

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 4052

STATE OF NEW JERSEY

DATED: NOVEMBER 30, 2023

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 4052 (1R).

This bill establishes a three-year sickle cell disease pilot program and appropriates \$10,200,000.

Under the bill, the Department of Health (department), in consultation with the Department of Human Services, is to establish a three-year sickle cell disease pilot program, under which federally qualified health centers are to be selected by the department to develop and implement comprehensive sickle cell disease treatment programs and services. The department is to select federally qualified health centers for participation in the pilot program on a competitive basis based on criteria to be established by the Commissioner of Health (commissioner). First priority is to be given to federally qualified health centers located in Jersey City, Newark, Paterson, Plainfield, Trenton, Camden, and, subject to the availability of funds, to federally qualified health centers in other municipalities which demonstrate a patient population in that geographic area that is in need of sickle cell disease care. The federally qualified health centers selected for participation in the pilot program are to be eligible for financial support from funds appropriated to the department.

The purpose of the pilot program is to:

(1) link outpatient sickle cell disease care to sickle cell disease care in inpatient health care settings and other health care settings, which may include, if permitted by law, telehealth services;

(2) provide coordinated, comprehensive, team-based medical, behavioral health, mental health, social support, and other services under the supervision of health care professionals who have expertise in treating individuals with sickle cell disease;

(3) foster outreach to individuals and families with sickle cell disease and providers of medical, nursing, and social services who serve and treat persons with sickle cell disease;

(4) promote sickle cell disease education and awareness;

(5) develop initiatives to build a State medical workforce of clinicians who are knowledgeable about the diagnosis and treatment of sickle cell disease; and

(6) establish practices for the collection of in-State data on sickle cell disease to monitor incidence, prevalence, demographics, morbidity, health care utilization, and costs.

Federally qualified health centers seeking to participate in the pilot program are to develop comprehensive sickle cell disease treatment programs and services that provide coordinated, comprehensive, team-based medical, behavioral health, mental health, social support, and monitoring services under the supervision of health care professionals who have expertise in treating individuals with sickle cell disease. The department is to coordinate with federally qualified health centers participating in the pilot program and other health care facilities and health care professionals to establish centers of excellence for sickle cell disease research and innovation, as determined by the commissioner.

As reported by the committee, Assembly Bill No. 4052 (1R) is identical to Senate Bill No. 2710 (1R), which was also reported by the committee on this date.

FISCAL IMPACT:

The Office of Legislative Services (OLS) determines that State costs will increase by up to \$10.2 million to implement a three-year sickle cell disease pilot program in select federally qualified health centers. The bill appropriates \$10.2 million for grants to these federally qualified health centers over the three-year duration of the pilot program.

The OLS presumes that the Department of Health will base the number of federally qualified health centers selected to participate in the pilot program, and the amount of funding allocated to each center, upon the appropriations available under the bill, less any administrative costs incurred by the department. At minimum, the program will include six federally qualified health centers located in six specific municipalities.

To the extent that the pilot program results in routine, comprehensive outpatient care for NJ FamilyCare enrollees who have a sickle cell disease diagnosis, in place of more costly emergency room or inpatient hospital care, the State could potentially realize an indeterminate amount of cost savings under the bill.