



June 12, 2008

John Calabria, Director
Certificate of Need and Acute Care
Licensure Program
NJ Department of Health and Senior Services
P.O. Box 360, Rm. 403
Trenton, New Jersey 08625-0360

Re: CN No. FR 080303-20-01, Application for Closure of Acute Care
Services at Muhlenberg Regional Medical Center

Dear Mr. Calabria:

Please accept this written submission on behalf of New Jersey Appleseed Public Interest Law Center in addition to our comments presented to the Board at the June 5, 2008 hearing and our written comments that were submitted to this office on May 5, 2008. We are specifically writing to support the position presented by Bennet Zurofsky, on behalf of People's Organization for Progress, that the Commissioner must also consider her obligations, to help eliminate health disparities in vulnerable racial and ethnic communities, pursuant to N.J.S.A. 26:2-167.1 when determining this CN application for closure of acute care services at Muhlenberg Regional Medical Center ("Muhlenberg").

Pursuant to N.J.S.A. 26:2-167.1, the Commissioner, through the Office of Minority and Multicultural Health must "develop and implement a comprehensive, coordinated, Strategic Plan to Eliminate Health Disparities between white, and racial and ethnic minority populations in the State." Ample evidence exists from state and local agencies including the OMMH, that there are specific health issues and diseases that disproportionately impact racial and ethnic minorities and vulnerable populations regardless of culture, education, and socio-economic status. These diseases include asthma, cancer, diabetes, hypertension and heart related illnesses, HIV and AIDS, infant mortality, obesity, and unintentional injuries. The closure of Muhlenberg, and the loss of culturally competent practitioners, may potentially have consequences that are substantial and devastating to this population.

As you know the cities of Orange, Irvington, Camden, Jersey City, Passaic, Patterson, Elizabeth, Newark and now Plainfield have major populations comprised primarily of Blacks and/or Hispanics. Yet, these are communities where health disparities are highest, hospital closings are more prevalent, and no one seems to be studying the correlation of this problem.

These facts underscore our previously stated position that the Commissioner must conduct a full community health needs assessment prior to determining whether to permit the closure of Muhlenberg and, specifically, must focus such assessment on the above mentioned indices. It is clear that satisfaction of her obligations under the CN statute, N.J.S.A. 26:2H-8, and N.J.S.A. 26:2-167.1 require her to identify the health needs specific to the population served by Muhlenberg, and then condition closure, if the CN is granted, on continuing provision of those health services that address such needs. It is only after identifying such services – acute care and non acute care-- essential to meeting the specific health needs of the minority population served by Muhlenberg that the Commissioner can satisfy her obligation to reduce health disparities between white, and racial and ethnic minority populations in the State.

Respectfully submitted,

Renée Steinhagen
Executive Director

-and-

George Hampton
Director of Health Care Reform