



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH
PO BOX 369
TRENTON, N.J. 08625-0369

CHRIS CHRISTIE
Governor

www.nj.gov/health

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

September 6, 2011

Dear Health Officer:

The Department of Health and Senior Services is pleased to announce that funds are available from the Hepatitis Inoculation Fund for the reimbursement of costs of hepatitis B inoculations for certain emergency medical technicians, firefighters and police officers. The funds are a continuation of monies already distributed for this purpose between 1996 and 2010 in accordance with N.J.A.C. 8:57B.

Each municipality may receive up to \$5,000 in reimbursement for the cost of protecting its emergency medical technicians, firefighters and police officers against hepatitis B. Payments of funds to municipalities will be based on the collection of state forfeiture recoveries from confiscated property that had been involved in illegal activity. Under the adopted rules, first preference will be given to municipalities with volunteer EMTs and volunteer firefighters. Second priority will be given to municipalities with a combined total of fewer than 100 EMTs, firefighters and police officers. Finally, municipalities with more than 100 emergency services workers will receive funding.

To ensure equal access to the available money, the Department may assign applicants a number and hold a lottery to determine in what order municipalities receive funding. All first priority municipalities will receive money before second and third priority municipalities can be reimbursed. If funds are depleted at any point, distributions will stop until more money is available. Reimbursements will then continue in the order established by the lottery. Reimbursements can not be made if the individual has already been reimbursed under this program. Additionally, a municipality shall not claim expense reimbursement for a covered individual whose medical insurance pays for the full cost of the hepatitis inoculation, but may claim expense reimbursement for any portion of the cost disallowed by such medical insurance.

Each interested applicant municipality shall appoint a liaison who will be responsible for preparing and submitting an application to the Division of Epidemiology, Environmental and Occupational Health on behalf of all emergency services personnel within its jurisdiction. Applications received by the Division directly from individual first aid and rescue squads, fire companies, departments and districts, and police departments or their members and/or staff shall be disallowed. The actual reimbursable costs allowed, not to exceed \$5,000 per municipality, will be based on the cost of the hepatitis B vaccine and the fees of professional medical services for administration of the vaccine.

If your municipality is interested in applying for the reimbursable costs for hepatitis B vaccinations, the following will be required in a letter format:

- 1) The name of the municipality, along with address, contact person and phone number on municipal stationary.**
- 2) The total amount expended for the inoculations in each of the individuals specified below (Number #3).**
- 3) The total composition of the municipality's emergency services personnel including:**
 - a. Number of volunteer emergency medical technicians - ambulance.**
 - b. Number of volunteer firefighters.**
 - c. Number of paid EMTs - ambulance.**
 - d. Number of paid firefighters.**
 - e. Number of police officers.**
- 4) The total amount sought for reimbursement including actual costs incurred for inoculations of each individual specified in number 3, and the cost of fees for professional medical services for administration of the vaccine.**
- 5) A statement certifying that the reimbursement applied for represents actual costs incurred and that such costs are not eligible for coverage and have not been covered through any other source, nor has the cost for each individual been reimbursed by these funds in the past.**

Please send your application to:

Mr. Howard Cohen
New Jersey Department of Health and Senior Services
Post Office Box 369
Trenton, New Jersey 08625-0369

All applications must be postmarked by October 7, 2011. If you have any questions regarding this matter, please call me at (609) 633-8725 or reach me by email at Howard.Cohen@doh.state.nj.us.

Sincerely,



Howard J. Cohen
Contract Administrator