

ASSEMBLY BUDGET COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5236

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 28, 2026

The Assembly Budget Committee reports favorably and with committee amendments Assembly Bill No. 5236.

As amended by the committee, this bill requires that the Department of Children and Families (DCF) be responsible for overseeing and implementing policies and procedures to strengthen Statewide pediatric psychiatry and behavioral health care services for children and their families.

As amended by the committee, in implementing the policies and procedures prescribed in the bill, the DCF is to: (1) complete an evaluation of the current services provided by the contracted entity for the CCMHCP to collect information on process and outcomes with clear performance measures of the services provided by the CCMHCP; (2) analyze and recommend, in consultation with the Departments of Banking and Insurance, Health, and Human Services, adjustments to payment structures and reimbursement rates for pediatric primary care physicians providing pediatric psychiatry and behavioral care health services; and (3) increase transparency and accountability within contracted system administrators.

As amended by the committee, the Department of Health (DOH): (1) in consultation with the DCF, the Division of Consumer Affairs (the division) in the Office of the Attorney General, and the Department of Human Services (DHS), is to require health care facilities, pediatric primary care physicians, and hospital emergency departments, and pediatric behavioral health care programs that use electronic health records to publicly report to the departments or division with regulatory authority over the entities, standardized data on hospitalization visits and admissions, discharge, and placement information concerning children seeking pediatric psychiatry or behavioral health care services; and (2) in consultation with the DCF, the division, and the DHS, is to define data elements and issue standardized definitions to guide the reporting of data required in the bill. The bill provides that a penalty may be assessed in an amount of at least \$100 but not more than \$500 for each day an entity is in violation of the data sharing provisions of the bill.

The DCF is to submit to the Governor and the Legislature a report on the standardized data collected pursuant to the provisions of the bill

and to make the data available to the public on the DCF's Internet website.

COMMITTEE AMENDMENTS:

The committee amendments replace references to the "New Jersey Pediatric Psychiatry Collaborative (NJPPC)" and "PerformCare and future contracted system administrators" with references to the "Child Collaborative Mental Health Care Program (CCMHCP)" and "contracted system administrators," respectively.

The committee amendments remove references to the "New Jersey Chapter of the American Academy of Pediatrics."

The committee amendments stipulate that in implementing the policies and procedures prescribed in the bill, the DCF is to evaluate the services provided by the contracted entity for the CCMHCP.

The committee amendments require that the expansion of services to pediatric primary care physicians who are members of the CCMHCP is to include the establishment of a requirement that the CCMHCP provide medical education via case-based learning collaboratives to address gaps in professional knowledge and skills relating to psychotropic medication management, side effect monitoring, co-occurring conditions, and care for youth with more complex presentations of psychiatric conditions.

The committee amendments remove the requirement that the DCF establish a public awareness campaign pursuant to the provisions of the bill.

The committee amendments clarify that pediatric behavioral healthcare programs that use electronic health records are to report standardized data on hospitalization visits and admissions, discharge, and placement information concerning children seeking pediatric psychiatry or behavioral health care services to the DOH, in consultation with the DCF, the division, and the DHS.

The committee amendments mandate that the DOH, in consultation with the DCF, the division, and the DHS, instead of the DCF, in consultation with the DOH and the DHS, as originally provided in the bill, to require the entities enumerated in the bill to publicly report to the departments or division with regulatory authority over such entities standardized data on hospitalization visits and admissions, discharge, and placement information concerning children seeking pediatric psychiatry or behavioral health care services.

The committee amendments permit the DOH, in consultation with, the DCF, the division, and the DHS, to define data elements and issue standardized definitions to guide the reporting of data required in the bill.

The committee amendments allow the DOH, the DCF, the division, and the DHS, upon notice and hearing, to assess a penalty in an amount of at least \$100 but not more than \$500 for each day an entity is in violation of the data sharing provisions of the bill.

The committee amendments remove the definitions of “high acuity services,” “low acuity services,” “moderate acuity services, and “PerformCare,” add a definition of “Child Collaborative Mental Health Care Program, ” and eliminate the requirement that the DCF submit to the Governor and the Legislature a report on the materials prepared for the public awareness campaign.

The committee amendments make various technical corrections involving formatting, punctuation, grammar, syntax, and to correct certain cross-citations.

FISCAL IMPACT:

The Office of Legislative Services (OLS) concludes that the State will incur an indeterminate annual cost increase as a result of overseeing and implementing the policies and procedures required under the bill. These State costs may be offset to some extent by the collection of penalties from various types of healthcare providers for noncompliance with a reporting requirement established under the bill. At a minimum, the OLS estimates that one-time expenditures for the Department of Children and Families will increase by approximately \$145,000, while annual costs for the Department of Children and Families and the Department of Health will increase by approximately \$235,000. These estimates reflect salary and benefit expenses associated with the staffing needs of implementing the bill’s provisions. Additional annual costs may include materials and supplies.

The OLS notes that the department may incur additional expenses under the bill associated with supporting the potential expansion of the services provided under the Child Collaborative Mental Health Care Program; however, it is assumed that any costs will be minimal as the collaborative largely fulfills the requirements of the bill under its current service offerings. To the extent that these efforts include collaboration with the Department of Banking and Insurance, the Division of Consumer Affairs in the Office of the Attorney General, and the Department of Human Services, those departments may also experience increases in expenditures under the bill.