regional organizations offer the potential of providing a more effective economic and administrative structure than may now exist. Accordingly, I support legislation to authorize -- though not require -- the establishment of county-wide health departments, strengthen the Regional Health Commission

Act, and amend procedures for the establishment of Consolidated Health Districts. Together these proposals will promote -- where prior law has tended to discourage -- effective joint efforts by communities to face common public health problems.

Expansion of the Crippled Children's Program

New Jersey has a proud history of voluntary and governmental efforts to help our people obtain necessary treatment and rehabilitation for crippling diseases which families could not otherwise provide by themselves. Our Crippled Children's Program last year provided 9,700 children with direct services in homes, hospitals, and convalescent facilities.

This program now extends to families whose children are afflicted with crippling conditions in 90 separate federal categories. In my Budget Message I requested an additional \$200,000 to broaden the scope of the Crippled Children's Program, and I urge your approval of this important request.

Renal Dialysis

The Department of Health, the Rehabilitation Commission, and private groups have worked hard to promote treatment of patients tragically afflicted with kidney disease. But many lives today are still lost because patients have lacked the large sums of money required for the purchase of life-giving care by means of renal dialysis -- a technique essential to those with chronic kidney disease. As heart-breaking as many diseases are, chronic kidney disease is especially tragic because death is predictable, and often absolutely certain on an individual basis, if renal dialysis is not provided.

I therefore request legislation, and a supplemental appropriation of \$300,000, for the Department of Health to establish a chronic renal disease program consistent with the Chronic Illness Act. These funds will provide training; grants or payments in approved centers for equipment, drugs, and supplies; and specialized health services to patients at home. With the establishment of this program, the Commissioner of Health will appoint an Advisory Committee on Chronic Renal Disease that will include representatives of the Regional Medical Program, the State Comprehensive Health Planning Council, and appropriate professional and public members.

Maternal and Infant Care

The infant mortality rate in New Jersey -- as we would expect -- has been declining steadily through the years. Nevertheless a number of our communities still show an alarming incidence of infant mortality, and in five cities -- Newark, Jersey City, Paterson, Trenton, and Atlantic City -- the rate is at least half again as high as the State average.

Yet we know that with highly focused health, social, and educational services provided under special maternal and infant care projects, this mortality rate can be greatly reduced. I ask you now to extend our efforts to prevent unnecessary death among young children and their mothers in New Jersey. To initiate this program I request a supplemental appropriation of \$400,000 for special maternal and infant care projects to be administered by the Department of Health in the five communities with the highest infant mortality rates. Where possible, federal matching funds will be obtained to maximize the effectiveness of these projects.