

Senate Health, Human Services and Senior Citizens Committee Testimony
Health and Senior Services Commissioner Dr. Poonam Alaigh
March 3, 2011

Good Morning Chairwoman Weinberg and Distinguished members of the Senate Health, Human Services and Senior Citizens Committee. Thank you for giving me this opportunity to appear before you today to discuss some of the important work that the Department has been involved in over the past year.

The Department under the leadership of Gov. Chris Christie has demonstrated a strong commitment to protect New Jersey's most vulnerable – the uninsured, seniors and families of children with special needs – in spite of severe fiscal challenges.

Thank you to this committee for your partnership with the Department on these important initiatives that have protected the health of our residents. Madame Chair, I want to especially thank you for your leadership on improving the health care system in our state. The Department appreciates your assistance in moving forward programs that help our residents. Most recently, we have worked together in exploring options to reduce shortages in the physician workforce. I look forward to visiting the Bergen Volunteer Medical Initiative later this month with you and seeing firsthand the excellent primary care this group of retired physicians is providing. Working together, I hope that we will be able to replicate this successful program throughout the state.

It is in that same spirit of collaboration that I visited the National Institutes of Health last month to discuss a potential partnership and funding opportunities for public health collaborations including Health Information Technology. As a result of my visit, Department staff is talking with NIH's MedlinePlus staff to explore synergies about its use in New Jersey. NIH's MedlinePlus is a consumer education tool that offers up-to-date information on diseases, conditions, and wellness issues. MedlinePlus has a newly developed feature called Medline Plus Connect that will enable its information to be integrated into Electronic Health Records and Personal Health Records. In New Jersey, we will work with the NJ-Health Information Technology Extension Center, the state's Regional Extension Center, and with the NJ Coordinator's Office for Health IT, to encourage physicians, hospitals and Health Information Exchanges to make this tool available as a free value-added component of Electronic Health Records and Personal Health Records, which would help increase the value of these health records to doctors and consumers.

This is just one example of the Department's efforts to enhance our work to protect the health of New Jersey's residents.

We continue to examine our operations and make improvements so we can best meet our mission to improve health through leadership and innovation. We streamlined certain functions including purchasing and IT. This structure is designed to improve public health outcomes, increase our transparency and align operations in a way that better

supports the Department's goals. It is also forward thinking as we position ourselves to take advantage of future opportunities like advancements in Health Information Technology.

Over the past year, our Administration has been working on unresolved and complex regulatory issues from the past few years. Some of those include the following:

The rules to implement the Medicinal Marijuana program, for example, are the result of a comprehensive study of programs in 13 other states and discussions with advocates and medical experts. Unlike other states, the entire process—cultivation, packaging and distribution, physician program, patient registry and quality oversight of Alternative Treatment Centers—is under the authority of the Department of Health and Senior Services. The public expected this program to be developed in a responsible way and with the utmost integrity and we have accomplished that. The result is a medical model that ensures only qualified patients have access to this treatment while public safety is protected.

We designed a unique program based on a strong clinical model. It requires a bona fide and ongoing relationship between physician and patients and ensures that appropriate safety protocols are in place to prevent abuse.

We continue to receive feedback on the re-proposed rules and will be hold a public hearing on Monday, March 7.

A total of 21 applicants submitted proposals to the Department for a total of 35 Alternative Treatment Center sites in the north, central and southern regions of the state. A total of 73 physicians in 19 counties have registered to participate in the program.

The Safe Patient Handling Act and Violence Prevention in Health Care Facilities Act are additional examples.

The Department has proposed rules for the both the Safe Patient Handling Act and Violence Prevention in Health Care Facilities Act. The public comment period for these rules closes tomorrow. We will then review comments and move forward with adoption.

“Codey Law”

Proposed new rules implementing the “Codey Law” will be submitted to the Office of Administrative Law next week. A proposal is expected to be ready for publication within the next quarter. Approximately 128 entities have filed “registrations” to avoid noncompliance with liability insurance carrier eligibility standards which require compliance with state laws. This number is believed to represent nearly the entire population of entities in this category of health care providers.

Health Care Professional Responsibility and Reporting Enforcement Act

The Division of Consumer Affairs has primary rulemaking responsibility for implementation of the Health Care Professional Responsibility and Reporting Enforcement Act through a registry or “clearinghouse” to report health care professionals

who have demonstrated impairment, incompetence or professional misconduct related to patient care. Consumer Affairs proposed rules in November 2010 that require use of a specific form to report incidents of misconduct. Once those rules are adopted, the Department will amend its various hospital and other healthcare facility licensure rules to require use of the adopted reporting form.

Menu Labeling

With regard to the State's "Menu Labeling Law," the Department determined that the Federal Health Reform law preempts the State's and decided not to propose administrative rules to implement the State law prematurely. We continue to monitor developments with the Federal law and await the FDA's anticipated regulations.

This is just a brief overview of the implementation status of these regulations, I am happy to answer any further questions you have around these rules.

In closing, I think we have much to look forward to at the Department of Health and Senior Services. In spite of severe fiscal challenges, Gov. Chris Christie has once again proposed a budget for the next fiscal year that strengthens the health care safety net and protects the most vulnerable. While I will be discussing budget issues in more detail in the future, I would be remiss if I did not highlight for this committee the gross \$40 million increase in the proposed budget for Graduate Medical Education and charity care, two issues which I know are very important to the members of this committee.

I look forward to continuing to work with you. You have been instrumental in advancing legislation that promotes the health and well-being of all New Jerseyans.

I know that we share a common vision to protect and improve the health of all of our residents.

Thank you for this opportunity to testify before you.

I would be happy to answer any of your questions.