20. PHYSICAL AND MENTAL HEALTH
21. HEALTH SERVICES
4215. OFFICE OF VITAL STATISTICS AND REGISTRATION
01. VITAL STATISTICS

<table>
<thead>
<tr>
<th>NJCFS Account No.</th>
<th>IPB Account No.</th>
<th>Direct State Services (thousands of dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-100-046-4215-002</td>
<td>4215-100-010000-12</td>
<td>Salaries and Wages ........................................ ( 1,198 )</td>
</tr>
<tr>
<td>20-100-046-4215-003</td>
<td>4215-100-010000-2</td>
<td>Materials and Supplies ................................ ( 34 )</td>
</tr>
<tr>
<td>20-100-046-4215-004</td>
<td>4215-100-010000-3</td>
<td>Services Other Than Personal ................................. ( 91 )</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total Appropriation, Office of Vital Statistics and Registration</strong> ........................................... 1,323</td>
</tr>
</tbody>
</table>

4220. DIVISION OF FAMILY HEALTH SERVICES
02. FAMILY HEALTH SERVICES

<table>
<thead>
<tr>
<th>NJCFS Account No.</th>
<th>IPB Account No.</th>
<th>Direct State Services (thousands of dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-100-046-4220-002</td>
<td>4220-100-020000-12</td>
<td>Salaries and Wages ........................................ ( 504 )</td>
</tr>
<tr>
<td>20-100-046-4220-003</td>
<td>4220-100-020000-2</td>
<td>Materials and Supplies ................................ ( 63 )</td>
</tr>
<tr>
<td>20-100-046-4220-004</td>
<td>4220-100-020000-3</td>
<td>Services Other Than Personal ................................. ( 44 )</td>
</tr>
<tr>
<td>20-100-046-4220-005</td>
<td>4220-100-020000-4</td>
<td>Maintenance and Fixed Charges ............................... ( 9 )</td>
</tr>
<tr>
<td>20-100-046-4220-219</td>
<td>4220-100-020010-5</td>
<td>WIC Farmers Market Program ............................... ( 87 )</td>
</tr>
<tr>
<td>20-100-046-4220-310</td>
<td>4220-100-020530-5</td>
<td>Identification System for Children’s Health and Disabilities .................... ( 300 )</td>
</tr>
<tr>
<td>20-100-046-4220-485</td>
<td>4220-100-021090-5</td>
<td>Governor’s Council for Medical Research and Treatment of Autism .................. ( 500 )</td>
</tr>
<tr>
<td>20-100-046-4220-286</td>
<td>4220-100-021120-5</td>
<td>Public Awareness Campaign for Black Infant Mortality ............................. ( 500 )</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Subtotal Appropriation, Direct State Services</strong> .............................................................. 2,007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJCFS Account No.</th>
<th>IPB Account No.</th>
<th>Grants-in-Aid (thousands of dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-100-046-4220-074</td>
<td>4220-140-020020-61</td>
<td>Family Planning Services ................................. ( 10,453 )</td>
</tr>
<tr>
<td>20-100-046-4220-501</td>
<td>4220-140-020080-61</td>
<td>Maternal, Child and Chronic Health Services .............................. ( 36,948 )</td>
</tr>
<tr>
<td>20-491-046-4220-011</td>
<td>4220-140-020150-61</td>
<td>Statewide Birth Defects Registry (CRFG) ................................. ( 529 )</td>
</tr>
<tr>
<td>20-100-046-4220-545</td>
<td>4220-140-020500-61</td>
<td>Integrated Care Pilot Program for Military, Veterans, and First Responders ................................. ( 500 )</td>
</tr>
<tr>
<td>20-100-046-4220-546</td>
<td>4220-140-020560-61</td>
<td>NJ Center for Tourette Syndrome and Associated Disorders ................................. ( 400 )</td>
</tr>
<tr>
<td>20-100-046-4220-091</td>
<td>4220-140-020960-61</td>
<td>Poison Control Center ................................. ( 587 )</td>
</tr>
<tr>
<td>20-100-046-4220-460</td>
<td>4220-140-021040-61</td>
<td>Early Childhood Intervention Program ................................. ( 115,374 )</td>
</tr>
<tr>
<td>20-100-046-4220-496</td>
<td>4220-140-021690-61</td>
<td>Surveillance, Epidemiology, and End Results Expansion Program - CINJ ................................. ( 2,000 )</td>
</tr>
<tr>
<td>20-100-046-4220-525</td>
<td>4220-140-021800-61</td>
<td>Adler Aphasia Center ........................................ ( 200 )</td>
</tr>
<tr>
<td>20-100-046-4220-533</td>
<td>4220-140-027720-61</td>
<td>Improving Veterans Access to Health Care ................................. ( 2,500 )</td>
</tr>
<tr>
<td>20-100-046-4220-536</td>
<td>4220-140-027730-61</td>
<td>REED Next Autism Services Program ................................. ( 1,000 )</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Subtotal Appropriation, Grants-in-Aid</strong> .............................................................. 170,491</td>
</tr>
</tbody>
</table>

|                  |                 | **Total Appropriation, Division of Family Health Services** .................................................. 172,498 |
|                  |                 | **(From General Fund)** .............................................................. 171,969 |
|                  |                 | **(From Casino Revenue Fund)** .............................................................. 529 |

Language -- Direct State Services - General Fund

20-100-046-4220-483 4220-472-021090

Notwithstanding the provisions of any law or regulation to the contrary, there is appropriated $500,000 from the Autism Medical Research and Treatment Fund for the operations of New Jersey’s Autism Registry.

20-100-046-4220-483 4220-472-021090

Notwithstanding the provisions of any law or regulation to the contrary, there is appropriated $500,000 from the Autism Medical Research and Treatment Fund for the operations of the Governor’s Council for Medical Research and Treatment of Autism.

20-100-046-4220-483 4220-472-021090

Receipts deposited into the Autism Medical Research and Treatment Fund are appropriated for the Governor’s Council for Medical Research and Treatment of Autism, subject to the approval of the Director of the Division of Budget and Accounting.
Notwithstanding the provisions of subsection c. of section 6 of P.L.1983, c.6 (C.52:9U-6), subsection c. of section 5 of P.L.2003, c.200 (C.52:9EE-5), subsection c. of section 5 of P.L.1999, c.201 (C.52:9E-5) and section 4 of P.L.1999, c.105 (C.30:6D-59) or any other law or regulation to the contrary, the amounts hereinabove appropriated to the New Jersey State Commission on Brain Injury Research, New Jersey Commission on Spinal Cord Research, and the Governor’s Council for Medical Research and Treatment of Autism are subject to the following condition: an amount from each appropriation, subject to the approval of the Director of the Division of Budget and Accounting, may be used to pay the salary and other benefits of one person who shall serve as Executive Director for all three entities, with the services of such person allocated to the three entities as shall be determined by the three entities.

Notwithstanding the provisions of any law or regulation to the contrary, there are appropriated from the Autism Medical Research and Treatment Fund such amounts as are necessary to support the award of grants for a Special Health Needs Medical Homes pilot program, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, there is appropriated $250,000 from the Autism Medical Research and Treatment Fund for the Autism New Jersey Helpline.

Notwithstanding the provisions of any law or regulation to the contrary, there are appropriated from the New Jersey Brain Injury Research Fund such amounts as are necessary to support the award of grants for research on the treatment of brain injuries, both traumatic and non-traumatic, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, there are appropriated from the New Jersey Spinal Cord Research Fund such amounts as are necessary to support the award of grants for research on the treatment of spinal cord injuries, both traumatic and non-traumatic, subject to the approval of the Director of the Division of Budget and Accounting.

Language -- Grants-In-Aid -- General Fund

20-100-046-4220-501 4220-140-020080-61

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the Early Childhood Intervention Program shall be conditioned on the requirements of the “Individuals with Disabilities Education Improvement Act of 2004,” Pub.L. 108-446 (20 U.S.C.s.1400 et seq.), as amended, and part 303 of Title 34, Code of Federal Regulations, as set forth in the State Plan filed by the Early Childhood Intervention Program with the U.S. Department of Education, Office of Special Education Programs.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the Surveillance, Epidemiology, and End Results Expansion Program—CINJ account, an amount may be transferred to Direct State Services in the Department of Health to cover administrative costs of the program, subject to the approval of the Director of the Division of Budget and Accounting.
20. PHYSICAL AND MENTAL HEALTH

21. HEALTH SERVICES

The amount hereinabove appropriated for Improving Veterans Access to Health Care shall be used to support the costs of continued operations by the Vets4Warriors Program and any remaining amounts may be allocated by the Commissioner of Health on a competitive basis to fund initiatives to improve veterans’ access to health care.

Notwithstanding the provisions of section 9 of P.L.2003, c.200 (C.52:9EE-9), there is appropriated from the New Jersey Brain Injury Research Fund the amount of $140,000 which shall be transferred to the Department of Human Services and allocated to the Brain Injury Alliance of New Jersey for specialized community-based services.

There is appropriated $570,000 from the Alcohol Education, Rehabilitation and Enforcement Fund to fund the Fetal Alcohol Syndrome Program.

The unexpended balances at the end of the preceding fiscal year in the Statewide Trauma Registry account are payable from the “Worker and Community Right to Know Fund.”

Notwithstanding the provisions of the “Worker and Community Right to Know Act,” P.L.1983, c.315 (C.34:5A-1 et seq.), the amount hereinabove appropriated for the Worker and Community Right to Know account is payable from the “Worker and Community Right to Know Fund.”

In addition to the amounts hereinabove appropriated, notwithstanding the provisions of any law or regulation to the contrary, there is appropriated $154,000 from the “Emergency Medical Technician Training Fund” to fund the Emergency Medical Services for Children Program.

Notwithstanding the provisions of section 9 of P.L.2003, c.200 (C.52:9EE-9), there is appropriated $570,000 from the Alcohol Education, Rehabilitation and Enforcement Fund to fund the Fetal Alcohol Syndrome Program.

Notwithstanding the provisions of any law or regulation to the contrary, there are appropriated from the “Pilot Clinic Fund” such amounts as are necessary to pay the reasonable and necessary expenses of the “Animal Population Control Fund,” subject to the approval of the Director of the Division of Budget and Accounting.
Receipts from the agency surcharge on vehicle rentals pursuant to section 54 of P.L.2002, c.34 (C.App.A:9-78), not to exceed $4,722,000, are appropriated for the Medical Emergency Disaster Preparedness for Bioterrorism program and shall be deposited into a dedicated account, the expenditure of which shall be subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, there is appropriated from the “Emergency Medical Technician Training Fund” $125,000 for Emergency Medical Services and $180,000 for the First Response EMT Cardiac Training Program.

Notwithstanding the provisions of any law or regulation to the contrary, there is appropriated from the “Emergency Medical Technician Training Fund” $150,000 to support the web-based certification platform for all certified NJ Emergency Medical Services Personnel.

In the event that amounts available in the “Emergency Medical Technician Training Fund” are insufficient to support reimbursement levels of $750 for initial EMT training, while at the same time continuing to ensure funding for continuing EMT education at current levels, there are appropriated such amounts as the Director of the Division of Budget and Accounting shall determine to be necessary to maintain these increased levels for initial and continuing EMT training and education.

Notwithstanding the provisions of any law or regulation to the contrary, there is appropriated from the “Emergency Medical Technician Training Fund” $150,000 to support the web-based certification platform for all certified NJ Emergency Medical Services Personnel.

Notwithstanding the provisions of any law or regulation to the contrary, none of the monies appropriated to the Department of Health are appropriated to public health priority programs under P.L.1966, c.36 (C.26:2F-1 et seq.) as amended.
### 20. PHYSICAL AND MENTAL HEALTH
### 21. HEALTH SERVICES
### 245. DIVISION OF AIDS PREVENTION AND CONTROL
### 12. AIDS SERVICES

#### NJCFS Account No. | IPB Account No. | Direct State Services (thousands of dollars)
--- | --- | ---
20-100-046-4245-001 | 4245-100-120000-12 | Salaries and Wages ......................................................... ( 1,150 )
20-100-046-4245-002 | 4245-100-120000-2 | Materials and Supplies .................................................... ( 78 )
20-100-046-4245-003 | 4245-100-120000-3 | Services Other Than Personal ........................................... ( 98 )
20-100-046-4245-004 | 4245-100-120000-4 | Maintenance and Fixed Charges ...................................... ( 12 )

Subtotal Appropriation, Direct State Services .................................................... 1,338

#### NJCFS Account No. | IPB Account No. | Grants-in-Aid (thousands of dollars)
--- | --- | ---
20-100-046-4245-183 | 4245-140-120050-61 | North Jersey Community Research Initiative .......................... ( 75 )
20-100-046-4245-056 | 4245-140-120800-61 | AIDS Grants ................................................................. ( 21,651 )

Subtotal Appropriation, Grants-in-Aid .................................................................. 21,726

Total Appropriation, Division of AIDS Prevention and Control ................................. 23,064

#### Language -- Grants-In-Aid - General Fund

In order to permit flexibility in the handling of appropriations, amounts may be transferred to and from the various items of appropriation within the AIDS Services program classification in the Department of Health, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.

Of the amount hereinafore appropriated for AIDS Grants, savings realized from reduced transportation costs may be transferred to the AIDS Drug Distribution Program account, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, in order to maximize prescription drug coverage under the Medicare Part D program established pursuant to the federal “Medicare Prescription Drug, Improvement, and Modernization Act of 2003,” the amounts hereinafore appropriated for the AIDS Drug Distribution Program (ADDP) shall not be spent unless the ADDP is designated as the authorized representative for the purposes of coordinating benefits with the Medicare Part D program, including enrollment and appeals of coverage determinations. ADDP is authorized to represent program beneficiaries in the pursuit of such coverage. ADDP representation shall not result in any additional financial liability on behalf of such program beneficiaries and shall include, but need not be limited to, the following actions: application for the premium and cost-sharing subsidies on behalf of eligible program beneficiaries; pursuit of appeals, grievances, or coverage determinations; and facilitated enrollment in a prescription drug plan or Medicare Advantage Prescription Drug plan. If any beneficiary declines enrollment in any Medicare Part D plan, that beneficiary shall be barred from all benefits of the ADDP Program.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinafore appropriated to the AIDS Drug Distribution Program (ADDP) is conditioned upon the Department of Health coordinating the benefits of ADDP with the prescription drug benefits of the Medicare Part D program established pursuant to the federal “Medicare Prescription Drug, Improvement, and Modernization Act of 2003,” as the primary payer. The ADDP benefit and reimbursement shall only be available to cover the beneficiary cost share to in-network pharmacies and for deductible and coverage gap costs, as determined by the Commissioner of Health, associated with enrollment in Medicare Part D for ADDP beneficiaries, and for Medicare Part D premium costs for ADDP beneficiaries.

Notwithstanding the provisions of any law or regulation to the contrary, no funds appropriated in the AIDS Drug Distribution Program (ADDP) account shall be available as payment as an ADDP benefit to any pharmacy that is not enrolled as a participating pharmacy in a pharmacy network under the Medicare Part D program established pursuant to the federal “Medicare Prescription Drug, Improvement, and Modernization Act of 2003.”

Commencing with the start of the fiscal year, and consistent with the requirements of the federal “Medicare Prescription Drug, Improvement, and Modernization Act of 2003” (MMA), no funds hereinafore appropriated from the AIDS Drug Distribution Program (ADDP) account shall be expended for any individual enrolled in the ADDP program unless the individual provides all data necessary to enroll the individual in the Medicare Part D program established pursuant to the MMA, including data required for the subsidy assistance, as outlined by the Centers for Medicare and Medicaid Services.

Notwithstanding the provisions of any law or regulation to the contrary, no amounts hereinafore appropriated for the AIDS Drug Distribution Program shall be expended for drugs used for the treatment of erectile dysfunction, or cosmetic drugs, including but not limited to drugs used for baldness and weight loss.
### 46. HEALTH

#### 20. PHYSICAL AND MENTAL HEALTH

#### 21. HEALTH SERVICES

#### 4280. DIVISION OF PUBLIC HEALTH AND ENVIRONMENTAL LABORATORIES

##### 08. LABORATORY SERVICES

<table>
<thead>
<tr>
<th>NJ/FS Account No.</th>
<th>IPB Account No.</th>
<th>Direct State Services (thousands of dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-100-046-4280-002</td>
<td>4280-100-080000-12</td>
<td>Salaries and Wages: 4,472</td>
</tr>
<tr>
<td>20-100-046-4280-003</td>
<td>4280-100-080000-2</td>
<td>Materials and Supplies: 630</td>
</tr>
<tr>
<td>20-100-046-4280-004</td>
<td>4280-100-080000-3</td>
<td>Services Other Than Personal: 513</td>
</tr>
<tr>
<td>20-100-046-4280-005</td>
<td>4280-100-080000-4</td>
<td>Maintenance and Fixed Charges: 240</td>
</tr>
<tr>
<td>20-100-046-4280-066</td>
<td>4280-100-080390-5</td>
<td>West Nile Virus - Laboratory: 640</td>
</tr>
</tbody>
</table>

**Total Appropriation, Division of Public Health and Environmental Laboratories:** 6,495

Language -- Direct State Services - General Fund

The Director of the Division of Budget and Accounting is empowered to transfer or credit appropriations to the Department of Health for diagnostic laboratory services provided to any other agency or department, provided that funds have been appropriated or allocated to such agency or department for the purpose of purchasing these services.

Receipts from fees established by the Commissioner of Health for licensing of clinical laboratories, pursuant to P.L.1975, c.166 (C.45:9-42.26 et seq.), and blood banks, pursuant to P.L.1963, c.33 (C.26:2A-2 et seq.), are appropriated.

### 4285. DIVISION OF COMMUNITY HEALTH

##### 05. COMMUNITY HEALTH SERVICES

<table>
<thead>
<tr>
<th>NJ/FS Account No.</th>
<th>IPB Account No.</th>
<th>Direct State Services (thousands of dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-100-046-4285-002</td>
<td>4285-100-050000-12</td>
<td>Salaries and Wages: 381</td>
</tr>
<tr>
<td>20-100-046-4285-003</td>
<td>4285-100-050000-2</td>
<td>Materials and Supplies: 20</td>
</tr>
<tr>
<td>20-100-046-4285-004</td>
<td>4285-100-050000-3</td>
<td>Services Other Than Personal: 25</td>
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<tr>
<td>20-100-046-4285-005</td>
<td>4285-100-050120-5</td>
<td>Breast Cancer Public Awareness Campaign: 90</td>
</tr>
<tr>
<td>20-100-046-4285-006</td>
<td>4285-100-050900-5</td>
<td>New Jersey Commission on Cancer Research: 2,000</td>
</tr>
<tr>
<td>20-100-046-4285-007</td>
<td>4285-100-050920-5</td>
<td>Smoking Cessation and Prevention: 500</td>
</tr>
<tr>
<td>20-100-046-4285-008</td>
<td>4285-100-051340-5</td>
<td>Cancer Screening - Early Detection and Education Program: 3,500</td>
</tr>
</tbody>
</table>

**Subtotal Appropriation, Direct State Services:** 6,516

<table>
<thead>
<tr>
<th>NJ/FS Account No.</th>
<th>IPB Account No.</th>
<th>Grants-in-Aid (thousands of dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-100-046-4285-434</td>
<td>4285-140-050280-61</td>
<td>Implementation of Comprehensive Cancer Control Program: 1,200</td>
</tr>
<tr>
<td>20-100-046-4285-549</td>
<td>4285-140-050640-61</td>
<td>ALS Association: 250</td>
</tr>
</tbody>
</table>

**Subtotal Appropriation, Grants-in-Aid:** 1,450

**Total Appropriation, Division of Community Health:** 7,966

Language -- Direct State Services - General Fund

Amounts deposited into the “New Jersey Breast Cancer Research Fund” from the gross income tax check-offs pursuant to the provisions of P.L.1995, c.26 (C.54A:9-25.7 et al.) are appropriated to the New Jersey State Commission on Cancer Research for breast cancer research projects, subject to the approval of the Director of the Division of Budget and Accounting.

Language -- Grants-In-Aid - General Fund

Of the amount hereinafore appropriated for the ALS Association to provide support services to New Jersey residents, 50 percent shall be allocated to the Greater Philadelphia Chapter of the ALS Association to serve residents in southern New Jersey and 50 percent shall be allocated to the Greater New York Chapter of the ALS Association to serve residents in central and northern New Jersey.
Upon a determination by the Commissioner of Health, made in consultation with the State Treasurer, that additional State funding is necessary to reimburse centers for services to uninsured clients, the Director of the Division of Budget and Accounting shall authorize the appropriation of such sums as the commissioner determines are necessary for grants to federally qualified health centers.

Total Appropriation, Health Services ............................................ 271,345
(From General Fund) .......................................................... 270,816
(From Casino Revenue Fund) ................................................ 529

Receipts from licenses, permits, fines, penalties, and fees collected by the Department of Health in health services, in excess of those anticipated, are appropriated, subject to the approval of the Director of the Division of Budget and Accounting.

Total Appropriation, Division of Long Term Care Systems Development & Quality Assurance 9,931

Receipts from fees charged for processing Certificate of Need applications and the unexpended balances at the end of the preceding fiscal year of such receipts are appropriated for the cost of this program, subject to the approval of the Director of the Division of Budget and Accounting.

There are appropriated such sums as are required to the “Health Care Facilities Improvement Fund” to provide available resources in an emergency situation at a health care facility, as defined by the Commissioner of Health, or for closure of a health care facility, subject to the approval of the Director of the Division of Budget and Accounting.

Subtotal Appropriation, Direct State Services .................................. 1,456
20. PHYSICAL AND MENTAL HEALTH
22. HEALTH PLANNING AND EVALUATION
4270. DIVISION OF HEALTH CARE SYSTEMS ANALYSIS
07. HEALTH CARE SYSTEMS ANALYSIS

<table>
<thead>
<tr>
<th>NJ/CFES Account No.</th>
<th>IPB Account No.</th>
<th>Grants-in-Aid</th>
<th>(thousands of dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-100-046-4270-077</td>
<td>4270-140-070020-61</td>
<td>Health Care Subsidy Fund Payments ..........................</td>
<td>(42,155)</td>
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<tr>
<td>20-100-046-4270-147</td>
<td>4270-140-070210-61</td>
<td>Hospital Asset Transformation Program .........................</td>
<td>(8,539)</td>
</tr>
<tr>
<td>20-100-046-4270-166</td>
<td>4270-140-070280-61</td>
<td>Visiting Nurse Association of Central Jersey Community Health Center- LGBTQ Infrastructure Grant ................</td>
<td>(750)</td>
</tr>
<tr>
<td>20-100-046-4270-078</td>
<td>4270-140-070420-61</td>
<td>East Orange General Hospital .................................</td>
<td>(7,500)</td>
</tr>
<tr>
<td>20-100-046-4270-148</td>
<td>4270-140-070300-61</td>
<td>Hospital Delivery System Reform Incentive Payments - DSRIP ....</td>
<td>(62,645)</td>
</tr>
<tr>
<td>20-100-046-4270-142</td>
<td>4270-140-070350-61</td>
<td>Graduate Medical Education .................................</td>
<td>(242,000)</td>
</tr>
<tr>
<td>20-100-046-4270-164</td>
<td>4270-140-070370-61</td>
<td>Holy Name Hospital, Teaneck - Palliative Care Pilot Program ..</td>
<td>(3,000)</td>
</tr>
<tr>
<td>20-100-046-4270-165</td>
<td>4270-140-070380-61</td>
<td>Hackensack Meridian School of Medicine at Seton Hall University ..</td>
<td>(4,000)</td>
</tr>
</tbody>
</table>

Subtotal Appropriation, Grants-in-Aid ........................................... 370,589

Total Appropriation, Division of Health Care Systems Analysis .......................... 372,045

Language -- Grants-In-Aid -- General Fund

Notwithstanding the provisions of any law or regulation to the contrary, any revenues collected from the tax on medical services pursuant to P.L.2004, c.53 (C.54:32E-1) shall be deposited into the Health Care Subsidy Fund established pursuant to section 8 of P.L.1992, c.160 (C.26:2H-18.58) for the support of payments to federally qualified health centers.

Notwithstanding the provisions of any law or regulation to the contrary, as a condition of the receipt of any monies hereunder by an acute care hospital that is receiving an advance of charity care/NJ FamilyCare payments, any revenues collected from the “Health Care Facilities Improvement Fund” and any payments over and above this act, the hospital shall comply with a request by the Commissioner of Health for a review of its finances and operations to ensure that access to health care is maintained and public funds are utilized for their intended purposes. The cost of such review shall be borne by the acute care hospital and shall comply with any financial and operational performance requirements imposed by the commissioner as deemed necessary as a result of the review.

Notwithstanding the provisions of section 3 of P.L.2004, c.113 (C.26:2H-18.59) or any law or regulation to the contrary, the appropriation for Health Care Subsidy Fund Payments is subject to the following conditions: the distribution of Charity Care funding shall be calculated in the following manner: (a) source data for the most recent census data shall be from the 2017 5-Year American Community Survey; (b) source data used shall be from calendar year (CY) 2017 for documented charity care claims data and hospital-specific gross revenue for charity care patients and shall include all adjustments and void claims related to CY 2017 and any prior year submitted claims, as submitted by each acute care hospital or determined by the Department of Health (DOH); (c) source data used for CY 2017 documented charity care for each hospital’s total gross revenue for all patients shall be from the CY 2017 audited Acute Care Hospital Cost Report as defined by Form E4, Line 1, Column E data and shall be according to the DOH due date of June 30, 2018, as submitted by December 31, 2018 by each acute care hospital and audited by January 31, 2019; (d) source data used for CY 2017 documented charity care shall be from CY 2017 Medicare Cost Report and shall be according to the DOH due date of June 30, 2018, as submitted by December 31, 2018 by each acute care hospital and audited by January 31, 2019; (e) in the event that an eligible hospital failed to submit the CY 2017 Acute Care Hospital Cost Report, source data from their CY 2016 Acute Care Hospital Cost Report shall be used for hospital-specific gross revenue for charity care patients and for hospital total gross revenue for all patients as defined by Form E4, Line 1, Column E; in the event that an eligible hospital failed to submit a full year CY 2017 Acute Care Hospital Cost Report, source data from a supplemental 2017 Acute Care Hospital Cost Report shall be used for hospital-specific gross revenue for charity care patients and for hospital total gross revenue for all patients as defined by Form E4, Line 1, Column E; (g) for each eligible hospital, except those designated 96% by their hospital-specific reimbursed documented charity care, a proportionate decrease shall be applied to its calculated subsidy based on its percentage of total subsidy such that the total calculated subsidy for all hospitals shall equal $269,000,000; and (h) the resulting value will constitute each eligible hospital’s SFY 2020 charity care subsidy allocation.

The amounts hereinafter appropriated for Health Care Subsidy Fund Payments are conditioned upon the following provision: the Department of Health shall review, examine and/or audit any and all financial information maintained by an acute care hospital to ensure appropriate use of public funds.
Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for Charity Care Subsidy is subject to the condition that participating hospitals shall demonstrate participation in the New Jersey Department of Health’s New Jersey Health Information Network (NJHIN). For purposes of this paragraph, demonstrated participation in the NJHIN shall mean: (1) the hospital has directly, or indirectly through another Trusted Data Sharing Organization, executed the NJHIN Data Use and Reciprocal Support Agreement and the NJHIN Business Associate Agreement; (2) the hospital executed and participates in the NJHIN Core Use Case; and (3) the hospital executed and participates in the Statewide Admission, Discharge, Transfer Notification Use Case, as determined by the Commissioner of Health.

Provided further, that notwithstanding the provisions of any law or regulation to the contrary, participating hospitals also shall report to the Commissioner of Health key indicators of connections to care provided to patients who are eligible for Charity Care, as defined by the Commissioner of Health; in the event that a hospital does not report such information as determined by the Commissioner of Health, the final 1/12 of the hospital’s Charity Care subsidy may be withheld, subject to the approval of the Director of the Division of Budget and Accounting.

The amounts hereinabove appropriated for Charity Care or other funding to a health care facility are conditioned upon the following requirements: such health care facility shall participate in planning meetings supervised by the Department of Health for the planning of the provision of hospital, medical, or health programs and services; respond to a survey distributed by the Department of Health, on or before December 31, 2019, soliciting information on the facilities’ processes to connect individuals whose claims are submitted as charity care claims to primary and preventative care systems or other systems of value-based health care delivery; and, to the extent permitted by State and federal law, share patient-level data as needed to facilitate such purposes.

Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated from the Health Care Subsidy Fund for Charity Care payments are subject to the following condition: In a manner determined by the Commissioner of Health and subject to the approval of the Director of the Division of Budget and Accounting, eligible hospitals shall receive (1) their charity care subsidy payments beginning in July 2019, and (2) their January 2020 payments in December 2019.

There are appropriated such additional sums as are required to pay all amounts due from the State pursuant to any contract entered into between the State Treasurer and the New Jersey Health Care Facilities Financing Authority pursuant to section 6 of P.L.2000, c.98 (C.26:2I-7.1) in connection with the Hospital Asset Transformation Program.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for East Orange General Hospital shall be allocated by the Department of Health to support the expansion of behavioral health services for adult and adolescent populations at East Orange General Hospital pursuant to a grant agreement between the department and the East Orange General Hospital; provided, however, that the grant agreement shall include appropriate benchmarks and other provisions to ensure that amounts are disbursed to East Orange General Hospital on a monthly basis during the term of the grant agreement based on the percentage of overall work completed, as determined by the Commissioner of Health in consultation with the New Jersey Health Care Facilities Financing Authority, as well as provisions governing repayment of amounts disbursed pursuant to this provision in the event that East Orange General Hospital enters receivership, declares bankruptcy, or ceases operations during the term of the grant agreement, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, in the event that the State’s waiver extension for the Hospital Delivery System Reform Incentive Payments (DSRIP) program does not receive federal approval, the amounts hereinabove appropriated for that purpose may be transferred to either Charity Care or Graduate Medical Education, or both, to ensure payments to hospitals continue to include federal matching funds; provided, however, that any such reallocation of DSRIP funds shall be subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated for the Hospital Delivery System Reform Incentive Payments (DSRIP) program of $166,600,000 are subject to the following condition: a hospital’s payment shall be calculated and distributed as set forth in the final approved version of New Jersey’s Hospital Delivery System Reform Incentive Payments funding and mechanics protocol approved on February 14, 2018, as amended, by the Centers for Medicare and Medicaid Services (CMS), in connection with the New Jersey Comprehensive Medicaid 1115 Waiver, consistent with the Special Terms and Conditions of the approved Waiver, including but not limited to Section XIII, paragraphs 91 through 97 thereof as may be amended by CMS.

The amount hereinabove appropriated for the Hospital Delivery System Reform Incentive Payments (DSRIP) program is subject to the following condition: the Department of Health shall promptly file with the Presiding Officers of the Legislature copies of any reports or other determinations regarding DSRIP eligibility or plan performance, including but not limited to whether or not a hospital has satisfied any eligibility benchmarks required for receipt of DSRIP funding, which are made by the State or received from the Centers for Medicare and Medicaid Services (CMS).
Notwithstanding the provisions of any law or regulation to the contrary, and except as otherwise provided and subject to such modifications as may be required by the Centers for Medicare and Medicaid Services in order to achieve any required federal approval and full Federal Financial Participation, $228,000,000 from amounts hereinabove appropriated for Graduate Medical Education (GME) shall be designated the GME Subsidy, and shall be calculated as follows: (a) the subsidy payment shall be split into a Direct Medical Education (DME) portion and an Indirect Medical Education (IME) portion; (b) source data used for the GME calculation shall come from the Medicaid cost report for calendar year (CY) 2017 submitted by each acute care hospital by October 31, 2018, and Medicaid Managed Care encounter payments data for Medicaid and NJ FamilyCare clients as reported by insurers to the State for the following reporting period: services dates between January 1, 2017 and December 31, 2017; payment dates between January 1, 2017 and December 31, 2018; and a run-date of not later than February 15, 2019; (c) in the event that a hospital reported less than 12 months of 2017 Medicaid costs, the number of reported months of data regarding days, costs, or payments shall be annualized. In the event the hospital completed a merger, acquisition, or business combination resulting in two or more cost reports filed during the calendar year, two cost reports will be combined into one or a supplemental cost report for the calendar year 2017 submitted by the affected acute care hospital by October 31, 2018 shall be used. In the event that a hospital did not report its Medicaid managed care days on the cost report utilized in this calculation, the Department of Health (DOH) shall ascertain Medicaid managed care encounter days for Medicaid and NJ FamilyCare clients as reported by insurers to the State as per source data defined in (b) above; (d) Medicaid managed care DME cost begins with the total submitted Medicaid cost report total residency costs, reported on Worksheet B Pt I Column 21 Line 1 plus Worksheet B Pt I Column 22 Line 22 divided by the resident full time equivalent employees (FTE), reported on Worksheet S-3 Pt 1 Column 9 Line 14 to develop an average cost per resident FTE for each hospital; (e) median cost per resident FTE is calculated based on the average cost per resident FTE for each hospital; (f) the median cost per resident FTE is multiplied by the 2017 resident FTEs reported on Worksheet S-3 Pt 1 Column 9 Line 14 to develop total median residency program costs using IME costs; (g) Medicaid managed care DME cost begins with the total submitted Medicaid cost report total residency costs, reported on Worksheet S-3 Column 7 Line 2, divided by the difference of total days, reported on Worksheet S-3 Column 8 Line 14, less nursery days, reported on Worksheet S-3 Column 8 Line 13 to determine the Medicaid managed care DME cost of each hospital; (h) Medicaid managed care IME cost is defined as the Medicare IME factor multiplied by Medicaid managed care encounter payments as per source data defined in (b) above; (i) the IME factor is calculated using the Medicare IME formula as follows: 1.35 * [(1 + x) * 0.405 - 1], in which “x” is the ratio of submitted IME resident days reported on Worksheet S-3 Pt 1 Column 9 Line 14 divided by the difference of total available beds, reported on Worksheet S-3 Column 2 Line 14, less nursery beds, reported on Worksheet S-3 Column 2 Line 13; (j) total 2017 Medicaid managed care GME costs shall equal total 2017 Medicaid managed care IME costs plus total 2017 Medicaid managed care DME costs; (k) the 2017 total Medicaid managed care DME costs is divided by the total 2017 Medicaid managed care GME costs; (l) the DME allocation portion is calculated by multiplying the total subsidy amount by the ratio in (k) above; (m) each hospital’s percentage of total 2017 Medicaid managed care DME costs shall be multiplied by the DME allocation to calculate its DME payment; (n) the 2017 total Medicaid managed care IME costs are divided by the total 2017 Medicaid managed care GME costs; (o) the IME allocation portion is calculated by multiplying the total subsidy amount by the ratio in (n) above; (p) each hospital’s percentage of total 2017 Medicaid managed care IME costs shall be multiplied by the IME allocation to calculate its IME payment; (q) the sum of a hospital’s DME and IME payments shall equal its subsidy payment. The total GME Subsidy amount and these payments shall not exceed $218,000,000 and shall be paid in 12 monthly payments; (r) in the event that a hospital believes that there are mathematical errors in the calculations, or data not matching the actual source documents used to calculate the subsidy as defined above, hospitals shall be permitted to file calculation appeals within 15 working days of receipt of the subsidy allocation letter. If upon review it is determined that the number of physicians who completed their training during the preceding calendar year, and the number of those physicians who plan to practice medicine within the State of New Jersey.
20. PHYSICAL AND MENTAL HEALTH
22. HEALTH PLANNING AND EVALUATION

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for Graduate Medical Education (GME) is subject to the following condition: participating hospitals shall provide to residents and fellows participating in the GME program instruction concerning prevention of opioid addiction as well as diagnosis, assessment, and treatment strategies: provided, however, that such instruction may also be provided to other students and providers including, but not limited to, physicians, nurses, pharmacists, and social workers, working within the hospital or in the outpatient setting. To satisfy this condition, participating hospitals may develop an internal training program, enter into a partnership with a school or university, or provide financial support for residents and fellows to participate in independent educational programs or conferences that provide continuing medical education credits that are specifically focused in the subject area of addiction. To document compliance, participating hospitals shall complete a report to the Department of Health no later than May 31, 2020.

In addition to the amount hereinabove appropriated for Health Care Systems Analysis, an amount not to exceed $1,000,000 is appropriated from amounts assessed and collected by the Department of Banking and Insurance pursuant to section 9 of P.L.2007, c.330 (C.17:1D-2), for the purpose of funding costs associated with the development and maintenance of the New Jersey Health Information Network, subject to a plan prepared by the Department of Health and approved by the Director of the Division of Budget and Accounting.

Total Appropriation, Health Planning and Evaluation ........................................ 381,976

20. PHYSICAL AND MENTAL HEALTH
23. MENTAL HEALTH AND ADDICTION SERVICES
4291. GREYSTONE PARK PSYCHIATRIC HOSPITAL
15. PATIENT CARE AND HEALTH SERVICES

Total Appropriation, Greystone Park Psychiatric Hospital ................................ 93,779

99. ADMINISTRATION AND SUPPORT SERVICES

Total Appropriation, Administration and Support Services ......................... 18,195

4292. TRENTON PSYCHIATRIC HOSPITAL
15. PATIENT CARE AND HEALTH SERVICES

Total Appropriation, Patient Care and Health Services ................................ 68,850
### 20. PHYSICAL AND MENTAL HEALTH
#### 23. MENTAL HEALTH AND ADDICTION SERVICES
#### 99. ADMINISTRATION AND SUPPORT SERVICES

<table>
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<th>NJCFS Account No.</th>
<th>IPB Account No.</th>
<th>Direct State Services</th>
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Total Appropriation, Administration and Support Services: 13,096

Total Appropriation, Trenton Psychiatric Hospital: 81,946

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#### 4293. ANN KLEIN FORENSIC CENTER

15. PATIENT CARE AND HEALTH SERVICES

<table>
<thead>
<tr>
<th>NJCFS Account No.</th>
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Total Appropriation, Patient Care and Health Services: 42,943

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#### 4294. ANCORA PSYCHIATRIC HOSPITAL

15. PATIENT CARE AND HEALTH SERVICES

<table>
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<tr>
<th>NJCFS Account No.</th>
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Total Appropriation, Patient Care and Health Services: 76,997
### 20. PHYSICAL AND MENTAL HEALTH

#### 23. MENTAL HEALTH AND ADDICTION SERVICES

**99. ADMINISTRATION AND SUPPORT SERVICES**

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**Total Appropriation, Administration and Support Services** | 16,582

**Total Appropriation, Ancora Psychiatric Hospital** | 93,579

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Language -- Direct State Services - General Fund

The amount hereinabove appropriated for the Division of Mental Health and Addiction Services for State facility operations and the amount appropriated as State Aid for the costs of county facility operations are first charged to the federal disproportionate share hospital (DSH) reimbursements anticipated as Medicaid uncompensated care. As such, DSH revenues earned by the State related to services provided by county psychiatric hospitals which are supported through this State Aid appropriation, shall be considered as the first source supporting the State Aid appropriation.

Receipts recovered from advances made under the Interim Assistance program in the mental health institutions are appropriated for the same purpose.

The unexpended balances at the end of the preceding fiscal year in the Interim Assistance program accounts in the mental health institutions are appropriated for the same purpose.
Receipts to the General Fund from charges to residents’ trust accounts for maintenance costs are appropriated for use as personal needs allowances for residents who have no other source of funds for these purposes; except that the total amount herein for these allowances shall not exceed $450,000 and any increase in the maximum monthly allowance shall be approved by the Director of the Division of Budget and Accounting.
To effectuate the orderly consolidation or closure of a psychiatric hospital, amounts hereinabove appropriated for the State psychiatric hospitals may be transferred to accounts throughout the Department of Health in accordance with the plan adopted pursuant to section 2 of P.L.1996, c.150 (C.30:1-7.4) to consolidate or close a State psychiatric hospital, subject to the approval of the Director of the Division of Budget and Accounting.

4299. DIVISION OF BEHAVIORAL HEALTH SERVICES
99. ADMINISTRATION AND SUPPORT SERVICES

<table>
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Total Appropriation, Division of Behavioral Health Services ........................................ 3,908

Total Appropriation, Mental Health and Addiction Services .............................................. 324,516

20. PHYSICAL AND MENTAL HEALTH
25. HEALTH ADMINISTRATION

4210. DIVISION OF MANAGEMENT AND ADMINISTRATION
99. ADMINISTRATION AND SUPPORT SERVICES

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Total Appropriation, Division of Management and Administration ........................................ 7,018
### 20. PHYSICAL AND MENTAL HEALTH

#### 4297. OFFICE OF THE CHIEF STATE MEDICAL EXAMINER

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**Total Appropriation, Office of the Chief State Medical Examiner** ........................................... 938

**Total Appropriation, Health Administration** ................................................................. 7,956

**Total Appropriation, Department of Health** ................................................................. 985,793

**Totals by Category:**

- **Direct State Services** ................................................................. 372,356
- **Grants-In-Aid** ................................................................. 613,437

**Totals by Fund:**

- **General Fund** ................................................................. 985,264
- **Casino Revenue Fund** ................................................................. 529

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### DEPARTMENT OF HEALTH

Notwithstanding the provisions of P.L.2005, c.237 or any other law or regulation to the contrary, $32,000,000 from the surcharge on each general hospital and each specialty heart hospital is appropriated to fund federally qualified health centers. Any unexpended balance at the end of the preceding fiscal year in the Health Care Subsidy Fund received through the hospital and other health care initiatives account during the preceding fiscal year is appropriated for payments to federally qualified health centers.

Receipts from licenses, permits, fines, penalties, and fees collected by the Department of Health, in excess of those anticipated, are appropriated, subject to a plan prepared by the department and approved by the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of section 7 of P.L.1992, c.160 (C.26:2H-18.57) or any law or regulation to the contrary, the first $1,200,000 in per adjusted admission charge assessment revenues, attributable to $10 per adjusted admission charge assessments made by the Department of Health, shall be anticipated as revenue in the General Fund available for health-related purposes. Furthermore, the remaining revenue attributable to this fee shall be available to carry out the provisions of section 7 of P.L.1992, c.160 (C.26:2H-18.57), as determined by the Commissioner of Health, and subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, the State Treasurer shall transfer to the Health Care Subsidy Fund, established pursuant to section 8 of P.L.1992, c.160 (C.26:2H-18.58), only those additional revenues generated from third party liability recoveries, excluding NJ FamilyCare, by the State arising from a review by the Director of the Division of Budget and Accounting of hospital payments reimbursed from the Health Care Subsidy Fund with service dates that are after the date of enactment of P.L.1996, c.29.

Any change in program eligibility criteria and increases in the types of services or rates paid for services to or on behalf of clients for all programs under the purview of the Department of Health, not mandated by federal law, first shall be approved by the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, fees, fines, penalties and assessments owed to the Department of Health shall be offset against payments due and owing from other appropriated funds.

In addition to the amount hereinafore appropriated, receipts from the federal Medicaid (Title XIX) program for health services-related programs throughout the Department of Health are appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.

In addition to the amounts hereinafore appropriated to the Office of the Chief State Medical Examiner, there are appropriated to the respective State departments and agencies such amounts as may be received or receivable from any instrumentality, municipality, or public authority for direct and indirect costs of all services furnished thereto, except as to such costs for which funds have been included in appropriations otherwise made to the respective State departments and agencies as the Director of the Division of Budget and Accounting shall determine.