

# *Committee Meeting*

of

## SENATE HEALTH, HUMAN SERVICES, AND SENIOR CITIZENS COMMITTEE

*"Testimony on the issue of uninsured children in New Jersey"*

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**LOCATION:** East Side High School  
Paterson, New Jersey

**DATE:** October 4, 2010  
10:00 a.m.

### **MEMBERS OF COMMITTEE PRESENT:**

Senator Loretta Weinberg, Chair  
Senator Joseph F. Vitale, Vice Chair  
Senator Robert M. Gordon  
Senator Robert W. Singer



### **ALSO PRESENT:**

Eleanor H. Seel  
Elizabeth Boyd  
*Office of Legislative Services*  
*Committee Aides*

Jason Redd  
*Senate Majority*  
*Committee Aide*

Christina Velazquez  
*Senate Republican*  
*Committee Aide*

***Meeting Recorded and Transcribed by***  
The Office of Legislative Services, Public Information Office,  
Hearing Unit, State House Annex, PO 068, Trenton, New Jersey

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UNIDENTIFIED SPEAKER FROM AUDIENCE: Now that I have you all seated, I'm going to ask that you all please stand for the Flag presentation. (Flag presentation)

**SENATOR LORETTA WEINBERG (Chair):** Thank you.

I'm going to ask Senator Girgenti to lead us in the Pledge of Allegiance. (audience recites Pledge of Allegiance)

Everybody be seated, please.

First of all, thank you to the members of the East Side High School ROTC who helped escort us into your auditorium this morning, and certainly to the Color Guard. If I might take a moment of female chauvinism, it was great hearing that female voice giving the commands this morning. (laughter)

Anyway, good morning, everybody.

We are being joined by another of our Senators, Vice Chair of the Committee, Senator Joe Vitale.

And we are also very honored this morning to have with us, for some insight into the issue that we're about to discuss, the Congressman who represents the City of Paterson, as well as a good portion of Passaic, and that is Congressman Bill Pascrell.

Welcome, Congressman Pascrell. Please come forth. (applause)  
If you would join-- That's fine.

Congressman Pascrell, while you're preparing your remarks, I want you to know that there are representatives of the brand new School for Public Administration located right here at East Side High School, (applause) at least one of whom is someday going to be standing and doing the same thing you're doing right now.

Welcome.

**C O N G R E S S M A N B I L L P A S C R E L L:** I want to welcome the Committee here and our Superintendent -- to the Senators -- for coming to Paterson to have this hearing -- our own Senator, Senator Girgenti -- and to be joined by folks who are really concerned about the children of this state.

Loretta Weinberg is no stranger to the subject. Because of this Senator, and many who have joined her, children in this state -- hopefully, someday, all of whom will be covered by very special programs so that they're insured and they can go to the doctor, and they don't have to worry how deep the pockets are of their parents.

This is not a give-away. This is a responsibility of the State and the Federal government to make sure that we are healthy Americans so that later on in life we're not only going to protect our own, but we're going to cause a major shift in the cost of health care.

If we prevent things from happening, Senator, we're going to do real healthcare reform. So I want to salute you. This is a very special day for you to bring your hearing to this great school and to this great City. So I thank all the Senators.

With the many Federal programs available to help children access health care, like Medicaid and Children's Health Insurance Program -- the CHIP program as we refer to it -- it is hard for me, hard for us to accept, today, that as many as 150,000 children in New Jersey were uninsured last year and that 9.5 percent of Paterson -- right here in our own City -- 9.5 percent of Paterson's children are still uninsured.

While we are talking today about our children in New Jersey, between 2007 and 2009, children's health insurance was the topic -- as you remember -- of national discussion. While we-- As you may remember, there were -- there was a veto of two bipartisan bills to authorize the Federal Children's Health Insurance Program, which expired in 2007. The former President vetoed it two times. It was passed, in a bipartisan manner, by the Congress of the United States. So it's a shame that it took our country over 16 months to deliver the important promise to our youngest generation.

Fortunately, on February 4 of that year, 2009, I joined with President Obama at the White House as he signed the reauthorization bill, not only protecting insurance for children enrolled in the program, but also providing insurance to an additional 11 million children nationwide -- also bipartisan legislation.

While this was a tremendous accomplishment, as a member of the Ways and Means Subcommittee on Health, over the last year, we helped to write the healthcare reform bill to help 32 million people who have no insurance. Often times, if a parent loses their job, they lose their insurance. Children suffer as they lose their health coverage.

Therefore, healthcare reform aims to help the family as a whole, not just children. By helping parents shop, state by state in the marketplace -- what we will call *exchanges* -- to buy affordable insurance, with premiums based on a family's salary -- all parents will be able to afford covering themselves and their children. This is important.

While I am proud of this historic bill and the impact it will have on New Jersey's children, today we are still waiting for it to take full impact. After all the effort we have made on the State and Federal levels,

we still have many uninsured children here in our state. I am committed to working toward eliminating the lack of insurance for our kids and will be looking for ways to help on the Federal level. As I've said many times before, giving our children access to health care is the least we can do.

I want to commend the State, I want to commend the Legislature for all that you're doing. Nothing is more important than our health, and nothing is certainly more important than the health of our children. I guarantee you that I will cooperate in every way with you on the Federal level. You can be assured of that.

I am honored that you've asked me to say a few words. Now I have to run over to the Montclair schools on a totally different issue. But I commend each and every one of you for being here today. Some of my old friends in the Legislature are here. You know I think very, very highly of Girgenti, Singer, and the Gordons -- of course, Weinberg -- and then those who have come after me, since I'm the oldest person that I just mentioned. But I really, really say to you, thank you for what you're doing. This is going to be very important for the State of New Jersey. I commend you. Because this is a priority. When everything is a priority, nothing is a priority.

Thank you, Senators, and Chairwoman. (applause)

SENATOR WEINBERG: Thank you very much, Congressman Pascrell.

I'm, in just a moment, going to call on Superintendent Evans to say a few words of welcome.

Thank you, Congressman Pascrell, for your leadership. Because we would not have a children's healthcare program known as FamilyCare, in

the State of New Jersey were it not for the Federal government, for Congress reauthorizing it, and for President Obama having signed it.

I know I've been asked -- and I'm going to tell the Committee -- if we can speak a little bit more slowly this morning, because there are among our students some whose primary language is not English. And I understand that you have some student translators who help those students understand what's going on here today. But I am going to--

SENATOR SINGER: Loretta, can I just say one word?

SENATOR WEINBERG: Sure.

Senator Singer.

SENATOR SINGER: Good morning.

Forgive me for being a little late. There was an accident on the Parkway.

Congressman Pascrell, it's a pleasure seeing you. I had the honor of serving you for many years when you used to work harder in the State Legislature than they do in Washington. You know that.

I just wanted to say one thing. He is the most successful Congressman in the State. He's the only one I have the cell phone number of. And when I called his office one time, he yelled at me for not having his cell phone number. But just because his son works with my father-in-law, it doesn't mean I have-- He gives access to everybody. And I want to tell you, he is very, very tied into health care.

I have had many conversations with him concerning health care in the State, reimbursement back-- And something he's working on, which is important to us and the hospitals of the state is-- We are reimbursed back at a lower level in the second half of the state -- everything that is

South. You're reimbursed back a lot higher here. You're reimbursed back at New York numbers. The problem is: Today, with the shortage of nurses and doctors, nationwide, you don't pay any less because you work in Toms River than if you work in North Jersey. And Congressman Pascrell has been working very diligently to try to equalize that for the hospitals of this state.

I want to thank him. And I want to thank him for always being accessible to me in any help I need.

Thank you, as always.

SENATOR WEINBERG: Thank you, Senator Singer.

And now, if I may, Superintendent of Schools--

Superintendent Evans, please step forward. Thank you.

**SUPERINTENDENT DONNIE EVANS, Ed.D.:**

Good morning, Senator Weinberg, distinguished members of the Senate Health, Human Services, and Senior Citizens Committee, including our own Senator Girgenti. I welcome you to the City of Paterson and to the Paterson Public Schools.

We are especially proud that you are holding this meeting in this newly restructured East Side High School, where we took a large -- 1,700 student high school, that was plagued with a number of issues over the years, and created three smaller, autonomous high schools, each with its own faculty, leadership, and a theme that drives the instructional program. As was alluded to earlier, one of those is a School of Government and Public Administration. And, indeed, you have a number of students here from that program. And judging by the uniforms, you have some representation from some of the other schools as well. Each school--

SENATOR WEINBERG: Would you tell us which color represents which?

SUPERINTENDENT EVANS: The governmental study students -- if you'd stand -- they're in blue. (applause) Thank you. We have students representing Culinary Arts, travel and Tourism. I believe they're in beige. Orange, I'm sorry -- orange -- sitting in the front here. (applause) And then I thought I saw some beige. There they are back there, representing the third school, the School of Technology. (applause)

SENATOR WEINBERG: Thank you.

SUPERINTENDENT EVANS: We are extremely honored that you chose this location to hold this meeting, not only because of the transformation that's underway at this school -- and because of the transformation that is not only in this school, but districtwide and the City -- but also because our children, in large measure -- as you already know -- are uninsured.

You already know that 9.5 percent of Paterson's children are uninsured, as Congressman Pascrell -- who I think has gone already -- has mentioned. And it's in many of the materials that you have. But what you may not know is that 85 percent of our children receive free and reduced lunch, which is another way of saying 85 percent of our children live in poverty. And I would suggest to you that there is a relationship between the percentage of youngsters who are uninsured and the poverty level.

In addition, almost 40 percent of our children are either identified as disabled, or they are English-language learners, or are predisposed to some other at-risk factor that we have to address in order to maximize achievement among these students.

As Cindy Mann has quoted in a recent article that was published on this topic in one of the local newspapers, no child should be starting school unable to read because his or her vision hasn't been corrected. And no child should be unable to participate in sports because his family does not have enough money to pay for a physical exam.

We agree. In fact, we feel so strongly about this issue that we've just opened, this fall, a full-service community school. In fact, you will probably hear more about it later this morning -- at School No. 5. In this school, the central community services, including health services, are collocated in the school to be able to provide immediate and ready access to not only the children in the school but their families in that immediate community.

Next fall, we're going to open two additional schools that are full-service community schools. And the following fall, additional schools, again, in an attempt to bring these needed services -- particularly health services -- to our community. And know that it's not limited to health services. It includes recreation services, social services. It includes a wide array of academic support services -- tutorials, if you will, remediation services -- for youngsters who need additional help. And this is made possible, in part, because of tremendous support in this community by a number of agencies working with us. In this particular case, the NJCDC is the lead partner at School 5, and we have other partners like the Paterson Education Fund, and a number of others in the community -- the Boys and Girls Club, YMCA, the list goes on and on of entities, and organizations, and agencies that are partnering with us to make that possible. And this is, yet, one example of how we are, on our own, attempting to address the

problem. But we know it's going to take a lot more. And I know that's one of the reasons you're here: to hear from us, the community, on this issue.

The part for us is that no child will develop to their fullest potential academically, socially, vocationally, and other ways if their basic needs -- particularly their health needs -- are not met. We've invested a tremendous amount of time during the past year positioning ourselves, not only to do the kinds of things I've mentioned only as examples, but many other things to help our families and help our children to offset or mitigate, if you will, the circumstances in which they are in that are impacting on quality of health, quality of life. But then for the children, ultimately, their readiness to achieve to their potential in school.

So in closing, we thank you for being here. We support this effort. And if there's anything we can do to make this visit more pleasant for you, let us know. (applause)

SENATOR WEINBERG: Thank you very much, Superintendent Evans. You have already, through your students, put on a great face for East Side High School. So it is a positive message of the work that you're doing here that we will carry back to our colleagues in the Legislature.

And right now, before we go to the regular agenda, I'm going to introduce and just explain a little bit to the students in the School of Administration -- Public Administration and Government. The State Legislature is divided into 40 legislative districts. So every community in New Jersey is assigned to one of those legislative districts. And each of them has a State Senator and two Assembly people representing them in the Legislature. The Assembly is similar to, on the Federal level, where

Congressman Pascrell serves, the House of Representatives. And the Senate -- State Senate is more similar to the United States Senate in terms of its numbers. So we have 40 State Senators. But you, in Paterson, have one State Senator, and that State Senator, though not a regular member of this Committee -- he chairs his own Law and Public Safety Committee -- agreed to join us today to sit in at this Committee hearing, mostly in your honor. So it is with great pleasure that I ask for some opening welcome remarks from Paterson's State Senator, John Girgenti.

Senator Girgenti.

**SENATOR JOHN A. GIRGENTI:** Thank you very much, Chairwoman.

I just want to say, first of all, it was delightful to get here this morning and see the well-behaved students and the beautiful building. Really, I was very impressed with the overall picture.

I just want to say good morning and welcome my colleagues -- Senator Gordon, Vice Chairman of the Committee Senator Vitale, Senator Singer, along with the Chairwoman -- to Paterson and the 35th Legislative District.

I am pleased for the invitation to be present at this Committee meeting to address an issue vital to the youth of our state: the lack of health insurance for tens of thousands of kids, many of whom are eligible for some type of publicly subsidized health coverage but who are not currently enrolled.

In New Jersey, we're lucky to have people on both sides of the political divide who recognize the importance of healthcare access to developing young bodies and developing young minds. Our State-managed

FamilyCare program is the envy of the nation, providing access to people who would otherwise be without care. Folks like Chairwoman Weinberg and Vice Chair Vitale have been the champions of healthcare access in the Garden State, as well as the other members of this Committee.

I co-sponsored the legislation that enacted FamilyCare and have been an ardent supporter of healthcare access legislation during my time in the Legislature, because I recognize the importance of giving children the best chance to live the healthiest life possible. Healthy children become good students who will one day become the individuals who lead our State. And I see, from some of the young people in this room today, we have future leaders among us.

By investing in healthcare access for our children, we are investing in our State's future. We in the Legislature have made the decision to make healthcare access a priority in a period of limited resources, both on the State and Federal levels.

I am grateful that Senator Weinberg made the decision to hold this hearing in Paterson. She has been a true leader in this area of helping our residents have increased access to health care, and I appreciate her dedication. I share the Chair's desire to address the issues outlined in the report and develop innovative strategies to increase enrollment throughout the state and make New Jersey a leader in this area.

Every child in our state should have access to a quality education; nutritious meals; recreational opportunities; and, most importantly, health insurance that serves their needs. Yet, covering our uninsured children continues to be a problem. Statistics indicate that the

number of uninsured children in our state has decreased to its lowest level in two decades, but the problem has not gone away by any means.

Just some of the statistics: one in four, 23.5 percent of children living in a household without an English-speaking adult are uninsured; 9.3 percent of children were uninsured, nationwide, in 2008. That's about 7.3 million. Adolescents compose the largest segment by far of the uninsured, 40.3 percent. And you're talking the ages of 13 to 18. A state-by-state comparison reveals that New Jersey's uninsured children from up to 18 are about 7 percent. That is about 150,000 children. Comparatively, we rank 30th among all states, with Nevada being number one, holding the highest percentage, which is 20.1 percent; and Massachusetts being number 50, having the lowest percentage, 1.7 percent.

Children of Hispanic backgrounds are disproportionately uninsured, composing over 40 percent of all uninsured children nationally. New Jersey ranks seventh in total Hispanic population, ranking 33rd at 13.2 percent among all 50 states. Comparatively, Utah has 33.1 percent, ranking first of uninsured Hispanic children, yet ranks 23rd in total Hispanic population. In Paterson, the State's third largest urban center, Hispanics compose over a third of the population. According to the breakdown provided by the Robert Wood Johnson Foundation, Paterson is home to 9.5 percent of New Jersey's 150,000 uninsured children. That is second only to Newark, which is 9.8 percent. Do the math, and you arrive at about 14,250 uninsured children in Paterson. And that, I know -- and I feel the Committee must know -- is unacceptable.

There is no question that our outreach must be improved through new programs, ideas, and strategies that target eligibility,

enrollment, and retention processes. I refuse to allow the children in my district to be without health insurance, as well as the entire state. And I will not tolerate the health needs of the children in my district being overlooked.

I look forward to the productive dialogue we will have today and the positive changes we will make to accommodate all of our children for the future.

I just want to point out in closing that I saw our Councilman was here earlier, Councilman Benjie Wimberly -- Councilman at Large in Paterson (applause). I want to commend Superintendent Evans for the fine job he is doing here. He is doing an excellent job, and I just wanted to point that out. And I wanted to thank him for being here. (applause) And also, our Congressman, who has just left already because he had to be somewhere else -- but has been a close friend of mine for many years and has done a terrific job representing the people of this City and the 8th Congressional District. I just want to commend him for being here also. And all the other dignitaries who are here who I know. I know the Mayor will be arriving later, I understand -- Mayor Jones -- and so forth.

So I just want to, again, thank you, Chairwoman. I enjoy being here, and it's really a privilege. Thank you. (applause)

SENATOR WEINBERG: Thank you very much, Senator Girgenti.

Well, I hope you young people are duly impressed. You've gotten a Congressman, a whole bunch of State Senators, your School Superintendent, a Councilmember from your own City of Paterson, and hopefully the Mayor here. So you have a lot of people who can listen to

what you might add to this discussion. So you've heard a lot of statistics. But what we're going to be counting on at the end of this hearing is that each of you go out and become ambassadors or speakers to your own families to let them know that the State of New Jersey offers health insurance which can cover you, your younger brothers and sisters, other members of your family, and that the insurance is offered based upon your family's ability to pay. So that's very, very important. And we're going to need you, as our communicators out in the community to help us spread the word so that there-- As you heard Senator Girgenti say, Paterson has among the highest number of young people who are qualified to be covered under FamilyCare but, for whatever the reason, have not yet been enrolled. So I hope you'll take this responsibility somewhat seriously.

And what we do in Committee hearings now -- what the next portion is -- is to hear from people who want to give us input or ideas on how we can improve this issue.

And before I call on the first speaker, I just want to say a word about the Vice Chair of this Committee sitting over here, Senator Joseph Vitale. He was, what we call, the *prime sponsor*, which means the *chief mover* of the whole FamilyCare bill. And he has really been the chief spokesperson -- sometimes a word I use, the *chief nag* -- to keep us in the State of New Jersey on the right road. And this program does have bipartisan support. And Senator Singer who -- we represent both sides of the aisle here -- both Democrats and Republicans -- are all enthusiastic supporters. But we all owe a great debt of gratitude to the person who led the fight here, and that's to Senator Joe Vitale. So you can give him-- (applause)

And I know he will have much to share with us later. But right now I would like to call on Mary Coogan, who represents Advocates for Children of New Jersey.

Are you here, Mary? (affirmative response)

Mary, excuse me. Mayor Jones has arrived, but we will give him a chance to sit down. Come forward, Mary. We'll give him a chance to catch his breath here.

**MARY E. COOGAN:** Good morning.

**SENATOR WEINBERG:** Good morning.

**MS. COOGAN:** Thank you, all, for having this hearing and for the opportunity to present testimony.

For those students who are here, my name is Mary Coogan. I'm the Assistant Director of a nonprofit organization known as Advocates for Children of New Jersey. We used to be called the Association for Children of New Jersey. And for approximately the last 30-plus years -- maybe 32 -- we've tried to be a voice for children and advocate for what we think they need in terms of system reform, whether it be child welfare, health, or supports to low-income families like the Earned Income Tax Credit by putting out data, educating policy makers, and trying to push for improvement. So it's really wonderful to see you all here, and it was really exciting to be greeted by the students at the door.

I have to admit, I was feeling a little old. I actually just came back from my 30th college reunion. So it was nice to see the energy when we came through the door. I commend you for your support.

As all the members of the Committee know, the New Jersey Health Reform Act of 2008 mandated that all children in New Jersey have

health insurance by public or private means. It also created an Outreach, Enrollment, and Retention Working Group to develop a plan to carry out ongoing and sustainable measures to strengthen outreach to low-income and moderate-income families who might be eligible for Medicaid, which is now part of New Jersey FamilyCare; or New Jersey FamilyCare Advantage. Our report went to the Legislature in May of 2009, and I attached a copy of the report to my testimony. I'm happy to see a few members of the committee here as well.

The level of the interdepartmental, agency, and community networking for purposes of outreach and retention to New Jersey FamilyCare, through the work group, was very impressive. We actually worked with a lot of departments to try to improve the outreach of New Jersey FamilyCare, and I think we are seeing the success of our efforts.

Data recently released by the department of the Census Bureau-- The current population survey indicates that the number of uninsured children was reduced by 18 percent between 2008 and 2009. The number of uninsured children went from 231,000 in 2008 to 190,000 in 2009. I understand there is other data out which is similar, but the numbers will fluctuate.

Also, on the New Jersey FamilyCare website -- which I would recommend all the students to go to -- you can see an increase by over 100,000 children enrolled in New Jersey FamilyCare between September of 2008 to August of 2009.

As part of our work group's efforts, we obtained some data from the Rutgers Center for State Health Policy. And I want to highlight some of that data which many of those on the Committee have already seen.

Using 2006-2007 data, the Center had estimated 293,000 children who were uninsured, of which about 56,000 were above the income eligibility for New Jersey FamilyCare and thus eligible for Family Advantage. Of the remaining children, over half of the uninsured children were living in families with at least one non-citizen adult or with an adult who holds an attitude that makes it unlikely for them to enroll their children in public health insurance. While most of these children were eligible for State coverage -- i.e. New Jersey FamilyCare -- they may be hard to reach because of language, or cultural barriers, or parental reluctance to enroll in public programs. And I think it is those children we now really need to target, and those are the children who are the remaining uninsured.

The latest State survey report from the Kaiser Commission on Medicaid and the Uninsured shows that New Jersey has taken advantage of most of the eligibility and enrollment options available through Federal reauthorization of the Children's Health Insurance Program, which we refer to as CHIPRA. We are seeing the success of those efforts as well, especially in the use of translated materials. I also think that through the work of the work group, there was more targeted efforts to specific communities, further streamlining of the enrollment process thanks to the efforts of Senator Vitale and Senator Weinberg, and also using the Express Lane applications matching income data from State tax returns to determine eligibility. While I don't think the take-up rate on the Express Lane application is where we want it to be, I think it is something that's touted around the country as a successful measure. And I would hope that this Committee would work and urge your colleagues to continue to use that. And we need to figure out why the take-up rate wasn't so great. And maybe the IT

students here in the audience might have a few ideas for us. But I think the more that we can automate this process, especially to retain those already enrolled in FamilyCare, I think the better we'll all be.

As a final statement, I'd like to just encourage -- and I think I'm speaking to the choir here -- efforts to try to re-enroll low-income parents back at the 200 percent of Federal poverty. I think while there is not a direct correlation, there is a connection in the research that when we enroll parents, we get the kids and we retain the kids in FamilyCare.

We at ACNJ stand ready to help you all in your efforts.

Thank you. (applause)

SENATOR WEINBERG: Thank you very much, Ms. Coogan.

Does anybody have any questions? (no response)

I'm going to make a suggestion here. As the speakers come forth -- and whichever organization might be so appropriate -- but you're looking at young people in blue, I guess, who are members of the School of Public Administration and Government. In many cases they might be multilingual. And perhaps it's these students who can help develop, themselves, a brochure which would reach out to families. Because you might best know how to reach out to your own families and your friends' families. So I might be giving you a school assignment before the morning is over.

Thank you.

Next I would like to introduce-- And as I told you, you heard from your Congressman, you know there's a Council Member from the City present, you heard from your own State Senator Girgenti, and now the Mayor of Paterson has joined us, Mayor Jeffery Jones.

We would like to ask you to come to the podium, if you would. And, Mayor Jones, just a word from those of us who are visiting from other communities, you can be very proud of the face that was put on by the students in this high school. Dr. Evans told us a bit about how the school has been divided into three smaller schools. And these young people welcomed us and escorted us in a very appropriate manner. So you can be proud of your kids.

Mayor Jones.

**MAYOR JEFFERY JONES:** Thank you, Senator.

Thank you, Committee.

Senator, Councilman -- I don't see the Congressman. I guess he's busy these days.

Thank you for seeing it to be necessary to have information such as this held here in the City where, oftentimes, we have to travel someplace else not because we're not wanted, but because everybody has similar concerns. And having the State -- either Senate or Assembly -- even our congressional leaders -- determine that information-sharing and the gathering of information should be held in as many communities as possible so everyone understands what's going on and everybody's on board.

I read a little bit on my way over about some of the hearing -- the intent of the hearing. And the things I'm sure Dr. Evans spoke about, and some of the things he and I shared are very similar. I'd like to talk to you for a moment about those things that seem to get lost -- and not lost because nobody is paying attention, but lost because the whole cycle of things has not been brought to the proverbial table.

I've worked in nonprofits for a number of years and worked with them. And to this day, I still find one of the biggest challenges in providing holistic services is that obviously, through a school system one would think -- with many of the programs -- that children would be served. And I would think that that would probably be accurate. But I think that we all know that, like schools and families who become conditioned to the process, schools are available from 8:00 in the morning, and then by 3:30 or 4:00 -- if they don't have an after-school program -- those services are no longer available. Obviously, community schools and some other partnerships could extend that time. But I'm talking about another condition that exists when you have an onslaught of nonprofit, 501(c)(3)s and other types of organizations, who receive State funding, who offer services, but there appears to be no real accountability of that. And by real accountability-- I don't know of any measures that take a look at -- and no standards that I've ever seen -- that say that even though someone applies and gets their 501(c)(3) certification, anybody who goes up behind them -- other than submitting a final report for funding -- there's no way to measure if, in fact, they're having an impact and where it is.

And all too often -- and we were talking about it this morning at my cabinet meeting -- which is why I'm late -- and I need to go back -- organizations receive funding for select problems, and they're probably very good at it, particularly if they've gotten that funding for periods of 5 years, 10 years, or even 20 years -- increments. The thing that disturbs me is that those conditions still exist for the same amount of time, the same demographic, the same folks.

Now, I'm not sure what the Committee can do with respect to that, but I would offer that for consideration. All nonprofits have to submit their 501(c)(3) application, or whatever the other documents are -- the 99s and whatever forms -- in order to be able to function and thereby receive State, Federal, and/or local funding.

Somehow a mechanism might need to be put in place, and some review on ensuring that that other piece of a community -- those who receive literally millions of dollars in a neighborhood -- that they're being held accountable. They're also helpful in spreading the message. And if we all work together -- find a way to get us all together in the same conversation, same room, same topic, we might be able to do that.

I will say -- and I'm going to close on this -- that I understand nonprofits, faith-based organizations find a need, an objective, a goal, and they want to do something about it. But slicing out a piece of a neighborhood times the number of whatever organizations pretty much is going to be like Swiss cheese. We're going to have a whole lot of holes. And those holes seem to be what we keep talking about from one point to another and why we haven't been able to fill them up. And I would suggest that some communication and maybe some authority from the State level -- who might often identify these organizations, certify them, whatever the case is. I think that's the missing piece. That's just my thinking.

And so I offer you to take a look at that. Through the State Department of the Treasury, all 501(c)(3)s must submit their applications to get renewed. And once they are renewed, the flood gates are open for them to go get funding to affect some problem, some cause. That then, to me, seems to be the opportunity. Let's make sure those who are receiving

and operating in the community -- that somebody, somehow, someway can take a look at the measurement and also that impact so we don't keep throwing money away and the money, through some more holistic planning, can really be measured in terms of its effect. That would be what I would offer.

Thank you for allowing me to speak. (applause)

SENATOR WEINBERG: Thank you very much, Mayor Jones. I might suggest that you have a little ESP there. I just got back -- Friday and Saturday -- from a two-day National Conference of State Legislatures conference on the spending of healthcare dollars. And that-- We were divided up into state teams. And what you just talked about is one of the projects that the New Jersey team came away with. So I don't know whether you had some mental telepathy about what was going on at the conference, but you raised a very good point, and it's a subject that we will take up in a different venue than what's at hand today. And I can assure you that you are very appropriate in the issues you raise.

Thank you for raising them, and thank you for being here.

The next speaker-- Do we have John Guhl here? (affirmative response) He represents the Division of Medical Assistance and Health Services, better known as Medicaid, which comes under the State Department of Human Services.

**J O H N R. G U H L:** Good morning, Chairwoman Weinberg, Vice Chairman Vitale, and members of the Senate Health, Human Services, and Senior Citizens Committee.

I'm John Guhl, the Director of the Division of Medical Assistance and Health Services within the Department of Human Services.

As the Division Director, I oversee both the CHIP program, which we call FamilyCare in New Jersey, and the Medicaid program. I appreciate the opportunity to be here today to talk to you about the Robert Wood Johnson Foundation and Urban Institute Report: “Uninsured Children: Who Are They and Where Do They Live? -- Medicaid’s efforts, progress, and success to enroll uninsured children in New Jersey and the inevitable challenges and barriers to enrollment.”

On September 3, 2010, the Robert Wood Johnson Foundation and the Urban Institute released the report “Uninsured Children: Who Are They and Where Do They Live?” And you’ve heard some quotes from Senator Singer, Congressman Pascrell, and Senator Girgenti, and Mary Coogan. So I have some. I’m going to quote some of the things too from in there.

The chart book uses data from 2008 -- we’ve done a lot since 2008 -- the American Community Survey to provide detailed state estimates on the number of uninsured children within each state, broken down by demographic, socio-economic, and family characteristics. Nationally, the report cites that the number of uninsured children has declined since the late 1990s, reaching the lowest level reported in more than 20 years in 2008. Notwithstanding that progress, an estimated 7.3 million children lack health insurance, including an estimated 150,000, or 6.9 percent in New Jersey.

The value of this chart book is that it provides a snapshot of the uninsured child population using statistical data in a level of detail that we did not have before in our program. While some data was available, and

we have over a decade of qualitative experience, additional information on the uninsured child population includes a couple of different breakdowns.

One of them is that of the 150,000 children without health insurance, 78 percent of them are in households with incomes under 300 percent of the poverty level. Now, our CHIP program goes up to 350 percent of the Federal poverty level.

SENATOR WEINBERG: Could you translate that into dollars in New Jersey?

MR. GUHL: Dollars?

SENATOR WEINBERG: The 350 percent?

MR. GUHL: Oh, okay.

SENATOR WEINBERG: Just so that the young people understand.

MR. GUHL: All right. So 200 percent of the Federal poverty level for a family of four is \$44,100. So 300 percent would be \$66,150. And they're talking about that. We go to 350 percent, which is about \$77,000 -- a little over \$77,000 for a family of four in New Jersey.

And so we cover up to 350, and 78 percent are not insured. And I'm about to tell you all of the things we do to try and attract and enroll people. Here are some other statistics that we learned from this.

Of the 150,000 uninsured children in New Jersey, 59,000 are Hispanic, and that's about 40 percent of the 150,000; 46,000 are white, and that's a little over 30 percent; 25,000 are black or African-American; and 17,000 are Asian. Again, of the 150,000 -- another breakdown -- 17,000 were citizen children with parents who are not citizens, and that's about 11 percent of the 150,000; 87,000, or 58 percent, are citizen children

with parents who are citizens. And they're the ones who are most likely to come forward and enroll. Thirty-thousand, 20 percent, are noncitizen children, and they don't qualify for our program. And 16,000 are children not living with their parents, and so they're hard to identify and come forward.

The national average of uninsured children is 9.3 percent. New Jersey's average is 6.9 percent. So we're much better than the national average. The chart book also breaks down the uninsured by county and by certain cities -- within certain cities. For example, the rate of uninsured varies from a low of 1.6 percent in Somerset County to, in the Town of Elizabeth, 28 percent uninsured. I'm telling you, we do everything we can. Twenty-eight percent in Elizabeth-- How do we get more people in Elizabeth insured? Paterson was cited as having a 9.5 percent uninsured rate, which is somewhere in line with the national average.

A *New York Times* article published last week titled *Medicaid Rolls Jumped in 2009*, demonstrates that New Jersey mirrors national trends. The article cites that New Jersey enrollment declined as recently as 2006, but began a rapid ascent to the next year -- the next year, as the economic downturn began and unemployment doubled. Federal statistics indicated that for every 1 percent increase in unemployment, a million Americans lose their healthcare insurance. And we know that all too often, losing a job means losing health care. The article notes that there is often a lag between the start of a recession and its worst effects on the safety net programs. However, 2009's increases in enrollment and the rate of growth in enrollment were nearly double that of 2008.

Over three years, Medicaid enrollment has grown nationally by 6.2 million. As it relates to our program here in New Jersey, we serve 1.3 million people -- get their health care through our program -- 1.3 million New Jersey citizens. Of that, 553,000 are adults, and 711,000 are children.

Now, I get monthly information. Mary quoted some things about enrollment growth. I looked at -- between August -- I get monthly data -- August 2008 -- 2005 through August 2010 -- five year period. So between August 2005 and August 2008, our net increase in enrollment was 49,000. We had 49,000 more children enrolled in 2008 than we had in 2005. Between August 2008 and August 2010, our net increase was 104,000 children. Our enrolled grew by more than double the previous three years. And so we've done-- And this data was based on 2008. So we've done an awful lot.

The Association for Children of New Jersey, now Advocates for Children of New Jersey, references in New Jersey Kids Count 2010 that New Jersey is ahead of many states in efforts to provide health care to uninsured children. They further note that New Jersey has reduced the number of children without health insurance by 11 percent since 2004.

What did you say, 18 percent?

MS. COOGAN: (indiscernible) (speaking from audience)

MR. GUHL: All right. Our Division records show that enrollment growth has more than doubled in the past two years than in the previous three years, largely due to our outreach and retention efforts since 2008. I will elaborate on that in a few minutes.

Since 2008, we've done an enormous amount of work to reduce the number of uninsured in New Jersey, some of which has been nationally

recognized by the Federal Health and Human Services Secretary Kathy Sebelius as best practice models for national duplication. There are national experts who frequently refer other states to New Jersey because of what we do.

SENATOR WEINBERG: Mr. Guhl, let me just interrupt for a moment. We're very proud of the successes in the State of New Jersey and of your Department. But what we want to find out is: How do we complete the job? How do we reach that 38 percent in Elizabeth--

MR. GUHL: Twenty-eight.

SENATOR WEINBERG: --and almost 9.5 percent in Paterson? How do we get to those families?

MR. GUHL: I can tell you we have some of those same concerns. And we're willing to do anything we can to reach those people and get them enrolled.

Do you want me to continue? I mean, I have more to go.

SENATOR WEINBERG: If you can highlight, because we do have other speakers, and I'd like to give a little time to the students if they have any questions or anything.

MR. GUHL: Okay. Many of the bold initiatives were born out of the 2008 work group that convened following the New Jersey healthcare reform legislation -- Public Law 2008, Chapter 38 -- signed into law on July 8, 2008.

For that -- I want to thank Senator Vitale and Senator Singer for your sponsorship and for your efforts to provide healthcare services to the less fortunate. I've worked very closely with Senator Vitale over the last several years. And I'm really grateful for everything you've done to

champion our program. You know how I feel about that. I'm very grateful. Thank you. Thanks for your efforts.

So one of the things we did was, we began the FamilyCare Advantage program. That is for people with income above -- for children in families with incomes above 350 percent of the Federal poverty level. We made that affordable health care. With the onset of that program, New Jersey had universal access to affordable health care for children. So that went into effect in January 2008, six months before that legislation went into effect.

We started a statewide media campaign last year. There were five press events right up in North Jersey. There were two in Newark, one in Bergen, one in Irvington, and one here in Paterson to try and sell the FamilyCare -- the Express Lane enrollment -- and everything we did in that regard.

The Express Lane enrollment-- Although it didn't achieve the numbers that we had hoped, over 5,000 people are now enrolled because of that Express Lane. We simplified it. We have another Express Lane program now too, and that's-- We received a million-dollar grant from the Federal government to identify eligible uninsured in nine school districts, including Paterson, utilizing free and reduced price lunch information collected by the schools.

SENATOR WEINBERG: When you get that information -- or if you're getting it now. I don't know how far into that grant year you are. What do you do with the information?

MR. GUHL: We enroll children. We use that to identify and enroll children.

SENATOR WEINBERG: And how do you reach out to the children who are eligible?

MR. GUHL: We have people in the school districts who are helping us. We had another grant with 16 other school districts. We gave grants to the school districts to hire somebody to work with the school nurses, identify uninsured populations. So in 25 Abbott districts, we have people in the schools working in the schools. Governor Corzine said, "The kids go to school. Get enrollment through the schools." So we have 25 Abbott districts where are contracting with them, giving them money -- having somebody on their payroll, through Federal grants -- to identify, enroll, and retain clients.

Another thing we did to try and simplify and retain people is something called *administrative renewals*. When a person is ready for-- Every year you have to redetermine eligibility -- every 12 months. And so before we send out the reenrollment notice, we look at (indiscernible) and Wages, the Labor database. And if everything seems the same, we tell the people, "It looks like nothing has changed. Unless something has changed, you stay in the program. If something has changed, you need to let us know." So that's an administrative renewal. And we were one of the first to do that in the country. And because of that, there is a 90 percent retention level.

And another administrative efficiency includes the newborn screening pilot. This six-month pilot, which began last year in collaboration with the Department of Health and the New Jersey Hospital Association, seeks to ensure that all newborns born to a Medicaid-eligible mother are linked to Medicaid timely. The project has been piloted in 11 hospitals. Early results of the pilot are very favorable. Newborn babies are enrolled

timely, mostly within two months. One lesson that we've learned thus far is that the presumptive eligibility process for newborns born to non-Medicaid eligible moms is a critical process to ensure babies are covered as quickly as possible.

Other efforts we've done are: We've contracted with other State departments and community agencies to help target and convey relative information regarding their face-to-face encounters with targeted populations. We work with the Department of Education and the New Jersey Catholic Conference to inform public and parochial schools about the child mandate and to inquire about the health insurance status of each enrolled student so that the uninsured students can be outreached. Electronic data files-- So we work with the Department of Education, and they send out to every school district -- every school district with the insurance -- what's the -- they fill out the emergency cards. On the emergency cards they now have to say if they're insured and who their insurer is. And if not-- And the Department of Education notifies us, with the parents' permission, of anybody who isn't enrolled so that we can directly outreach and get enrolled through the schools.

I mean, the list goes on and on. I can keep telling you about all the different things, or I can just listen to some--

SENATOR WEINBERG: If I might--

MR. GUHL: Can I mention one other thing?

SENATOR WEINBERG: Sure.

MR. GUHL: Our program has been so successful that we received a \$3 million bonus from the Federal government because of our outreach and retention efforts. And we are the model that the Federal

government used in reaching out -- doing their outreach and enroll children. But, again, there's still-- We're not finished. There is still more to do, and we welcome anything we can do. I'm committed to that. It keeps me awake at night. I want every child enrolled, and I want to do everything we can for them. I've always had that commitment.

SENATOR WEINBERG: Mr. Guhl, I think your belief in this program -- passion -- comes across quite well. And I'm going to turn it over to Senator Vitale in just a moment.

But one of the suggestions I have is, since you are actually working in the Paterson schools, before you leave today you stop by and see Dr. Evans, and see how it's working from his point of view so you get something from the community at large. So if you can connected with him before the day is over and before you have to head South again--

MR. GUHL: I would be delighted to.

SENATOR WEINBERG: Senator Vitale, you had a question.

SENATOR VITALE: Thank you, Chairwoman.

John, thanks for coming. Thanks for your partnership as well. I mean, I know how committed you are to the program over the years and all the hard work that you do.

I want to ask you a couple of -- a few questions. I don't want to make a statement, but I do want to ask some questions about the progress that we've made and what we can do to move some of the progress forward.

Our FamilyCare Advantage program we talked about earlier, which is for families whose earned income -- total family income exceeds--

MR. GUHL: Three hundred and fifty percent.

SENATOR VITALE: --350 of poverty, around \$77,000 a year of total family income. And that number changes based on the number of people in the family. But it's \$77,000 for a family of four.

When we did that legislation several years ago, and Governor Corzine signed it, we entered into an agreement with Horizon Blue Cross Blue Shield to provide the coverage, the plans for those families. And I know that there -- I believe at least that there is another plan now -- participating in FamilyCare Advantage. Is it just Horizon?

MR. GUHL: Just Horizon.

SENATOR VITALE: Is there discussion of Aetna or Cigna coming on board, or is it just Horizon still?

MR. GUHL: So far it's just Horizon.

SENATOR VITALE: Okay. Do you have the numbers off the top of your head in terms of enrollment now for--

MR. GUHL: There's about 600 people enrolled through that.

SENATOR VITALE: About 600. Not so good, right?

MR. GUHL: Well, it's just--

SENATOR VITALE: I understand that it's full cost. Just for the student's benefit, when we talk about this Federal poverty stuff, and 350 of poverty, 200 percent of poverty. One hundred percent of poverty is \$22,000 a year. What that means is -- and you're probably all much smarter at math than I am -- it's really a way to measure poverty in this country. So federally, across the country, if you earn \$22,000 a year as a family -- meaning mom and dad, or just mom, or just dad -- that means that if you're at that number or below, you're living in what we consider to be poverty. And that means also that there are programs available to those

families, because they qualify because of their income. So when we say 200 percent of poverty, that means that your families are earning twice that amount. It doesn't mean you're living in poverty, but it is just a way to measure income versus poverty in this country.

In New Jersey, if you're making \$22,000 a year, you're certainly living in poverty. If you're making \$22,000 a year living in another country, it may not be poverty. But here it is because of the cost of things, particularly in this state. If you're a family making \$44,000 a year, which is twice the level of poverty in this country, you're still probably having a difficult time making ends meet because New Jersey is an expensive place to live, and so is New York, and so is the Northeast.

MR. GUHL: Purchasing health insurance is very expensive.

SENATOR VITALE: And health insurance is very expensive. And part of the point of why it is that insurance is out of reach for a lot of families, particularly for children, is because of the cost. Many of the people who are uninsured in this state, particularly kids, live in families whose employers don't offer health insurance to them because of the cost. If you're a small business -- you run a dry cleaners, you run a car wash, or you run a small restaurant, or another small business -- health insurance is very expensive. And for those small business owners, it's very difficult for them to provide health insurance or at least offer it to those families. And so the parents are uninsured, the kids are uninsured, and it's this whole cycle of being uninsured. And, of course, the more you make in this state, the more likely it is that you will have insurance or your employer will provide it to you, at least as a partnership. I just wanted to give that as a little bit of a background about all this poverty level talk.

The six-month pilot for the school program -- and this is something we did by way of legislation a few years ago that created the pilot. The Department of Education mailed out forms to-- We identified medically underserved school districts in New Jersey. There was a half-dozen or so, I think. And through your Department, Human Services, and the Department of Education, they sent out information -- meaning FamilyCare enrollment forms -- to those schools. And even though there was a little bit of a disconnect, the Department of Education--

MR. GUHL: We now give them to every school district. Every school district gets them.

SENATOR VITALE: Is getting it, right.

MR. GUHL: They go home in the Back to School Campaign. We always make sure that every school district gets a FamilyCare application.

I'm sorry, go ahead.

SENATOR VITALE: That's okay. So they're passing out information to those -- to-- Is it to all the families or is it just those who identify--

MR. GUHL: It goes to every family.

SENATOR VITALE: Now, through the free and reduced school lunch program, clearly--

MR. GUHL: This is a new pilot, nine school districts.

SENATOR VITALE: We identify-- Those who are eligible for school lunch live at or below 200 percent of poverty. They're automatically eligible for the free and reduced school lunch program. So that's obviously an audience that we know we can capture and enroll.

MR. GUHL: Right.

SENATOR VITALE: Can you tell me what the Department -- either through your Department or Education -- in concert with DOE -- the Department of Education -- how it is that they are outreaching those families -- and sort of in a practical way -- a day-to-day way?

MR. GUHL: They're notifying us, with the families' permission, of who participates in the program.

SENATOR VITALE: So on the free and reduced program form--

MR. GUHL: Right, we directly outreach.

SENATOR VITALE: The parents have to affirmatively state whether or not they want to be outreached for health insurance.

MR. GUHL: To share the information with us.

SENATOR VITALE: To share the information.

SENATOR WEINBERG: And, Senator Vitale, we do have, a little bit later -- we are going to be hearing from some school superintendents from other districts who might be able to help translate the information.

SENATOR VITALE: So explain, John. You get the information from the schools, and then you mail to the families?

MR. GUHL: Then we directly outreach the families.

SENATOR VITALE: You mail it to the families directly.

When we were doing reform a few years ago, we identified New Jersey as having \$1.3 million or \$1.4 million uninsured people. And that total number represented everyone, including those who were undocumented. Out of that total number, we identified about 250,000 as

being children. And over the past year or two, that's always been sort of the benchmark number. Do you know whether or not that 250 also represented the undocumented children, or was it just documented or eligibles?

MR. GUHL: That included all children.

SENATOR VITALE: All children.

MR. GUHL: All children.

SENATOR VITALE: So today, when we're talking about 150,000 kids who are eligible, we're only talking those who are eligible, because they are not--

MR. GUHL: Thirty thousand of those 150,000, according to this report, are children who are not citizens.

SENATOR VITALE: They're not citizens.

MR. GUHL: Thirty thousand of them are noncitizens.

SENATOR VITALE: So the undocumented numbers come down -- or the total numbers come down from 250 to 150, and out of the 150, 30,000 are undocumented?

MR. GUHL: Are undocumented.

SENATOR VITALE: So 120,000 are eligible for FamilyCare not yet enrolled.

MR. GUHL: Right.

SENATOR VITALE: Are they eligible for FamilyCare, John, for the traditional FamilyCare program and the Advantage program, or is it just those who are eligible for the subsidy or for 350 and below?

MR. GUHL: That population isn't eligible for the Medicaid program.

SENATOR VITALE: Let me say it differently.

MR. GUHL: FamilyCare.

SENATOR VITALE: Let me say it differently. Out of the 150, 30 are undocumented, so we're talking about 120,000.

MR. GUHL: Right.

SENATOR VITALE: Those 120,000 are eligible for FamilyCare?

MR. GUHL: Seventy-eight percent of the 150,000 have income below 300 percent of the Federal poverty level.

SENATOR VITALE: Three hundred percent.

MR. GUHL: Below 300.

SENATOR VITALE: Do you know what measure it is? Three-fifty?

MR. GUHL: That's their report.

SENATOR VITALE: Oh, it's their report.

MR. GUHL: Their report said-- Their report said-- The report that came out said 30 -- 78 percent were below 300. We go to 350. So a little bit -- a few more would be-- So I would use the 78 number.

SENATOR VITALE: Okay.

MR. GUHL: So 78 percent of the 150 may qualify for our program, depending on their citizenship status.

SENATOR VITALE: Okay. And I will -- because I know Dr. Vali is here from the Hospital Association, and I will ask her some additional questions. Let me just ask one last question. When we were enrolling parents in the program up until last year when Governor Christie decided to freeze the program for enrollment to parents-- We know that

we're not enrolling as many as we could be. I think we're doing really well. But we also knew that when we were enrolling parents, we were enrolling the entire family. And so we were capturing more kids in the program because parents were enrolling and then enrolling their kids at the same time.

MR. GUHL: Right.

SENATOR VITALE: So we certainly have seen an increase in enrollment for kids, but not at the level we would have seen had we continued to enroll parents.

MR. GUHL: Maybe. You may be right.

SENATOR VITALE: I don't want to put you on the spot.

MR. GUHL: I think our outreach efforts -- our campaign -- are reaching a lot of those kids who--

SENATOR VITALE: You're right. So that will be my statement. You don't have to agree with me. I understand. (laughter) But we know that when we enroll parents -- at least from my perspective--

MR. GUHL: Historical data showed that that's true.

SENATOR VITALE: Historically, we get more kids. We do get more kids. Okay.

MR. GUHL: But we really have an all-out campaign, and we're doing a lot-- We're a lot more innovative in our attempts to outreach, enroll, and retain.

SENATOR VITALE: Up until last year, I know, when Governor Corzine was still in office and before that, we appropriated, every year, about a million dollars into Medicaid that was matched by the Federal government, I think, to provide for marketing of the program. And that's

not in this year's budget -- in the '10 budget. But are there dollars available through the grant that you received to provide marketing or outreach? Can you use it in the same manner, or is it used differently?

MR. GUHL: No, we use the million dollars not for marketing purposes but for direct outreach where we're contracting with school districts, paying staff. There is staff on the payroll in order to do direct outreach in the areas we think would yield the greatest return.

SENATOR VITALE: Thank you.

Thanks, John.

SENATOR WEINBERG: Senator Singer.

SENATOR SINGER: I'm a little concerned. You said the outreach directly with the schools -- 30 Abbott districts. There are an awful lot of districts that are marginal in that same area that we're not doing that. I hope you take the additional money and look at that.

For example, my home district of about -- the town is about 100,000. We have 18,000 undocumented in town, and probably, in my lower grades, the percentage of minorities -- 85 percent. Yet, I'm not an Abbott district, and I'm not getting that additional staff in there. So I would hope I receive some information from you after this meeting -- directly to me -- as to how my school district can get into this. Maybe they can hire someone directly to do that enrollment. Since of that 85 percent, 50 percent of that is Mexican. And, again, we fall into that range of -- many of the parents are undocumented, the children are citizens, and vice versa. But a lot of those children are being missed. So sometimes when you're prefocused on just the 30 Abbott districts, some of the other districts are getting shortchanged.

MR. GUHL: I understand that. We had a million dollars. So that million dollars had to go--

SENATOR SINGER: Yes, but you just told me you just got \$3 million more coming in.

MR. GUHL: No, no, that \$3 million was a bonus that we received in January of this year. And that was absorbed in last year's budget. But we got a bonus for our outreach efforts -- a \$3 million bonus in January of 2010. That money is already spent.

The moneys that we did have -- the Federal grants that we received, we contracted with the districts that had the highest volumes of uninsured that we thought. So we used the money as far as we could.

I would be glad to work with your district, because we have a FamilyCare team that goes out, and they will go into your district and do whatever we can to help assist in that regard. And if more moneys are available -- do become available, we would definitely want to entertain that. But we spent the grant. We only had so much money, and we divvied it up the best way we could. But I'm happy to work with you.

SENATOR SINGER: We will. We'll be in touch.

SENATOR WEINBERG: Thank you, Senator.

John, thank you very much.

MR. GUHL: Thank you.

SENATOR WEINBERG: Any other questions here? (no response)

Thank you. Thanks for your commitment to the program.

MR. GUHL: Thank you.

SENATOR WEINBERG: As soon as you told me you had sleepless nights--

The next speaker I'd like to call up is Josh Spielberg, from Legal Services of New Jersey. (applause)

I was just reminded, if anybody else wants to testify who I don't have on the list, you can fill out one of these forms, and we'll be happy to call you. And I would love it if we have a student who is brave enough to come forward and share even just your impressions of what you're hearing today.

Go ahead, Mr. Spielberg.

**J O S H S P I E L B E R G, E S Q .:** Thank you to the Committee for the opportunity to testify today on the subject of uninsured children in New Jersey.

I am an attorney and a Supervisor of the Healthcare Access Project of Legal Services of New Jersey. Our project has provided legal advice and representation to thousands of families who are eligible for New Jersey FamilyCare and also to thousands of families who are ineligible and therefore uninsured. And so we are familiar with many of the problems faced by uninsured families and children in New Jersey.

I also wanted to say thank you to East Side High School and welcome the students here today. I hope you will learn from this experience about government and policy, and perhaps you will become interested in becoming involved in policy issues in your community and in the state.

Today I would like to talk about three areas. First, the extent of the problem of uninsured children. Secondly, what New Jersey is doing well. And thirdly, to address some of the things that -- or to address the

issue that you called for, Senator Weinberg -- what New Jersey could do better.

First, in terms of the extent of the problem-- We've already heard discussion today about some of the statistics. The first thing I would like to note is, there is some disagreement about the numbers. And, in fact, the Kaiser Commission for Medicaid and uninsured -- I just checked their numbers. They're substantially higher than the Urban Institute for the number of uninsured. But because the Urban Institute study just came out, and because that's the focus of today's hearing, I want to take a look at those numbers.

The first thing--

SENATOR WEINBERG: If you'll excuse me for a minute. Again, for the benefit of the students, statistics -- I don't know how many of you might ever get into the study of statistics -- but what Mr. Spielberg just pointed out is, although we are going on the numbers that were given to us in the latest Urban Institute report, he says there is another report from a respected healthcare study group -- the Kaiser Family healthcare institute that has numbers much higher. So then it's left to the rest of us to try to figure out which is more appropriate -- just by way of background.

Go ahead, please.

MR. SPIELBERG: So looking at the Urban Institute's numbers, New Jersey's number is 6.9 percent, which compares favorably with the national number of 9.3 percent. But when you look at the overall rank -- in terms of looking at overall rank, I rated those with the lowest uninsured rate first -- New Jersey ranks 22nd, which isn't particularly impressive. And particularly among Northeastern states, New Jersey does

not do well. Out of the 12 Northeastern states, New Jersey is ranked 11th. We are behind Massachusetts, which actually has the best rate, 1.7 percent in the study. We're behind New York, and we're behind Connecticut -- states we like to compare ourselves to.

And if you look at those statistics -- not over all uninsured children, but if you look at it in terms of low-income children, New Jersey ranks even lower. That rate is 12.8 percent. That's 29th nationally. Again, we're behind all of the Northeastern states, and we're behind specifically Massachusetts, New York, and Connecticut -- states that might be considered similar.

I would like to mention what New Jersey is doing well, and this has already been addressed. Our level of eligibility for public health insurance -- the New Jersey FamilyCare program -- is at 350 percent, which at one time was the highest in the nation. It is still very close to the highest. That's partly a reflection, as Senator Vitale mentioned, of the high cost of living here, but it's also a reflection of New Jersey's commitment to ensuring all children.

The second thing that New Jersey has done well -- and that's been mentioned -- is the Healthcare Coverage Act of 2008, which included many improvements that increased enrollment, including eliminating premiums for children with Federal poverty level -- below 200 percent -- increasing eligibility for parents up to 200 percent, money set aside for outreach, and then this working group that was created that you heard discussion about.

Now I would like to address what New Jersey could do better, and there are three areas in terms of covering the eligible but unenrolled

children. And the first area where we could do better, again, has already been mentioned by Senator Vitale, which is to restore the cuts that were made in eligibility for parents, which just happened this past spring. And as alluded to, there is statistical proof that every time you cut eligibility for parents, then the number of children who are enrolled goes down. And every time you increase eligibility for parents, the number goes up. And, in fact, the Legislature did pass a bill to restore those cuts, but that was vetoed. And so far that veto hasn't been overridden. Maybe it can be in the future.

The second thing I would like to mention that New Jersey could do better is improve outreach, particularly in minority communities. And we've already heard discussions here about the comparison of the rate of uninsured in the white community and then in the minority community. The rate in the black community is 7.8 percent, as compared to whites at 3.9 percent, so that's double; Asian and Pacific Islanders, 10.6 percent; and for Hispanics, it's all the way at 13.2 percent.

So what we need is better outreach. And in order to do that, we do need more funds for outreach, and we also need outreach that's targeted to local communities, especially local communities with high minority populations, high uninsured populations. And we need local, governmental, school, and nonprofit leaders in doing that outreach.

The third thing we could do in terms of improving the enrollment of those who are eligible but not enrolled is improve the administration of the program. The Division of Medical Assistance and Health Services delegates the eligibility determinations to different entities. Some are the counties, and some are a private entity they contract with,

who is a statewide eligibility agency. And we need better coordination between those entities.

SENATOR WEINBERG: I want to understand that. They make -- the Department makes a decision whether they're contracting to the schools or to private, nonprofits?

MR. SPIELBERG: The Department contracts with the county welfare agencies -- the boards of social services -- to do some of the eligibility determination, usually the lower income level determinations. And then for the higher level, they have a contract with a private entity.

SENATOR WEINBERG: The State or the county does those?

MR. SPIELBERG: The State, the Division of Medical Assistance and Health Services -- this private entity called Affiliated Computer Services, ACS.

So there's interaction between those entities. Recipients are often bounced from one entity to the other. And in the process, they often lose eligibility. We often deal with those cases. So if there could be better coordination between those entities, that would improve the situation.

In addition to that, the Department makes certain rules. There are Federal rules, but then the State of New Jersey and the Division has the ability to implement State rules that are in compliance with those Federal rules, but they're State options. We often find those rules could be simplified. They tend to be very complicated. And, again, you lose eligible people because they're shifting from one program to another.

SENATOR VITALE: Senator.

SENATOR WEINBERG: Senator Vitale.

SENATOR VITALE: Thank you.

Thanks, Josh.

On the eligibility determination, we have ACS for the higher-income families and the county offices for the lower-income families. And that is because the counties already deal with a lot of low-income families, in terms of food stamps and other social services programs. So they have a relationship or they're better organized to do that kind of work.

MR. SPIELBERG: Yes, I think that's the reason that it's done that way.

SENATOR VITALE: And we know that, just sort of overall, the numbers that -- when we talk about the number of uninsured and your number -- or the Kaiser number versus the Robert Wood number -- Urban Institute number -- your number doesn't contemplate the undocumented, right? We're only talking about eligibles.

MR. SPIELBERG: Well, I'm going to get to the undocumented in a minute.

SENATOR VITALE: But the number you've been citing is mostly for those who are eligible?

MR. SPIELBERG: Well, the Urban Institute number, the 6.9 percent, does include those who are ineligible.

SENATOR VITALE: Oh, ineligible. So (indiscernible) supports the numbers so we know what we're talking about. If we're talking about FamilyCare enrollment -- improving it -- we can't-- Because of Federal restrictions, we're not allow to use -- enroll families -- children, rather -- who are undocumented, right?

MR. SPIELBERG: At this point, yes.

SENATOR VITALE: At this point.

I'll let you continue. I will have another question for you later.  
Go ahead.

MR. SPIELBERG: In terms of the other thing that can be done, in terms of administration, those making the eligibility determinations -- we often find they have what I would call an indifferent attitude to eligibility. And we would like to, instead, have an attitude of: Can we figure out how to cover every eligible person and maintain coverage?

But turning--

SENATOR VITALE: Josh, I'm sorry. That was my other question-- Was the benefit-- That frustration that you have that we have, we see as well. If it is a hospital, for example -- someone in a hospital will begin the enrollment process for a family who either presents in an emergency room, or another method, or they're born in that hospital and the process is started-- Many times the forms or the enrollment process will then be turned over to the Medicaid department. Some hospitals will have a Medicaid person on premises during the course of the day, but not every day -- only some days. That's a function not of the hospitals but of the county social services or Medicaid. So what's frustrating is that we've started the process. It finds its way to the county -- whether it's New Brunswick or whether it's another county seat -- and it sort of sits there, gets in a pile. My experience is that they do an okay job, but sometimes it sort of sits around. And by the time eligibility is determined, that family is gone, they've moved, something's happened. And so there's broad disconnect.

And I know also -- and I believe, at least, as far as I understand -- is that we're to require to have Medicaid, or ACS, or another government entity certify the eligibility for these families. So we're dealing with a process that's been put in place for us to have to follow. But the process is sometimes disconnected, and that's the frustrating part.

I don't know whether or not we could get a waiver, or we can try to fix that part of the system, in terms of getting those applications done. We did it with legislation some years ago when we created the online application process. It's pretty simple if you have access to a computer, of course -- if you're a family that has one -- or to the internet. It's pretty seamless. The Department gets the information, they determine eligibility, they can back-check your tax records now to make sure that your income is what you say it is. But in the world of paper, and Medicaid, and the county offices, it's very sort of inconsistent, at best. And so if you have some recommendations-- We've been looking at that through offices as well. It's frustrating because we lose a lot of kids that way.

MR. SPIELBERG: Yes. You know, it's not only the procedures, but it's the attitudes sometimes. And one of the leading states in keeping eligible children enrolled -- it may come as a surprise -- is Louisiana. And the reason why is, they have an attitude there that once somebody is enrolled -- as long as they're eligible, they want to keep them enrolled. And that attitude permeates everything. So sometimes you're able to overcome some of the bureaucratic obstacles if you have that attitude.

Now, looking at this issue of who is -- how we can expand New Jersey FamilyCare eligibility-- The main group that's not covered is

undocumented children. So if we, as a State, decided that we are covering all children regardless of immigration status, we would take care of a large group of children. And other states have done that. You don't get Federal funds for that, but other states have considered it a state priority. Illinois, New York, Massachusetts, Florida in some counties, Washington state, and the District of Columbia all cover children, regardless of immigration status.

The other-- There's a second area to cover those who are currently ineligible, and those are children who are stuck in this waiting period that's required so that if you -- if a parent has private coverage and they're no longer able to afford it, they cannot cover their children for three months because there's this mandatory waiting period.

SENATOR WEINBERG: Is that a Federal requirement?

MR. SPIELBERG: No, it's a State option.

SENATOR WEINBERG: That's a State option.

MR. SPIELBERG: It's a State option. It used to be higher in New Jersey: six months. It's now down to three months. But it could be eliminated all together. It does not exist for the lower-income children. So if we would eliminate that option, or at least modify it so that before you say that the family has to wait three months, you'd look at how affordable the private plan is and what is the quality of that plan. Then we'd cover more children. But currently, if a parent drops their private health insurance because they can't afford it, the child is uncovered for at least three months.

SENATOR VITALE: May I, Loretta? (affirmative response)

Josh, if the employer drops the coverage, they're eligible, but you can't drop your coverage on your own. Meaning, if your employer

drops coverage, goes out of business, whatever, and you lose your coverage that way, your kids are eligible for SCHIP--

SENATOR WEINBERG: Immediately.

SENATOR VITALE: --immediately. But I can't say, "I'm just going to drop my coverage and go into FamilyCare because it's cheaper, because I can afford it more than I can with my dependent coverage at work."

MR. SPIELBERG: Again, if you're at 133 percent or below, you can do that.

SENATOR VITALE: Above, you can't.

MR. SPIELBERG: But above that level you can't, even if you can no longer afford your private coverage. And often one parent loses a job. We had a client with one parent losing a job. The only reason the other parent, who was a waitress, stayed employed was for health insurance. But they could no longer pay for that, because the one parent had lost their job.

SENATOR VITALE: Just for background, when we first did FamilyCare back in '98, when Governor Whitman signed the KidCare then, we had a waiting period of a year, and then we lowered it to six months. There is some value in doing it.

Just for having some background on this: If every parent in New Jersey who was eligible for FamilyCare dropped dependent coverage at work and put all the kids into KidCare, or FamilyCare today, two things would happen. One, we probably couldn't afford it -- the State share of it. And two, we would probably undermine the small employer market,

because you're taking all those health kids out of that market, because it offsets the cost for everyone else having healthy kids. So there's a balance.

But I will say, though, that having 133 as the benchmark for being able to drop coverage is too low -- that 133 of poverty is still poverty. And so if we were to raise that number-- Are you saying that if we raise that number from 133 to, say, 150 or to 188, or 200, we would capture more kids -- or rather we would support those families who are losing their health insurance through their small employer -- the private employer -- and be able to get them into FamilyCare -- sort of raise that up? Would we need a Federal waiver for that, or is that just the State plan? Is that just something we have to do here, legislatively?

MR. SPIELBERG: That's a State option.

SENATOR VITALE: Okay. And a cost of force, but whatever.

MR. SPIELBERG: Yes.

SENATOR VITALE: Okay. Thank you.

MR. SPIELBERG: But, again, I mean, we're talking about-- Those children, in that three-month period, are not eligible for New Jersey FamilyCare. So that's part of the group that's not eligible.

SENATOR VITALE: Above 133.

MR. SPIELBERG: Right, above 133.

SENATOR VITALE: Now, you could wait. I mean, you could leave your kid uncovered for three months, but that's not a responsible thing to do.

MR. SPIELBERG: Right.

SENATOR WEINBERG: And while we're continuing this subject, maybe one of you in the audience -- among students -- based on the

earlier discussion could tell us what 133 percent of poverty level for a family of four would be, in terms of income. If anybody gets the answer, raise your hand.

SENATOR VITALE: We'll buy you lunch. (laughter)

SENATOR WEINBERG: Go ahead, Josh.

MR. SPIELBERG: And here is the third thing we could do. Right now-- There actually was a new rule adopted by New Jersey FamilyCare that says if a parent wants to sign up a child for New Jersey FamilyCare, they cannot do so until their past premium due is paid in full.

Now, what we find is that we're often talking about a parent who -- there's an allegation that three years ago -- that they didn't pay their past premium due, there's no basis for that calculation. The parent disputes it. But in the meantime, the child can't get coverage. So we could change that rule to-- We wouldn't-- Parents should -- if it's a legitimate balance, they should have to pay it back. But they can do it in a way that won't prevent their child from getting covered. So that would be another way to expand those who are eligible for FamilyCare who currently aren't.

So I want to, again, thank the Committee very much for the opportunity to testify. (applause)

SENATOR WEINBERG: Thank you very much for being here.

Now we're going to hear from the Hospital Association and then from those--

SENATOR VITALE: There's a young lady who wants to speak.

SENATOR WEINBERG: Oh, I'm sorry. Tell us your name, please.

**D I O S M I R Y R O D R I G U E Z:** My name is Cadet Rodriguez. I have a comment to say.

It seems like the issue is only on women, but there also men with children who are alone. (applause)

**SENATOR VITALE:** She's talking about single parents who are just--

**MS. RODRIGUEZ:** Thank you.

**SENATOR WEINBERG:** Does anybody have any questions in terms of this statement?

**SENATOR VITALE:** I do.

**SENATOR WEINBERG:** Go ahead, Senator Vitale.

**SENATOR VITALE:** What's your name? I'm sorry.

**MS. RODRIGUEZ:** Cadet Rodriguez.

**SENATOR VITALE:** Thank you for your question.

Was your statement that there are one-parent households that have not just moms and kids, but there's also dads and kids. That's what you're saying, right?

**MS. RODRIGUEZ:** Yes.

**SENATOR VITALE:** That's a smart observation. I think a lot of times we think about single moms, and everyone talks about single moms.

**MS. RODRIGUEZ:** There are single dads, too.

**SENATOR VITALE:** Right. There are lots of single dads as well taking care of kids. Do you know families like that as well?

**MS. RODRIGUEZ:** Yes.

**SENATOR VITALE:** Thank you for that.

MS. RODRIGUEZ: You're welcome.

SENATOR VITALE: It's good to remind us. Thank you.

SENATOR WEINBERG: Your name, please.

**AALIYAH McNALLY:** Hello, and welcome. My name is Aaliyah McNally. I'm Vice President of the Student Government Association. And on behalf of the SGA, I would like to invite you all to the East Side Café when we're done for a light lunch and some refreshments. When we're done, we have some escorts who will show you there and, if necessary, to the bathroom as well.

SENATOR VITALE: Thank you.

SENATOR WEINBERG: You gave us all the important information. (laughter)

Thank you.

We do have a few more people to hear from, and we appreciate your input.

And any other student who wishes to speak--

Did anybody figure out what 133 percent of the poverty level is? Do you remember we said that--

Go ahead.

**BRIANA JIMENEZ:** Hi.

SENATOR WEINBERG: Your name, please.

MS. JIMENEZ: My name is Briana Jimenez.

I have a question about the Social Security and healthcare benefits.

SENATOR WEINBERG: Go ahead.

MS. JIMENEZ: I have a disabled sibling.

SENATOR WEINBERG: Could you speak just a little bit louder into the microphone?

MS. JIMENEZ: I have a disabled sibling, and they don't get as much as they're supposed to in their Social Security and healthcare benefits. How can you tell me to improve that, even though I am just a student? How can you improve the Social Security society (*sic*) to make things better and make sure that they get the right amount that they're supposed to? How can you improve them and make me and my parents live a little bit easier -- like for everybody?

SENATOR WEINBERG: I think one of the questions you raised-- You said you had a disabled sibling.

MS. JIMENEZ: Yes.

SENATOR WEINBERG: It's how we improve the bureaucracy. I think you heard earlier somebody testified -- I think it was Josh Spielberg, from legal services -- that it is the attitude of: "Yes, we want to do this," not, "We want to find the road blocks to keep you, or your family, or your brother or sister out of the program." And it's a very practical suggestion.

Since Senator Girgenti is here-- Is Jill in the audience?

SENATOR GIRGENTI: I think Jill is here.

SENATOR WEINBERG: Where is Jill?

If you get-- Jill works for Senator Girgenti. If you get her card before you leave, I would be willing to bet that she will look into your particular situation and make sure that you, and your family, and your brother or sister--

MS. JIMENEZ: It's also because my father -- he works for the Paterson police force. Does that make it increase -- back it up a little bit more?

SENATOR WEINBERG: I know that she will look into your particular situation and see what she can do to help you. Or the fact that you might be advocating for something larger -- your starting on the road as an advocate, and this was one of your first steps to bring this to our attention.

Jill will get the details from you, and I'm sure we will all do to see what we can do to help.

Thank you.

MS. JIMENEZ: Thank you. (applause)

SENATOR WEINBERG: Any other students?

Yes, your name.

**TERRY CORALLO:** Senator, I'm with the School District. We'll let you finish your testimony, and then we'll invite the students after. If you have any other speakers, we'll respect that first. And then we'll invite the students to participate.

SENATOR WEINBERG: Thank you.

And we do have not too many more, but a few more speakers.

Dr. Vali, who is the Vice President of Research of the New Jersey Hospital Association.

So now you're going to hear from the hospitals who take care of both the insured and the uninsured in the State of New Jersey.

Dr. Vali.

**FIROOZEH VALI, Ph.D.:** Good morning.

I'm Firoozeh Vali. I'm Vice President of Research at the New Jersey Hospital Association. And I also serve as the Project Director of a program called Healthcare Partnership to Insure New Jersey Kids. That is one of the two projects in New Jersey that is funded by the Center for Medicare and Medicaid Services, CHIP, the reauthorization act, outreach and enrollment grant.

I appreciate the opportunity to come before the Committee today on behalf of the New Jersey Hospital Association to describe the policy changes that we believe can help to lower the rate of uninsured children in our state.

I'm not going to go over the culturally or linguistically appropriate active outreach and application assistance. I'm going to talk about the policy changes.

We have served as the lead agency for New Jersey on several national programs aimed at maximizing enrollment of uninsured eligible children. And in that capacity, we have been able to gather both statistical and anecdotal evidence on a number of best practices around the country that could simplify the enrollment and renewal processes for families in making it easier to enroll and retain uninsured children in Medicaid and New Jersey FamilyCare.

One of the suggested practices is paperless verification and self-declaration of income at enrollment. The Center for Medicare and Medicaid Services' guidance for verifying eligibility for Medicaid and CHIP allows the states to collect self-declared income as long as they conduct eligibility reviews of a sample of active cases, and as long as the error rate falls below the reasonable level.

New Jersey may collect self-declared income, verifying it using the existing databases, and then follow up for full documentation requests from only a random sample of enrollees, not all.

A pilot program may be used to assess the effectiveness of this approach. If the error rate falls within the acceptable standards, then New Jersey may use -- may save significantly in administrative costs of verification of documentation of all applicants. This approach has been successfully done in other states -- Louisiana, Ohio, and a couple of others -- very successfully.

The other strategy is paperless verification and self-declaration of income at renewal. Currently, the New Jersey FamilyCare renewal form should be preprinted with the family information, regardless of whether it comes from the State's vendor -- the ACS -- or the county boards of social services. Families could be asked to send back a small card answering only a few questions, such as if the income of the family has changed, if the size of the family has changed, if they're still interested in keeping their child enrolled in the program, and just enroll the program -- they continue renewing the enrollees.

The state of Illinois took this approach one step further. And in 2006, they sent families a preprinted renewal form and asked them to return only if there are changes to report. If not, the families are automatically renewed.

SENATOR WEINBERG: I think John Guhl earlier testified that that's how we do our renewal form now. We just ask the family if anything changed.

DR. VALI: But they have to then-- They send all the preprinted forms. The families have to review, add, and then send it back with the appropriate documentation.

SENATOR WEINBERG: In his earlier testimony, he said they have a very simplified form now for reenrollment.

DR. VALI: It is simplified. I have to admit that our State has simplified our processes significantly within the last 10 years, such as what, Senator, you mentioned about decreasing the (indiscernible) period from one year to three months now. There is a lot that has been done. The application form was 14 pages, now it's only one page. There are several application forms for the presumptive eligibility or regular enrollments. They are reduced. It's only one. But there is still much that we believe could be done.

SENATOR WEINBERG: Thank you.

DR. VALI: And the last strategy is rolling paperless renewal via sites of care. Hospitals and other healthcare providers, as well as the schools and our community sites, could be deputized to collect renewal information at the point of service by just asking a few questions: if the family income has changed, the size has changed. And then families who remain qualified could have the 12 months continuous eligibility clock reset to the date of service. So if a family has-- You know, in New Jersey, we have continuous, 12-month eligibility. If, in six months, a family is sick and goes into any of these sites, and they ask these questions, and the family seems to be still eligible, that clock can be reset to another 12 months easily.

Providers will need a way to submit this information to the State eligibility determination vendor, which could then be -- then process the information and send it to the appropriate county. Massachusetts conducted this pilot a few years ago very successfully.

In addition, I wanted to bring your attention to a sheet that was attached to my testimony, and that summarizes the obstacles that hospitals face in helping more uninsured families to apply for the program.

Again, I appreciate the opportunity to offer these remarks on behalf of the New Jersey Hospital Association, the Healthcare Partnership to Insure New Jersey Kids, and all the communities that they serve.

Thank you.

SENATOR WEINBERG: Thank you very much.

Any questions?

Senator Vitale.

SENATOR VITALE: Dr. Vali, can I ask you a couple of questions about the role the hospitals are playing in enrolling?

SENATOR WEINBERG: Excuse me. I just want to acknowledge that Senator Girgenti does have a full afternoon of appointments and has to leave us. But he will also have a complete transcript of everything that takes place.

SENATOR GIRGENTI: Thank you, Chairwoman.

And the only thing I would say is, if there are other individual problems that spring up in terms of your discussions, please make sure someone refers them to our office. We'll be glad to deal with them in any way.

And I want to thank you. It's very informative, and I think it's important. And I'm glad to see the student participation, which is so important, especially people involved in administration -- want to go into government in the future -- politics. It's important to be here.

Thank you.

SENATOR VITALE: Thank you, Senator.

Doctor, over the years we've tried to work with the Hospital Association, but -- maybe individual hospitals in trying to increase their participation and their roll in enrolling eligible children and, at one time, parents in FamilyCare.

Earlier, Medicaid Director John Guhl talked about the six-month pilot program where individual hospitals are participating in an enrollment process for newborns so that every newborn in New Jersey, regardless of income, is provided the information for enrollment into FamilyCare so that way, of course, we're capturing children when their born so we don't have to get them when they're 5, 6, or 12 years old -- and we get them where it is that -- where they're first born and come into this world.

Does that pilot-- What does that pilot program-- How many hospitals does that include, if you know the number? And when is that pilot program set to expire?

DR. VALI: Well, there were 10 or 11 hospitals participating in that pilot program. The pilot phase ended in July, but the result is not shared with us yet. So we don't know exactly-- We were specifically entrusted in knowing, from the hospitals that piloted that software -- that they had to report the insurance status of the newborns. What exactly it

takes for them to do it -- because they have to have -- hire a person who would go online and record the insurance status of the parents, whether commercial, or whether Medicaid, or whether they're Medicaid eligible. The PE had to be completed before mom leaves the hospital. And also, some follow-up had to be done to make sure that these moms get the support they need to complete the PE application. Because the PE does not get converted into a full application unless the documentation--

SENATOR VITALE: The PE -- you're talking about presumptive eligibility.

DR. VALI: Right, I'm sorry, presumptive eligibility.

So presumptive eligibility does not get converted into full application unless the parents provide the documentation.

At this point, we do not have the results of the pilot yet.

SENATOR VITALE: Do you expect to get that information? When do you expect to get it?

DR. VALI: Soon. We were expecting it a few weeks ago, but we are expecting to get it soon. The initial pilot was jointly done by the departments of Health and Human Services. Now it's all transferred to the Department of Human services.

SENATOR VITALE: What will it take to continue the program, statewide, for all hospitals to participate in this program? It seems to me that the hospitals want to do the right thing, of course. And two: It's a way in which to get paid for some of the services you provide to children if the child is admitted to the hospital. It is my understanding that if they were eligible at the time they were born for FamilyCare, whatever additional

expenses that child created for the hospital would be paid for by FamilyCare. So there seems to be a financial incentive, of course.

DR. VALI: Absolutely.

SENATOR VITALE: And a social incentive to get them enrolled.

DR. VALI: And it is a community service as well. They have to-- They want to, and they have to be involved in this process. But I can tell you that we have heard some hurdles in this process. So, for example, for the parents that Josh mentioned of illegal immigrants whose baby is born here -- so they are citizens -- if the parents have the fear of completing all the forms, and they don't complete the process, the newborns cannot be put under the program. So the presumptive eligibility for those newborns get timed out and they cannot put that on the program.

With the new requirements -- one of the challenges that hospitals face is that they cannot put any services for these types of newborns when they go back for services on charity care. If they have siblings who are undocumented or can be put on charity care, they can do that for those children. For the newborns who are born here -- are citizens -- but the parents do not follow up with the paperwork -- they cannot even put them on charity care. So this is one of the challenges that hospitals--

SENATOR VITALE: So it's an additional financial incentive for the hospital to try to get them enrolled so that you're getting paid for the services, and you can build charity care at the same time.

DR. VALI: Right.

SENATOR VITALE: Thank you.

SENATOR WEINBERG: Thank you.

Any other questions for Dr. Vali? (no response)

Thank you, Dr. Vali.

DR. VALI: Thank you.

SENATOR WEINBERG: Now we do have Dr. Richard Segall, here from the Englewood Schools.

Is there anybody from the Teaneck and Hackensack school systems? I thought they might be attending.

Dr. Segall, thank you for representing some of our Bergen schools.

**RICHARD SEGALL, Ed.D.:** I'll try to cover the whole county.

SENATOR WEINBERG: Dr. Segall is Superintendent of the Englewood school system.

DR. SEGALL: Thank you, Senator Weinberg and members of this important Committee.

I'm going to cut short my remarks because you've heard from experts who know a whole lot more about the statistics than I do. My business is on the education side. But I'd like to point out a couple of things that struck me as I was reading the material that I found at the Robert Wood Johnson Foundation -- particularly who is not insured. It breaks down into easily identified categories: the educational attainment of the adults in the family, limited English-speaking skills of the adults in the family, citizenship status, and gross income.

I'd like to point out a factor that is not included, and that's adult literacy. What we have in Englewood in particular -- I know it exists in Hackensack. In fact, I believe we'll find it in almost every community that has a low-income population. We have adults who fall into the

categories who do not have the reading ability to comprehend what it is that is sent home and handed to them, billboard ads to make any sense to them; materials that we distribute that go home don't make sense. The request for status of insurance that is now on the emergency form that families fill out -- that's very hard to read, particularly because I think it's in about 6 point type, which makes it even more difficult.

I believe there is a lot that needs to be done on a very human scale to reach out to the populations. As opposed to the mass distribution, let's look at the localization -- where the problems are. I believe Senator Singer was referring to this within his community. We have it very much in our community. We know where the low-income families are, we know where the non-English speaking families are, we know where there are concentrations of people who have not been able to access the various systems within the community. We work with our health department and other agencies. So we have a pretty comprehensive view of this.

We, as the school districts, have the opportunity to access the families, but we don't necessarily have the resources to do it. Health care is not one of our missions. Our mission is education. But we have access to the children, we have access to the parents. And as you put together the legislation, I suggest very strongly that you look at ways in which we can provide incentives for the agencies that have the responsibility for the outreach to work directly with us, not just the big concentrations of the old Abbott districts -- but in terms of where the people are across the state who are missing eligibility because they cannot access the information. We're quite willing to help; we just need the support to be able to do that. We're

willing to work with agencies. We just hope it doesn't come through as an unfunded mandate.

SENATOR WEINBERG: Dr. Segall, just one moment.

I think he points out an issue which Senator Singer raised much earlier in the hearing here: a non-Abbott district with a large percentage of minority and non-English speaking students. Can you tell us the percentage in the Englewood school system of that, give or take?

DR. SEGALL: Well, within our student population we range from 40 percent low-income at the high school level to 65 in the lower elementary. We are now at the situation where about 35 percent of our students entering the school system at age 4 or 5 come from a family in which both parents speak English, and the child has spoken almost no English when he arrives. And these are our citizen children.

As the age goes up, we have more children who become the spokesperson for the family. We've taught them English. The parents still have not acquired the language. I don't have the statistics of how that changes over time, but we do know that the families make an effort to use the children to access information from the schools. We're spending much more of our energy making sure that we have someone available who can speak Spanish to the parents so we can communicate with them.

SENATOR WEINBERG: Which is why I think Senator Singer's comments were so well placed. We have to learn ways to reach into these other school districts that have these big percentages but are not Abbott districts. So I thank you for bringing that to our attention.

Any other questions for Dr. Segall?

DR. SEGALL: Thank you.

SENATOR WEINBERG: And I hope you've enjoyed, and will continue to enjoy, your visit to East Side High School.

DR. SEGALL: Well, I complimented Dr. Evans. I was here 20 years ago at a very different time. And the change is remarkable. The young people are very mature. There is an energy toward education that I can feel sitting with them. They've done a marvelous job. I very much complement what his administration is doing and what the local administration is doing. It's fantastic to see.

SENATOR WEINBERG: Thank you.

We have now two folks representing the Children's Hospital at Hackensack University Hospital: Maureen Keating, who is Vice President; and Dr. Jeffrey Boscamp, who is Chairperson.

After those two, we have one more speaker, and we'll look forward to hearing from the students.

Maureen Keating or Dr. Boscamp.

**J E F F R E Y B O S C A M P, M.D.:** Thank you very much, Senator Weinberg, Committee.

We're going to make things a little bit easier, and I'm going to testify on behalf of Maureen Keating, who is our Vice President as well.

SENATOR WEINBERG: Thank you.

DR. BOSCAMP: I do want to thank you for this opportunity to let the voice of the children's hospitals be heard. We are on the front lines, we're seeing this, we're very much impacted. So I appreciate the opportunity very much.

And I would be remiss in not thanking these great students for this tremendous hospitality today. It was great to come here. We just felt,

from the minute we arrived in the car, you've taken great care of us. So it speaks well to all of you and the great energy you just stated. Thank you.  
(applause)

So I really just wanted to make a few basic points. You've heard a lot about statistics, and certainly there's been a very robust discussion today about things that might be done in terms of improving enrollment. We certainly hear it from our families, that although the process may be better, they're very frustrated by it. We're very involved in giving out the information and I think equally frustrated as the Committee -- that sometimes it just never gets followed all the way through. So certainly we're willing and able to do more than we're already doing. I will talk about that for a minute.

One of the things I just wanted to mention that really hasn't been talked about a whole lot today is that I think -- and we've seen this on the national level in the whole healthcare bill discussions. It's one thing to get everybody insured, but the thing that always goes with it is access to care. And I think you can't talk about one without the other. So if we could get the percentage down to 1 percent and these kids still couldn't get appointments and couldn't get appropriate subspecialists, I'm not sure that everything has been achieved that needs to be achieved. So I think that has to be looked at.

Certainly we've seen--

SENATOR WEINBERG: I think, again, what the doctor is referring to -- maybe some of you will decide to go into medical school at some point and stay here in New Jersey and practice. We are losing physicians in the State of New Jersey. So even if we provide all of these

health insurance and the dollars that your families need to get you to see a doctor, there might not be one available.

DR. BOSCAMPT: Right, very good point.

So on a couple levels, what we're talking about-- One of the real problems has been both the number of physicians, and we're not training enough doctors in New Jersey. And I do hope that you guys think about a career in medicine and would think about that career being in this state, because there are a lot of people who really need you. So I hope you do.

It's on a couple levels too. One is the actual supply of physicians in the state. So we're talking about supporting more residencies, particularly in the primary care areas; and we're also talking about a real need for fellows. Fellows are people who, after you've done all your medical training, you then become a specialist in a certain area. In kids' health, there are not very many specialists. There's a real national shortage. But there's specifically a very large shortage in New Jersey. And kids who might need a specialized doctor -- in a lot of hospitals, that doctor doesn't even exist. So we need more support for training programs, for training both residents and fellows in New Jersey.

But that's not enough, because we've seen a shift in our payer mix with Medicaid HMOs now becoming the top three most frequent insurance plans in our children's hospitals. And we've seen rates that range in the 24 percent rate of Medicaid. Now, as a Children's Hospital, we have a mission to take care of everyone, and we take that very seriously. But one of the things we're seeing in the community is that most of the primary care pediatricians are not signing up for managed care Medicaid because the

rates are so incredibly low. They really need to be tied to Medicare. I've never understood why, because kids are little people, they should be paid at little rates. They're very much-- It takes, if anything, more effort and more time to take care of kids and do it the right way; to give anticipatory guidance to spend the time so that you give advice that's health-preservation oriented, not just, "You have an ear infection. Here is an antibiotic. Go." So I think that's certainly been a big thing.

We certainly agree that there needs to be effective and timely information and education for families to increase the community awareness and get people enrolled. We think there's going to be an opportunity, through the new bill, for pediatric accountable care organizations for primary care people.

SENATOR WEINBERG: Through the new Federal.

DR. BOSCAMPT: Federal, yes. There will be Federal ACOs set up all over. New Jersey is going to have the option as to whether they want to do a pediatric ACO program. And my understanding is that hasn't been decided yet. But that's a way that should really be happening. We should be fostering the medical home in the community and partnering with hospitals to be able to set up these ACOs.

SENATOR WEINBERG: Would you take a moment and explain to the students what a medical home means?

DR. BOSCAMPT: You could-- A medical home is a concept that you don't just go to a corner drug store and get a medicine, or you go to a clinic where they give you your shots that you need. But rather, you have a doctor and a place where you get all your care, where they know you and they know your records, and there's continuity of care all the way

along. So along your whole life, they know exactly what's happening with you. That's the best medical care -- is being taken care of by people who know you, and know your family, and know exactly the big picture that you live in. Because that's the way they can best help you medically.

SENATOR WEINBERG: Thank you. Continue.

DR. BOSCAMPT: Let me just wrap up. I do think we'll have an opportunity in New Jersey to do pediatric-accountable care and medical home. We'll do anything we can to work-- It's obviously in our benefit, as you've heard from the Hospital Association, to help people who come to our pediatric emergency room. We have people on staff who see those people. And when they come in, we try to get them enrolled.

We've seen a shift of primary care from our hospital to the federally qualified healthcare centers. I'm sure they're doing a good job enrolling, but we've seen a loss of opportunity for us to enroll, because we're just not doing much primary care anymore. It's really moved into the FQHCs, and that's something that we miss -- was the opportunity to enroll all those people.

I'm going to stop there, because I know the hour is late. But thank you very much for the opportunity. (applause)

SENATOR WEINBERG: Senator Singer.

SENATOR SINGER: I just have to make one comment. You have to be thankful that the FQHCs are picking up that patient load. The FQHCs are paid back at five or six times higher rate than you are. You can't make it on the rate you're getting paid with Medicaid. They get paid \$131, \$140 per visit. So the answer is that the FQHCs are helping your burden. In the same vein, many patients you see don't belong in your

emergency room. You want to steer them into the FQHC. Those cost factors are driving up everything you're talking about.

One of the other factors going into this -- and we should have a talk about this also. Because of everyone rushing to the children's hospitals in the state, you know you can't maintain all of them. We don't need all of them. But everyone wants that designation. And it's a factor of dollars and cents here. Because those specialists are needed, statewide. They're needed in certain areas of the state. And they are high specialists, and very expensive, and very difficult to afford. And it is a problem. And I think we have to deal with that problem also.

But the other problem you talked about -- you talked about doctors in this state. We're not getting primary care doctors coming through UMDNJ, because that's the low-end of the scale of doctors. You know that. Everyone wants to be a specialist today. And unless we have incentives to have doctors become primary care -- it's just not going to happen. And that's a major factor we have to deal with, and we're not dealing with that in the state or in the country.

DR. BOSCAMPT: Absolutely. I think you're absolutely right about the incentives. And I do-- I think the children's hospitals in the state have gotten together, through the Council of Teaching Hospitals, and it shouldn't be a legislative designation. It really should be a designation that's earned on an array of services that you have to offer so that the Legislature can help with that to say, "When you walk into a children's hospital, they have-- It's not a name they just put up. But, in fact, it's a whole wide array." They're teaching, they're doing research, they've got the

full cadre of specialists. It really means something to a family that walks in and gets it.

And the only other thing I would say about the FQHCs is, you're right. Certainly they're able to take care of patients. But hospitals that had robust primary care and were working closely with the community -- it's just a little frustrating in that they are paid at such a high level that we can no longer afford to keep that any more, even though we thought we were very, very involved in those families in helping take care of them. But your facts are absolutely right.

SENATOR SINGER: We're seeing, statewide, that the hospitals are giving up their clinics and going to FQHC models. They have no choice.

DR. BOSCAMP: But the problem with it is that it doesn't allow us to train those primary care doctors who you were talking about. So when I have residents-- I've lost my ability to teach them when those primary cares went out. So it's got to be a balance.

Thank you.

SENATOR WEINBERG: Dr. Boscamp, thank you very much for your patience and sticking with us.

We have only one more speaker, and then I hope we can hear from some students. Or if everybody's too hungry, we can do that in the cafeteria.

Dr. Lamacchia, is it? Did I pronounce that correctly?

**MICHAEL A. LAMACCHIA, M.D.:** Lamacchia (indicating pronunciation). That's good.

Thank you.

SENATOR WEINBERG: Chief of Pediatrics at St. Joseph's hospital, and also representing the American Academy of Pediatrics.

Would you give us your name for the record, please?

DR. LAMACCHIA: My name is Michael Lamacchia. I'm Chairman of Pediatrics at St. Joseph's Children's Hospital right here in Paterson. And I thank you for the opportunity and privilege to speak before the Committee, Senator Weinberg, Senator Gordon, Senator Singer, and Senator Vitale, and Senator Girgenti -- were here earlier as well.

And I thank also the students of East Side High School here who have given me such hospitality in accompanying here today. Both of my children were born in Paterson as well, so I feel a lot of kinship here as well.

St. Joseph's Hospital, as you know, was started in the City of Paterson more than 140 years ago. They were sponsored, and they still are sponsored by the Sisters of Charity of St. Elizabeth -- were the founders. And the mission of those sisters was to provide health care to the sick and to the needy of the City of Paterson. They've done so for more than 140 years.

St. Joseph's is one of the leading providers of charity care in the State of New Jersey. Each year we see more than 140,000 patients in our emergency room, more than 40,000 patients in our pediatric emergency room. We've been a designated children's hospital, one of the first children's hospitals designated in the State of New Jersey since 1994.

One of the issues here today -- speaking about children who are uninsured. We see quite a few of those children being here in Paterson. One of the issues we face -- and has been sort of a recent advance -- is the

electronic presumptive eligibility has increased the number of children who obtain Medicaid at the time of birth. But, again, that's only good for 30 days, unless then the parents go and file the necessary documentation. It can be adjusted up to 60 days as well.

One of the problems that we face though is that many of the parents, although they've been identified by social workers and case management, have sometimes a reluctance, and they feel sometimes afraid to go to register and give all the financial information that is necessary to continue the process and to keep them in Medicaid. Many of these parents are undocumented and feel that sometimes there may be some -- their status may be jeopardized if they give some of this information. Some of them may not, again as was mentioned, have sufficient medical literacy to go about and do so. So these are some of the obstacles that we see at the Hospital.

In our Hospital, we do have a Passaic County Medicaid office, where our patients can go and start the process. But even there, because we are a regional medical center, and because we see patients not only from Passaic County, but also from Bergen and Hudson counties -- other areas of the state -- and even New York state, those patients then need to be referred to their own local offices. And it's sort of a pity, because they're a captive audience in that institution -- in our institution -- that they can't have the assistance in that office.

SENATOR WEINBERG: Because it's a Passaic County office, they can't service--

DR. LAMACCHIA: Because it's a Passaic County office, and that's the population that they serve. So it would be of a benefit if those

workers were able to go about and assist, also, patients from the other counties.

Our Hospital, St. Joseph's Children's Hospital sees more than 400,000 patients a year in its out-patient settings, not only in the City of Paterson, but throughout the counties of Bergen, Passaic, and Hudson County, and throughout northern New Jersey. So we do have access to a lot of patients in a lot of different settings. We still do provide primary care in the City of Paterson. We see more than 40,000 patient visits a year at two sites located within Paterson.

As Dr. Boscamp was saying -- and we feel we have similar ideas about this -- the level of reimbursement for some of the programs isn't really sufficient for practitioners in the community to sustain their activities. So there has been a paucity of providers. It's particularly bad in medical care of children, but it's even worse in behavioral health. And that's a major problem that we face throughout the United States and in the State of New Jersey as well.

Another issue that we face that was mentioned by Dr. Boscamp as well is the insufficient graduate medical education funding to fund more residents who would stay in the State of New Jersey; that would populate the doctors who stay and practice in the state, but even more so the specialty physicians who practice in the State of New Jersey. We don't turn away any patient at any of our facilities. And so we take care of a great deal of patients. And I guess the over 400,000 patients that I talked about is testimony to that.

So any help that the State can do with regard to (indiscernible) funding of physicians in primary care and subspecialty pediatric care would be greatly appreciated.

So thank you for this opportunity once again.

SENATOR WEINBERG: Senator Gordon.

SENATOR GORDON: Doctor, we've been talking about trying to increase the number of primary care physicians particularly serving the underserved areas. Is there a role for advanced practice nurses or other ancillary personnel who can deal with basic primary care issues?

DR. LAMACCHIA: Right. They have been very helpful as physician extenders. They're licensed, independent practitioners, and they can have a role. Actually, we, in the City of Paterson, have placed by physicians and nurse practitioners in some of the schools to help out in that capacity. And that could be an opportunity.

There is also an opportunity, as well-- There are many physicians who come from other countries and get trained in the United States. And one of the paths for them to become citizens of the United States and to continue to practice in the United States is through either serving in underserved areas for a given period of time-- But currently there are no such sites in New Jersey. There is a program of (indiscernible) 20 funding, where there are 20 physicians or more who are able to get this exemption and practice in the State of New Jersey. If we were to take some of the residents we train who come from foreign countries -- and take them and put them in primary care positions in the State of New Jersey, and given them a path to citizenship in that way, that would also help greatly the number of primary care physicians who practice and stay in the State of

New Jersey. It's being done in many other states in the country. They go to those states. They serve the underserved for a period of time, and then they stay in those states. So it would be great if we could do more of that in New Jersey as well.

SENATOR GORDON: I'd certainly like to talk to you about doing some legislation that might facilitate that.

SENATOR SINGER: That's Federal.

SENATOR GORDON: Is it Federal? There's nothing we can do at the State level?

SENATOR SINGER: We can speak to Congressman Pascrell about it. But the problem with that program is that it's a Federal program. And I think the person we have to speak to really-- There are two Congressmen in our State who can help us: Congressmen Pallone and Pascrell, because both are involved in the Health Committee. So they're the ones we can tie into. But that's where it has to be done. It has to be done on the Federal level.

SENATOR GORDON: So there isn't the matter of State licensing or--

SENATOR SINGER: No, because he's talking about path to citizenship. There's a different aspect to that.

SENATOR GORDON: Oh, okay.

SENATOR SINGER: Correct?

SENATOR WEINBERG: Could we reach out to them and--

SENATOR SINGER: I mean, we have-- Let me just correct one thing. You have underserved areas in the State of New Jersey which allows hospitals to give forgivable loans and stuff like that based on

underserved areas, as well as-- FQHCs are based on underserved areas. There are different designations for that. But because many of them are in -- and Central and South Jersey are underserved in the southern districts -- part of the state -- there are many underserved areas.

But I think the important aspect you're talking about is: We can't-- We're having the problem where, for example, UMDNJ graduates are not doing fellowships in our state. They're leaving New Jersey.

DR. LAMACCHIA: Right.

SENATOR SINGER: They're going out-of-state.

Second of all, the amount of primary care and general surgeons being graduated-- Remember, we have one medical school in the state and one new one. (indiscernible) is the newer one that started up. But that's it for the entire state. And the cry is that both for general surgeons and for general practitioners, they're just not taking those courses because they are the lower-end paid of the medical profession.

DR. LAMACCHIA: Right. But what I was speaking to was really having physicians who have visas, like an H1 visa, be able to sustain their visa or to change it and become a permanent resident and then citizen. So we don't have that capability in the State of New Jersey, because none of the sites have been designated, in this state, to be able to do that. They had been previously but are no longer.

SENATOR WEINBERG: It's a very good point. And Senator Gordon has agreed to reach out to Congressmen Pascrell and Pallone and raise this discussion with them.

Thank you for being here.

DR. LAMACCHIA: Thank you very much.

SENATOR WEINBERG: Did you sign up?

JULIANA DAVID: Yes, with the American Academy of Pediatrics.

SENATOR WEINBERG: Are you Juliana David?

MS. DAVID: Yes.

SENATOR WEINBERG: Okay.

MS. DAVID: Good morning.

I'm Juliana David. I'm representing the American Academy of Pediatrics. I work for PECO, which is the research and education foundation. We were recently granted a grant in collaboration with the Hospital Association to do outreach through community pediatricians. So we are looking forward to our work on this project.

And we agree with the before speakers who recommended more strategies to implement doing outreach. I think it's excellent for the American Academy of Pediatrics to do outreach, not only through the federally qualified health centers and hospitals who have been doing a lot in terms of New Jersey FamilyCare, but also to give an opportunity to community pediatricians to help recruit more families into New Jersey FamilyCare. So our project will do that. We'll disseminate information throughout the American Academy of Pediatrics newsletters and the (indiscernible) that we have. But also we'll provide the opportunity, through the Center for Medicare and Medicaid, to support, technically, those pediatricians who would like to do presumptive eligibility. And maybe those pediatricians who are not really, right now, linked -- or so much linked through the Hospital Association, but they are in the community and serving the community in areas that maybe -- like you were saying, not Abbott district areas, but where there are also low-income

families who have not heard much about New Jersey FamilyCare and they need to enroll.

So I think this time around-- I've been around doing New Jersey FamilyCare since 1998. And I would say that we have more strategies in place involving other community leaders and providers to do the New Jersey FamilyCare outreach -- that it would be successful. I believe so.

So thank you for letting me talk. Good morning.

SENATOR WEINBERG: Well, you've heard from elected leaders, you've heard from people who work directly for the State government, you've heard from terrific medical professionals who really want to be able to service people, and take care of them, and keep them well. And now we have an opportunity to hear from some more of you if you'd like to come forth.

Anybody? (no response) Did we wear you out? (laughter)

Nobody figured out the math problem yet, including me.

All right, well not having heard from any other students--

I want to thank the members of the Committee for their patience and for coming up here, as well as all the folks who testified. I want to thank East Side High School for the great hospitality you've shown.

And before you say anything, let me tell you, we sit through a lot of these hearings, and you have been one of the most attentive and less-restless.

I see somebody's hand up. Stand up. Do you want to come to the microphone? (indiscernible) Then speak very loud.

UNIDENTIFIED SPEAKER FROM AUDIENCE:  
(indiscernible) I appreciate you taking the time out of your day to come here and talk. I think (indiscernible). (applause)

SENATOR WEINBERG: You're very welcome. If you go onto the New Jersey legislative webpage, there will be a complete record -- a verbal record, an audio record of what went on here. And those of you who spoke earlier will find your remarks recorded onto that record. So if you get any time -- particularly those of you in the technology area -- you should go on there and find it.

So thank you. We'll be happy to meet with you right after this.  
Thanks.

**(MEETING CONCLUDED)**