



State of New Jersey
DEPARTMENT OF HEALTH

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Governor

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JEFFREY A. BROWN
Acting Commissioner

January 8, 2026

VIA U.S. FIRST CLASS & ELECTRONIC MAIL

Eric Carney
President & CEO
Monmouth Medical Center
300 Second Avenue
Long Branch, N.J. 07740

Re: Monmouth Medical Center
Relocation of a general acute care hospital
CN # FR 2024-04352-13;01
Project Cost: \$858,700,000
Expiration Date: January 8, 2031

Dear Mr. Carney:

I am approving, with conditions, the certificate of need (CN) application listed above, pursuant to N.J.A.C. 8:33-3.1, for the replacement/relocation of Monmouth Medical Center (MMC or the Applicant), a general acute care hospital owned by RWJ Barnabas Health, Inc. (RWJBH).¹ The application was originally submitted on April 1, 2024. The new hospital facility, to be named the Vogel Medical Campus, will be located at the former Fort Monmouth U.S. military installation in Tinton Falls, Monmouth County, approximately 6.5 miles west of the existing Long Branch facility. The application is approved at the total project cost noted above.

During the review of the application, the Department of Health (Department) and the Applicant exchanged five sets of completeness questions, and the proposal was modified, pursuant to N.J.A.C. 8:33-4.5(a) and 8:33-4.6. The modified application, to relocate mandatory hospital services to Tinton Falls and retain certain ancillary services, including outpatient surgery services, clinics, and inpatient psychiatric beds at the Long

¹ Due to his position as Deputy Commissioner over the Health Systems branch of the Department of Health when this application was submitted, Acting Commissioner Jeffrey Brown has recused himself from participating in the final agency decision in this matter. Accordingly, he has delegated all responsibility and authority for this decision to myself, Novneet Sahu, M.D., Deputy Commissioner over the Public Health Services branch of the Department.

Branch hospital site, is being approved pursuant to these rules and was deemed complete on October 16, 2025.

I have evaluated this CN application against standards set forth by statute at N.J.S.A. 26:2H-8 and the administrative rules promulgated thereunder, specifically at N.J.A.C. 8:33. I am satisfied that the application submitted by RWJBH is consistent with those requirements. As noted, this CN approval is limited to the relocation of acute care hospital services from Long Branch to Tinton Falls. MMC is hereby authorized to relocate the following hospital beds and services to Tinton Falls: medical-surgical beds, obstetric/gynecological beds, adult intensive/critical care beds, pediatric hospital beds, pediatric intensive care beds, operating rooms, neonatal intensive and intermediate care bassinets, cardiac catheterization labs, interventional radiology rooms, cystoscopy rooms, gamma knife rooms, acute hemodialysis stations, hyperbaric chambers, linear accelerators, lithotripters, computerized tomography (CT) units, and magnetic resonance imaging (MRI) units. Designations as a Regional Perinatal Center, Children's Hospital, and Primary Stroke Center will also transfer to the new Tinton Falls hospital. Adult acute psychiatric beds (both closed and open) and pediatric acute psychiatric beds (closed) will not relocate to Tinton Falls but will remain at the existing Long Branch hospital site which will be retrofitted for this purpose. In addition, RWJBH will operate a hospital-based, off-site ambulatory care facility offering a satellite emergency department (SED), patient observation unit, outpatient surgery services, imaging services, and outpatient clinics, at the existing Long Branch hospital site and has committed to providing no-cost ground transportation between the two campuses. Construction and renovations at both sites are planned for 2026-2028, with licensing anticipated in 2029.

Although not specifically required by N.J.S.A. 26:2H-5.8 for the relocation of a hospital, the State Health Planning Board (SHPB) held a public hearing regarding the application at the Anne Vogel Family Care and Wellness Center in Eatontown on November 13, 2025. Approximately 300 people appeared in person, and 200 attended by remote audio/visual connection. Additionally, interested parties were invited to submit written comments to the SHPB. Approximately 917 people expressed support for the application (35 spoke in person and 882 submitted written comments). Supportive comments generally focused on improving infrastructure with modern facilities, providing better access to healthcare services, improving patient experiences, enhancing behavioral health services, providing economic and safety benefits, building/renovating in a more cost-effective manner, improving vehicle and parking access, improving capacity for handling emergencies, and committing to area/community health outcomes. Approximately 92 people expressed opposition to the application (58 spoke in person, and 34 submitted written comments). Opposing comments generally focused on potential negative impacts for Long Branch residents, including loss of a community asset, travel/accessibility for vulnerable and elderly populations, economic impacts to local businesses, loss of nearby hospital services and beds, and emergency travel times to Tinton Falls. Other concerns generally focused on fragmented care delivery, burdens on other area hospitals, such as Jersey Shore University Medical Center and Riverview Medical Center, and criticism of the timing and location of the public hearing.

Following the public hearing, the SHPB considered the application at its meeting on December 4, 2025, held at the New Jersey State Museum Auditorium, with the option for virtual attendance also. At the hearing, the SHPB heard presentations by Department staff, public comment, and the Applicant's presentation. After discussion and deliberation, the SHPB voted to defer the application and requested additional information from the Applicant. Specifically, the SHPB asked for further information regarding patient access and transportation, healthcare disparities, and workforce and staffing plans.

The SHPB continued its consideration of this application at a special public meeting, held virtually at 9:30 a.m. on December 18, 2025. At that meeting, the Applicant addressed the Board's concerns by reiterating information that was already included in the application. The Board accepted the information and unanimously recommended approval of the application, with conditions.

For the reasons that follow, I am approving, with conditions, this CN application to relocate MMC to a new facility in Tinton Falls. My decision to approve this application is consistent with the recommendation of the SHPB, which, as noted, unanimously recommended approval of this application at its December 18, 2025 meeting. In reaching this decision, I considered the submitted CN application and addenda, completeness questions and responses, exhibits, public hearing transcripts, written comments, Department staff recommendations, and SHPB recommendations. The referenced materials are incorporated herein and made a part of this final decision.

N.J.S.A. 26:2H-8, as well as N.J.A.C. 8:33-4.9(a), provide for the issuance of a CN only where the action proposed in the application for such certificate is necessary to provide required health care in the area to be served, can be economically accomplished and maintained, will not have an adverse economic or financial impact on the delivery of health services in the region or statewide, and will contribute to the orderly development of adequate and effective health care services. In making such determinations, I must take into consideration: (a) the availability of facilities or services which may serve as alternatives or substitutes, (b) the need for special equipment and services in the area, (c) the possible economies and improvement in services to be anticipated from the operation of joint central services, (d) the adequacy of financial resources and sources of present and future revenues, (e) the availability of sufficient manpower in the several professional disciplines, and (f) such other factors as may be established by regulation.

As to the specifics of the application, N.J.S.A. 26:2H-8(a) requires that I consider the availability of facilities or services which may serve as alternatives or substitutes. Notably, the new location in Tinton Falls is within the same county and planning region as Long Branch. MMC demonstrated that the existing facility in Long Branch is outdated and that renovation at its current location is impractical, if not impossible. Relocating the hospital will allow it to remain open and provide residents of the planning region with continuity of healthcare options.

The Department considered the proximity of the proposed relocation site to Jersey Shore University Medical Center and Riverview Medical Center, as well as the concerns

raised by those facilities at the SHPB hearing and meeting regarding potential impacts on patient volume and utilization. In summary, the hospitals suggested that they would both be overwhelmed by existing MMC Long Branch patients and that the newly relocated hospital would encroach on their service areas. However, neither facility submitted data clearly demonstrating that the proposed relocation would result in a measurable diversion or concentration of patients, nor does the record support a finding of adverse operational impact. Accordingly, the Department finds that the proposed relocation will not adversely affect Jersey Shore University Medical Center or Riverview Medical Center and will not disrupt the existing balance or availability of hospital services within the county or planning region.

As set forth in detail below, because the hospital will be relocated within the same county and planning region, the proposed project will not result in a net gain or loss of acute care hospital capacity. The availability of alternative hospitals and substitute services in the planning region will remain unchanged, and access to hospital services will not be adversely affected. Thus, I am satisfied that this criterion is met.

I also find that the requirement at N.J.S.A. 26:2H-8(b), which requires me to consider the need for special equipment and services in the area, will be met in this case. MMC agrees to continue offering the same hospital services in Tinton Falls, except for psychiatric beds, which are currently licensed at the MMC Long Branch site, including designations as a Regional Perinatal Center, Children's Hospital, and Primary Stroke Center. No proposed changes in the scope of special equipment or services resulting from the relocation are identified by the Applicant or the Department. MMC does not plan to add any new services or bed types at the new hospital that are not already offered at the existing Long Branch location.

I find that MMC has also met the standards set forth at N.J.S.A. 26:2H-8(c), regarding the possible economies and improvement in services to be anticipated from the operation of joint central services. The relocation of MMC is part of a multi-year strategic planning study by RWJBH. As part of a fully integrated delivery system of healthcare services, MMC can provide patient services and track outcomes, from outpatient care to inpatient care to post-acute care, in an efficient manner. The proposed new hospital is projected to yield operational and staff efficiencies over the older hospital facility in Long Branch. The new facility will also provide updated, modernized spaces and equipment to ensure patient safety and improve patient clinical outcomes.

N.J.S.A. 26:2H-8(d) requires me to examine the adequacy of financial resources and sources of present and future revenues. My review of the CN application indicates that relocation is the best option for MMC and that RWJBH possesses adequate financial resources to relocate the hospital to Tinton Falls and operate the SED, psychiatric beds, surgery services, and outpatient clinics in Long Branch. The application includes documentation regarding the finances of RWJBH and MMC, including estimated project/construction costs, a financial feasibility assessment, consolidated financial statements and revenue projections, an independent auditor's report, and certifications of financial assets/investments. Project costs include \$800 million for capital

expenditures (including \$520 million for new construction) and \$58.7 million for financing costs, for a total of \$858.7 million. The costs are expected to be financed through \$258.7 million in available cash, \$450 million in loans, \$100 million in net fundraising, and a \$50 million gift from philanthropists Sheldon and the late Anne Vogel.

With respect to N.J.S.A. 26:2H-8(e), regarding the availability of sufficient manpower in the several professional disciplines, I am satisfied that there will be sufficient qualified personnel for the relocation of MMC. The Applicant does not anticipate any difficulties in hiring staff required to implement this project, and the new hospital and other health care services in the area will continue to benefit from their ongoing affiliation from the training provided by the Monmouth University nursing program. Expected staffing increases are anticipated for engineering, environmental services, and Emergency Department operations. RWJBH is confident in its ability to recruit personnel for these positions and has committed to keeping jobs at the Long Branch facility. As this is a relocated hospital within the same county and the new and existing locations are only approximately 6.5 miles apart, it is anticipated that the majority of staff will transfer to the new location. For these reasons, I agree that there is sufficient available manpower to accommodate both locations.

N.J.S.A. 26:2H-8(f) requires consideration of such other factors as may be established by regulation. Therefore, I have taken into consideration the applicable administrative rules governing the services subject to full review (i.e., N.J.A.C. 8:33-1.1 et seq.) and find that:

1) MMC complies with the access requirements outlined in N.J.A.C. 8:33-4.10(a). Specifically, MMC plans no changes to the care or services currently provided following the hospital relocation and will continue to promote access to low-income persons, racial and ethnic minorities, women, disabled persons, the elderly, persons with HIV infections, and other persons who are unable to obtain care. Furthermore, MMC will continue to maintain its commitment to the community by preserving access to healthcare for the residents, including the medically indigent and medically underserved populations, by maintaining a Satellite Emergency Department, observation beds, surgery center, inpatient psychiatric beds, and outpatient clinics at the Long Branch location. Pursuant to condition 11, below, MMC must provide no-cost transportation to the new campus in Tinton Falls.

2) MMC has demonstrated, as required by N.J.A.C. 8:33-4.9(a), that this proposed relocation will not adversely impact the population being served regarding access and quality of care. The proposed relocated hospital is a replacement facility located approximately 6.5 miles west of the existing facility in Long Branch. While MMC's primary service area would grow slightly toward the west, its overall service areas (primary and secondary) would remain the same. A new, modernized hospital facility located near the old hospital site, and the continuation of certain services at the original

site, is expected to enhance access and improve the delivery of healthcare services in the region.

The Department considered the proximity of the proposed relocation site to Jersey Shore University Medical Center and Riverview Medical Center, as well as the concerns raised by those facilities at the SHPB hearing and meeting regarding potential impacts on patient volume and utilization. In summary, the hospitals suggested that they would both be overwhelmed by existing MMC Long Branch patients and that the newly relocated hospital would encroach on their service areas. However, neither facility submitted data demonstrating that the proposed relocation would result in a measurable diversion or concentration of patients, nor does the record support a finding of adverse operational impact. Accordingly, the I find that the proposed relocation will not adversely affect Jersey Shore University Medical Center or Riverview Medical Center and will not disrupt the existing balance or availability of hospital services within the county or planning region.

Much of the discourse around this application focused on health services in Long Branch if the relocation of MMC is approved. Extrapolating from the information MMC provided in response to that issue, 86% of MMC's patients come from outside of Long Branch, so the current majority of MMC patients are not from the municipality where it is located, but rather from other parts of its planning region. I recognize that the precise impact of the proposed relocation of MMC on surrounding hospitals cannot be determined with certainty. However, I note that the project involves the relocation of an existing licensed facility within the same county and within the same Planning Region. The proposed project does not result in the introduction of a new hospital in the planning region, the addition of new licensed bed capacity, or the introduction of new services. I find that MMC has demonstrated a plan to continue serving its historical home in Long Branch, while also relocating the existing hospital to a new location in the planning region. Based upon its review of the application and the record as a whole, I conclude that the proposed relocation is not likely to have an adverse impact on existing hospitals or to materially alter competitive conditions within the county or planning region. I find the project consistent with the State Health Plan and the competitive review standards set forth in N.J.A.C. 8:33.

3) MMC has provided an appropriate project description, which includes information as to financial impacts, operating costs and revenues, services affected, equipment involved, source of funds, utilization statistics, and justification for the proposed project (N.J.A.C. 8:33-4.10(b)), assurance that all residents of the area, particularly the medically underserved, will have access to services (N.J.A.C. 8:33-4.10(a)), and assurance that it will meet

appropriate licensing and construction standards (N.J.A.C. 8:43G-1.1 et seq. and N.J.A.C. 8:33-4.10(d)).

Based on the foregoing, I am approving, with conditions, the application for the relocation of MMC from Long Branch to Tinton Falls. My decision to approve the relocation is based on my review of the submitted application materials, the Department staff's recommendations, the SHPB's recommendation, and the applicable statutory and regulatory criteria described above. This review has led me to conclude that the replacement of the outdated Long Branch hospital with a modern facility only a few miles away will allow MMC to remain competitive with other area healthcare providers, as well as enhance the quality of care provided to its patients.

Finally, I acknowledge that MMC has had a long-standing commitment to the residents of Long Branch and the record before me demonstrates that this approval will enable MMC to maintain its commitment to the community into the foreseeable future. For the reasons outlined in this letter and noting the approval of the SHPB, I approve this application subject to the following conditions, which were reviewed and recommended by the SHPB.

1. At least six months before the relocation, MMC shall provide the following plans to the Department:
 - A written communication plan to MMC staff and the community, including elected officials, clinical practitioners, and emergency services providers, concerning the relocation of hospital services.
 - A written outreach plan to ensure that all residents of the MMC service area, especially the medically indigent and uninsured/underinsured residents, are aware of the relocation of MMC and the availability of no-charge transportation shuttle services from Long Branch to the Vogel Medical Campus at Fort Monmouth.
 - A written operational plan for the transition of all inpatient services and patients from the existing hospital in Long Branch to the Vogel Medical Campus at Fort Monmouth.
2. At least 90 days before the relocation, the Applicant shall file a licensing application with the Department's Division of Certificate of Need and Licensing (Division) to license the hospital at its new location.
3. Within 90 days of the completion of the hospital's relocation, RWJBH shall file a signed certification with the Division as to the final, total project costs expended for the entire project.
4. MMC shall continue to operate the same bed types and service types at the new Vogel Medical Campus at Fort Monmouth that are currently offered at the Long

Branch facility, except for psychiatric beds, which shall remain in operation in Long Branch. The designation of these beds, including open and closed adult psychiatric beds and closed pediatric psychiatric beds, shall remain the same. Any change in the designation or relocation of these psychiatric beds shall require review and approval by the Department, with the advice of the New Jersey Department of Human Services, Division of Mental Health and Addiction Services. Any changes in the number of other beds and services, including the number of medical/surgical beds, shall also require review and approval by the Department.

5. RWJBH agrees to prioritize the hiring of current employees at MMC Long Branch for positions at the new Tinton Falls facility.
6. MMC shall operate a SED with an observation unit on the grounds of the existing Long Branch site indefinitely and shall operate the SED pursuant to the requirements of N.J.A.C. 8:43G-36. MMC shall furnish the Department with quarterly data reports on the use of the SED and observation unit beds.
7. MMC shall operate outpatient clinics at the existing Long Branch site to serve the needs of nearby residents. The new hospital shall also provide outpatient clinics, including services for medically indigent patients, for those services provided on an inpatient basis, pursuant to the requirements of N.J.A.C. 8:43G-2.12(a)19 and N.J.A.C. 8:43G-5.21.
8. MMC shall operate a same-day surgery center at the existing Long Branch site, pursuant to the applicable requirements of N.J.A.C. 8:43A.
9. The observation unit planned for Long Branch shall be restricted to patients who meet the defined criteria for observation care and shall have clinical oversight with physicians and advance practice providers during all operational hours. In addition, the unit shall have clear transfer protocols to the new Tinton Falls hospital or other hospitals for patients that need inpatient hospital services.
10. The SED, observation beds, outpatient clinics, and same-day surgery center required by Conditions #6, #7, and #8 above shall operate without an end date subject to oversight by the Department. MMC shall report on the use of these services to the Department on an annual basis. Any changes in the location, operation, licensed services, dates and hours of operation, suspension of services or closure of any of these services must be approved in advance by the Department's Certificate of Need and Licensing program.
11. MMC shall provide no-charge transportation for patients who present at the Long Branch site to transport such patients to the new Tinton Falls hospital. This transportation should include a shuttle bus service that operates daily from 6:00 a.m. until 9:00 p.m. MMC shall report on the use of these services to the Department on an annual basis and may petition for changes based on volume and hours of usage while operating the SED and clinics.

12. MMC shall work with the Department's Office of Emergency Medical Services (OEMS) and with local emergency medical transport providers to develop plans for addressing personnel and equipment needs required to provide care and transport of patients during the transition and relocation to Tinton Falls.
13. MMC shall comply with federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements to provide care for all patients who present themselves at Tinton Falls or the satellite facility at Long Branch without regard to their ability to pay or payment source in accordance with N.J.S.A. 26:2H-18.64 and N.J.A.C. 8:43G-5.2(c).
14. MMC shall provide care in accordance with N.J.S.A. 26:2H-18.64 and N.J.A.C. 8:43G-5.2(c), at the new location in Tinton Falls and the satellite facility in Long Branch, which shall not be limited to, nor substantially less than, the amount of charity care provided historically in Long Branch.
15. At least 90 days prior to the relocation, MMC shall create a Community Advisory Group (CAG) to provide ongoing community input to the hospital's Board of Trustees and executives regarding how RWJBH can meet the needs of the residents in the MMC service area. This would include participating in the development and updating of the Community Health Needs Assessment (CHNA).
 - a. Subject to the provisions below, MMC shall determine the membership, structure, role, and governance of the CAG in accordance with the primary objectives set forth above and shall provide a written report setting forth same to the hospital's Board, with a copy to the Department and subject to the Department's approval, within 60 days from the date of formation of the CAG. The CAG shall meet at least quarterly each year.
 - b. MMC shall minimally seek participation from each town in its primary service area by offering a seat on the CAG to each town's mayor or his/her designee. Membership on the CAG shall also include patient care advocates, local public health officials, clinical practitioners whose mission is to ensure that New Jersey residents are provided fully integrated and comprehensive health services, labor union officials, and community advocates. MMC shall designate co-chairs of the CAG, one of whom shall be a member of the hospital's Board and one of whom shall be a community member who is neither an employee of, nor related to employees or owners of any parent corporation, subsidiary corporation or corporate affiliate.
 - c. The co-chairs of the CAG shall jointly submit to the hospital's Board, with a copy to the Department, an annual report of the progress toward the goals of the CAG.

- d. Each member of the CAG shall be required to publicly disclose all conflicts of interest to the CAG members and the hospital's Board.
 - e. MMC may petition the Department to disband the CAG no earlier than three years from the date of relocation and on a showing that all the above conditions have been satisfied for at least one year.
16. MMC shall continue its commitment to and investments in improving public health outcomes for the residents of Long Branch and the hospital's entire service area. MMC shall participate as a member in good standing in the regional Maternal and Child Health Consortium that serves the hospital's primary service area. It shall also make commitments to investing in evidence-based disease prevention programs, healthy lifestyle and nutrition programs, outpatient clinics, and implementation of the Monmouth County Health Improvement Plan.
17. MMC shall work with the New Jersey Transit Corporation, the New Jersey Department of Transportation, county and local officials, and public transit interest groups in devising proposals to establish public bus routes between Long Branch and the new hospital campus in Tinton Falls.
18. Within 90 days of the opening of the Vogel Medical Campus, the facility shall identify a single point of contact to the Division concerning the status of all the conditions referenced within the timeframes noted in the conditions.
19. All the above conditions shall also apply to any successor organization to RWJBH that acquires MMC within five years from the date of CN approval.

Failure to satisfy the conditions of approval may result in sanctions, including license suspension, monetary penalties, and other sanctions in accordance with N.J.S.A. 26:2H-1 et seq., and all other applicable requirements. Acceptance of these conditions will be presumed unless written objections are submitted to the Department within 30 days of receipt of this letter. Upon receipt of such objections, this approval will be deemed suspended, and the project shall be re-examined, considering the objections.

We look forward to working with you and helping you to provide a high quality of care to the patients and the residents of the MMC service area. If you have any questions concerning this CN approval, please do not hesitate to contact Mr. Michael Kennedy, Executive Director of the Department's Certificate of Need and Licensing program.

Sincerely,



Novneet Sahu, MD
Deputy Commissioner
Public Health Services

c: Kim Jenkins, Esq., Director, Office of Legal and Regulatory Compliance
Justin Rodriguez, Assistant Commissioner, Certificate of Need and Licensing
Michael J. Kennedy, Esq., Executive Director, Certificate of Need & Licensing
Jeffrey Kasko, Team Leader
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