

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
10	Modifies language to provide minimum allocation for Primary Care Practitioners Loan Redemption Program from Reproductive Health Access Fund.	The amount hereinabove appropriated for Reproductive Health Access Fund shall be allocated to the following purposes, in amounts determined by the Commissioner of Health: (1) reproductive health care services through the State’s family planning program; (2) clinical training programs for reproductive health care providers; (3) grants for security improvements to reproductive health care facilities that are determined by the Director of the Office of Homeland Security and Preparedness to be at a high risk of being the target of acts of violence, property damage, or other unlawful activity; (4) grants or loans to reproductive health care facilities for establishing or renovating existing health care facilities, investments in technology to facilitate care, the recruitment and retention of staff, and other operational needs that increase reproductive health care services; (5) the Primary Care Practitioners Loan Redemption Program <u>with the allocation for the program not being less than \$850,000</u> ; (6) programs to recruit and retain reproductive health care providers to practice in the State of New Jersey, which may include outreach and relocation grants; and (7) outreach in New Jersey to inform about reproductive freedoms and how to access reproductive health care services. Amounts may be transferred to the Division of Consumer Affairs in the Department of Law and Public Safety, the Office of Homeland Security and Preparedness, the Health Care Facilities Financing Authority, the Higher Education Student Assistance Authority, the Maternal and Infant Health Innovation Authority, or the Economic Development Authority for such purposes, as determined by the Commissioner of Health and subject to the approval of the Director of the Division of Budget and Accounting.	HEA	20#21D
453	Adds language carrying forward unexpended balances in TechUnited: NJ - Women and Minority Business Owner Mentorship Cohort account.	<u>The unexpended balance at the end of the preceding fiscal year in the TechUnited: NJ - Women and Minority Business Owner Mentorship Cohort account is appropriated for the same purpose and transferred to the account with the same name in the Department of State, subject to the approval of the Director of the Division of Budget and Accounting.</u>	TRE	50#51G
582	Adds language stipulating that \$6 million of Tuition Aid Grants appropriation is for Kean University.	<u>Notwithstanding the provisions of any law or regulation to the contrary, \$6,000,000 of the amount hereinabove appropriated for Tuition Aid Grants shall be used to ensure that the maximum Tuition Aid Grant award amount for applicants at Kean University, as that term is defined pursuant to section 3 of P.L.2021, c.282 (C.18A:64O-3), qualifying for full-time Tuition Aid Grant awards in the 2025-2026 academic year is no less than the maximum Tuition Aid Grant award amount for applicants at all other public research universities, as that term is defined pursuant to section 3 of P.L.1994, c.48 (C.18A:3B-3), qualifying for full-time Tuition Aid Grant awards in the 2025-2026 academic year.</u>	STA	30#36#2405G

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782	Adds language appropriating use of funds for Air Traffic Controller Loan Redemption Program.	<u>The amounts hereinabove appropriated for Air Traffic Controller Loan Redemption Program shall be available for the redemption of a portion of the qualifying student loan amounts of an eligible air traffic controller who is selected by the Higher Education Student Assistance Authority to be a program participant pursuant to the provisions of P.L. , c. (C.) (pending before the Legislature as Assembly Bill No. 5712 and Senate Bill No. 4432 of the 2024-2025 legislative session).</u>	STA	30#36G
782	Adds language appropriating use of funds for Unmanned Aircraft Systems Collegiate Training Initiative Incentive Grant Program.	<u>The amounts hereinabove appropriated for Unmanned Aircraft Systems Collegiate Training Initiative Incentive Grant Program shall be used to provide aviation grants to public institutions of higher education which participate in the federal Unmanned Aircraft Systems Collegiate Training Initiative established pursuant to section 631 of the FAA Reauthorization Act of 2018, pursuant to the provisions of P.L. , c. (C.) (pending before the Legislature as Assembly Bill No. 5712 and Senate Bill No. 4432 of the 2024-2025 legislative session).</u>	STA	30#36G
378	Adds language specifying use of Youth Detention Stabilization Grants appropriation.	<u>The amount hereinabove appropriated for Youth Detention Stabilization Grants is appropriated to offset increased costs of counties with per diem costs exceeding \$500 for sending youth to detention centers due to overcrowding in their own facilities or the lack of a facility, and which counties have contracted bed capacity with another county.</u>	LPS	10#18#G
701	Adds language permitting transfer of appropriation for Hackensack University Medical Center for Community Impact Project Expansion to maximize federal Medicaid payments.	<u>Of the amounts hereinabove appropriated for Hackensack University Medical Center for Community Impact Project Expansion, amounts may be transferred to the Division of Medical Assistance and Health Services, consistent with Centers for Medicare and Medicaid Services guidelines, solely to maximize federal Medicaid payments to faculty physicians and non-physician professionals who are affiliated with Hackensack Meridian Health, subject to the approval of the Director of the Division of Budget and Accounting.</u>	HEA	20#22G
921	Modifies language to allocate appropriation for Health Care Subsidy Fund Payments for increased reimbursement rates to FQHCs.	<u>The amount hereinabove appropriated for Health Care Subsidy Fund Payments shall be used to increase reimbursement rates to centers for services to uninsured clients. Upon a determination by the Commissioner of Health, made in consultation with the State Treasurer, that additional State funding is necessary to reimburse centers for services to uninsured clients, the Director of the Division of Budget and Accounting shall authorize the appropriation of such sums as the commissioner determines are necessary for grants to federally qualified health centers.</u>	HEA	20#21G

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563/429	Increases amounts for Nonpublic Auxiliary Services Aid.	Notwithstanding the provisions of section 9 of P.L.1977, c.192 (C.18A:46A-9), the per pupil amount for compensatory education for the 2025-2026 school year for the purposes of computing Nonpublic Auxiliary Services Aid shall equal [\$1,070.33] <u>\$1,146.87</u> and the per pupil amount for providing the equivalent service to children of limited English-speaking ability shall be [\$1,090.00] <u>\$1,167.94</u> , provided, however, that the Commissioner of Education may adjust the per pupil amounts based upon the nonpublic pupil population, the amount appropriated, and the need for services.	EDU	30#31S
396/544	Increases amounts for Nonpublic Nursing Services Aid.	Notwithstanding the provisions of section 9 of P.L.1991, c.226 (C.18A:40-31), the amount hereinabove appropriated for Nonpublic Nursing Services Aid shall be made available to local school districts based upon the number of pupils enrolled in each nonpublic school on the last day prior to October 15, 2024 and the rate per pupil shall be [\$130] <u>\$145.60</u> .	EDU	30#31S
364/441	Adds language permitting transfer of appropriation for The Children's Hospital at Saint Peter's University Hospital to maximize federal Medicaid payments.	<u>Of the amounts hereinabove appropriated for The Children's Hospital at Saint Peter's University Hospital - Modernization and Expansion, amounts may be transferred to the Division of Medical Assistance and Health Services, consistent with Centers for Medicare and Medicaid Services guidelines, solely to maximize federal Medicaid payments to faculty physicians and non-physician professionals who are affiliated with Saint Peter's University Hospital, subject to the approval of the Director of the Division of Budget and Accounting.</u>	HEA	20#22G
708	Modifies language to increase NJ FamilyCare reimbursement rates for assisted living programs.	Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated to the General Medical Services program classification are subject to the following condition: assisted living facilities, comprehensive personal care homes, and assisted living programs, shall receive a per diem rate of no less than [\$89.50] <u>\$91.10</u> , [\$79.50] <u>\$81.10</u> , and [\$69.50] <u>\$79.10</u> , respectively, as reimbursement for each NJ FamilyCare beneficiary under their care.	HUM	20#24#7540G
556/852	Modifies language to increase amount from Charter School Facility Improvements set aside for emergent needs, capital maintenance, and facilities costs.	Notwithstanding the provisions of any law or regulation to the contrary, of the amount hereinabove appropriated for Charter School Facility Improvements, to protect the health and safety of students, [\$4,000,000] <u>\$8,000,000</u> shall be provided to the Department of Education to administer grants to support emergent needs, capital maintenance, and facilities costs in charter schools and renaissance school projects upon the review of the Director of the New Jersey Department of Education Office of Charter and Renaissance Schools.	EDU	30#31S

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Resolution	Description	Language Change	Department	Table
854	Adds language requiring Medicaid managed care organizations to include in their networks any nursing home facility that is a certified Medicaid provider willing to join the network.	<u>Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) all Class I (private), Class II (county), and Class III (special care) nursing facilities that are certified Medicaid providers are considered qualified providers to fully participate in all State contracted Managed Care Organization networks; (2) no Managed Care Organization that distributes Medicaid funding shall deny a contract to any willing Medicaid certified Class I (private), Class II (county), and Class III (special care) nursing facility nor shall it deny payment for any new admissions to such facility; and (3) no Class I (private), Class II (county), and Class III (special care) nursing facility shall be denied Medicaid certification except as set forth in federal and State law.</u>	HUM	20#24#7540G

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<p>977</p>	<p>Modifies language to increase exclusion threshold for nursing facilities under Quality Incentive Payment program.</p>	<p>Notwithstanding the provisions of N.J.A.C.8:85-1.1 et seq. or any other law or regulation to the contrary, and subject to any required federal approval, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) Class I (private), Class II (county), and Class III (special care) nursing facilities being paid on a fee-for-service basis shall be reimbursed at a per diem rate no less than the rate received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, subject to the condition that Class III (special care) facilities shall be reimbursed the greater of this rate or \$450 per diem, and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a traumatic brain injury unit as of July 1, 2023, shall be reimbursed the greater of this rate or at a base per diem reimbursement rate that is \$400 above the special care nursing facility's base per diem reimbursement rate as of June 30, 2022 and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a neurologically impaired young adult unit as of July 1, 2024 shall be reimbursed, at a minimum, the greater of the special care nursing facility's FY 2024 base per diem rate or \$804 per diem; (2) nursing facilities that are being paid by a Managed Care Organization (MCO) for custodial care through a provider contract that includes a negotiated rate shall receive that negotiated rate; (3) any Class I and Class III nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, and any Class II nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus any performance add-on amounts, had it been a Class I nursing facility; (4) monies designated pursuant to subsection c. of section 6 of P.L.2003, c.105 (C.26:2H-97) for distribution to nursing facilities, less the portion of those funds to be paid as pass-through payments in accordance with paragraph (1) of subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97) and less the actual amounts expended during fiscal year 2022 on performance add-ons and expenditures to establish a minimum per diem of \$188.35, shall be combined with amounts hereinabove appropriated for the General Medical Services program classification for the purpose of calculating NJ FamilyCare reimbursements for nursing facilities; (5) for the purposes of this paragraph, a nursing facility's per diem reimbursement rate or negotiated rate shall not include, if the nursing facility is eligible for reimbursement, the difference between the full calculated provider tax add-on and the quality-of-care portion of the provider tax add-on, which difference shall be payable as an allowable cost pursuant to subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97); (6)</p>	<p>HUM</p>	<p>20#24#7540G</p>
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		<p>notwithstanding paragraph (1) of subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97), the provider tax add-on payable as an allowable cost shall be \$13.67 and shall be applied to both MCO and fee-for-service per diem reimbursement rates effective July 1, 2025 through June 30, 2026; (7) each Class I, Class II, and Class III nursing facility that has, no later than the deadline established by the Commissioner of Human Services, submitted to the Department of Human Services (DHS) the DHS Fiscal Year 2026 CoreQ Long-Stay Survey Sample Size Calculation Grid with affirmative answers, as defined by the department, CoreQ vendor intent, and completion of the CoreQ Long-Stay Survey sample size calculation and, if eligible for CoreQ, no later than the deadline established by the Commissioner of Human Services, submitted demographics to the CoreQ vendor to initiate the CoreQ survey process, and, during calendar year 2024, <u>in two of the three most recently completed calendar years</u>, has not been included on the Centers for Medicare and Medicaid Services (CMS) Special Focus Facility Lists A, B, C or D <u>at least once</u>, ranked as a one star facility by the CMS Five Star Quality Rating System, or <u>been</u> cited by the Department of Health for two or more Level G or higher <u>federal deficiencies or similar equivalent</u> licensing violations <u>, or received an overall one-star rating by CMS for nine or more of the prior twelve quarters</u> (a) shall receive a performance add-on of \$3.00 for each of the following CMS nursing home long stay quality measures where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024, and the simple average of the quarters, as calculated by the department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the percentage of long-stay residents who are losing too much weight and high risk residents with a pressure ulcer, (b) shall receive a performance add-on of \$3.00 for the following CMS nursing home long stay quality measure where the nursing facility has not failed to report data for any of the reporting periods Q3 2023, Q4 2023, Q1 2024 and Q2 2024, and the simple average of the quarters, as calculated by the department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the number of hospitalizations per 1,000 long-stay resident days, (c) shall receive a performance add-on of \$3.00 if the nursing facility has been deemed eligible to participate in the CoreQ survey process as determined by the department and received a composite score of 85 percent or greater, as calculated by the DHS vendor, on the CoreQ Resident and Family Experience Survey for the fiscal year 2026 survey period, (d) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of the quarters, as calculated by the department with the available data, is at or below 30 percent, as calculated by CMS, for the</p>		
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		percentage of total nursing staff that are no longer employed at the facility, (e) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of the quarters, as calculated by the department with the available data, is at or above the New Jersey average and below 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours adjusted per resident day, (f) shall receive a performance add-on of \$6.75 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of the quarters, as calculated by the department with the available data, is at or above 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours adjusted per resident day, and (g) shall receive a performance add-on of \$1.25 for the following CMS staff measures where the nursing facility has not failed to report any data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023, Q3 2023, Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of Q4 2023, Q1 2024, Q2 2024 and Q3 2024, as calculated by the department using available data, is equal to or greater than 100.5 percent of the simple average of Q4 2022, Q1 2023, Q2 2023, and Q3 2023, as calculated by the department using available data, and is at or above 3.6 hours per resident day and below 4.1 hours per resident day, as calculated by CMS, for total nurse staffing hours adjusted per resident day; (8) each nursing facility shall be eligible to receive a per diem adjustment that shall be calculated based upon an additional \$3,600,000in State and \$3,600,000in federal appropriations, except that if the department promulgates regulations implementing a new rate setting methodology in the current fiscal year, nursing facilities shall be reimbursed in accordance with that rate setting methodology, plus the performance add-ons defined above, subject to the approval of the Director of the Division of Budget and Accounting; and (9) within 30 days of setting nursing facility Medicaid reimbursement rates based upon Medicaid cost reports submitted by nursing homes, the Commissioner of Human Services shall report to the Legislature on the differential between the average per diem nursing home Medicaid rate and the average per diem cost of providing nursing home care to Medicaid beneficiaries.		
1059	Adds language to increase provider reimbursement rates under the Early Childhood Intervention Program.	<u>Notwithstanding the provisions of any law, rule, or regulation to the contrary, \$2,000,000 of the amount hereinabove appropriated for the Early Childhood Intervention Program shall be used to increase provider reimbursement rates under the program by a uniform percentage.</u>	HEA	20#21G

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Resolution	Description	Language Change	Department	Table
1109/994	Adds language permitting transfer of appropriation for Cooper University Health Care - City of Camden Access to Health Care to maximize federal Medicaid payments.	<u>Of the amounts hereinabove appropriated to Cooper University Health Care - City of Camden Access to Health Care, amounts may be transferred to the Division of Medical Assistance and Health Services, consistent with Centers for Medicare and Medicaid Services guidelines, solely to maximize federal Medicaid payments to faculty physicians and non-physician professionals who are affiliated with Cooper University Health Care, subject to the approval of the Director of the Division of Budget and Accounting.</u>	HEA	20#22G
1110	Adds language permitting transfer of appropriation for Cooper University Health Care - County of Cape May Access to Health Care to maximize federal Medicaid payments.	<u>Of the amounts hereinabove appropriated to Cooper University Health Care - County of Cape May Access to Health Care, amounts may be transferred to the Division of Medical Assistance and Health Services, consistent with Centers for Medicare and Medicaid Services guidelines, solely to maximize federal Medicaid payments to faculty physicians and non-physician professionals who are affiliated with Cooper University Health Care, subject to the approval of the Director of the Division of Budget and Accounting.</u>	HEA	20#22G
1058	Adds language concerning the use of funds appropriated to the Literary Coaches Program.	<u>The amounts hereinabove appropriated for Literacy Coaches Program shall be used by the Office of Learning Equity and Academic Recovery to hire, manage, and deploy literacy coaches across the State.</u>	EDU	30#34D
1329	Adds language concerning the allocation of funds appropriated to the Governor's Literacy Initiative.	<u>The amount hereinabove appropriated for the Governor's Literacy Initiative shall be used for a grant for the Learning Through Listening program and the Excited Reading Initiative at the New Jersey Unit of Learning Ally.</u>	EDU	30#34G
1138	Modifies language to increase funding for federal Community Care Program.	Notwithstanding the provisions of any law or regulation to the contrary, 1,478,114,000 <u>1,483,916,000</u> of federal Community Care Program funds is appropriated for community-based programs in the Division of Developmental Disabilities. The appropriation of federal Community Care Program funds above this amount is conditional upon the approval of a plan submitted by the Department of Human Services that must be approved by the Director of the Division of Budget and Accounting.	HUM	30#32#7601G

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<p>1187</p>	<p>Modifies language to increase reimbursement rates for nursing facilities that operate a neurologically impaired young adult unit.</p>	<p>Notwithstanding the provisions of N.J.A.C.8:85-1.1 et seq. or any other law or regulation to the contrary, and subject to any required federal approval, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) Class I (private), Class II (county), and Class III (special care) nursing facilities being paid on a fee-for-service basis shall be reimbursed at a per diem rate no less than the rate received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, subject to the condition that Class III (special care) facilities shall be reimbursed the greater of this rate or \$450 per diem, and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a traumatic brain injury unit as of July 1, 2023, shall be reimbursed the greater of this rate or at a base per diem reimbursement rate that is \$400 above the special care nursing facility’s base per diem reimbursement rate as of June 30, 2022 and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a neurologically impaired young adult unit as of July 1, 2024 shall be reimbursed, at a minimum, the greater of the special care nursing facility’s FY 2024 base per diem rate or \$804 <u>\$853.50</u> per diem; (2) nursing facilities that are being paid by a Managed Care Organization (MCO) for custodial care through a provider contract that includes a negotiated rate shall receive that negotiated rate; (3) any Class I and Class III nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, and any Class II nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus any performance add-on amounts, had it been a Class I nursing facility; (4) monies designated pursuant to subsection c. of section 6 of P.L.2003, c.105 (C.26:2H-97) for distribution to nursing facilities, less the portion of those funds to be paid as pass-through payments in accordance with paragraph (1) of subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97) and less the actual amounts expended during fiscal year 2022 on performance add-ons and expenditures to establish a minimum per diem of \$188.35, shall be combined with amounts hereinabove appropriated for the General Medical Services program classification for the purpose of calculating NJ FamilyCare reimbursements for nursing facilities; (5) for the purposes of this paragraph, a nursing facility’s per diem reimbursement rate or negotiated rate shall not include, if the nursing facility is eligible for reimbursement, the difference between the full calculated provider tax add-on and the quality-of-care portion of the provider tax add-on, which difference shall be payable as an allowable cost pursuant to</p>	<p>HUM</p>	<p>20#24#7540G</p>
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		<p>subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97); (6) notwithstanding paragraph (1) of subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97), the provider tax add-on payable as an allowable cost shall be \$13.67 and shall be applied to both MCO and fee-for-service per diem reimbursement rates effective July 1, 2025 through June 30, 2026; (7) each Class I, Class II, and Class III nursing facility that has, no later than the deadline established by the Commissioner of Human Services, submitted to the Department of Human Services (DHS) the DHS Fiscal Year 2026 CoreQ Long—Stay Survey Sample Size Calculation Grid with affirmative answers, as defined by the Department, CoreQ vendor intent, and completion of the CoreQ Long-Stay Survey sample size calculation and, if eligible for CoreQ, no later than the deadline established by the Commissioner of Human Services, submitted demographics to the CoreQ vendor to initiate the CoreQ survey process, and, during calendar year 2024, has not been included on the Centers for Medicare and Medicaid Services (CMS) Special Focus Facility Lists A, B, C or D, ranked as a one-star facility by the CMS Five-Star Quality Rating System, or cited by the Department of Health for two or more Level G or higher licensing violations (a) shall receive a performance add-on of \$3.00 for each of the following CMS nursing home long stay quality measures where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024, and the simple average of the quarters, as calculated by the Department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the percentage of long-stay residents who are losing too much weight and high risk residents with a pressure ulcer, (b) shall receive a performance add-on of \$3.00 for the following CMS nursing home long stay quality measure where the nursing facility has not failed to report data for any of the reporting periods Q3 2023, Q4 2023, Q1 2024 and Q2 2024, and the simple average of the quarters, as calculated by the Department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the number of hospitalizations per 1,000 long-stay resident days, (c) shall receive a performance add-on of \$3.00 if the nursing facility has been deemed eligible to participate in the CoreQ survey process as determined by the Department and received a composite score of 85 percent or greater, as calculated by the DHS vendor, on the CoreQ Resident and Family Experience Survey for the fiscal year 2026 survey period, (d) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of the quarters, as calculated by the Department with the available data, is at or below 30 percent, as calculated by CMS, for the percentage of total nursing staff that are no longer employed at the facility, (e) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing</p>		
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		<p>facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of the quarters, as calculated by the Department with the available data, is at or above the New Jersey average and below 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours adjusted per resident day, (f) shall receive a performance add-on of \$6.75 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of the quarters, as calculated by the Department with the available data, is at or above 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours adjusted per resident day, and (g) shall receive a performance add-on of \$1.25 for the following CMS staff measures where the nursing facility has not reported any data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023, Q3 2023, Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of Q4 2023, Q1 2024, Q2 2024 and Q3 2024, as calculated by the Department using available data, is equal to or greater than 100.5 percent of the simple average of Q4 2022, Q1 2023, Q2 2023, and Q3 2023, as calculated by the Department using available data, and is at or above 3.6 hours per resident day and below 4.1 hours per resident day, as calculated by CMS, for total nurse staffing hours adjusted per resident day, (8) each nursing facility shall be eligible to receive a per diem adjustment that shall be calculated based upon an additional \$3,600,000 in State and \$3,600,000 in federal appropriations, except that if the Department promulgates regulations implementing a new rate setting methodology in the current fiscal year, nursing facilities shall be reimbursed in accordance with that rate setting methodology, plus the performance add-ons defined above, subject to the approval of the Director of the Division of Budget and Accounting; and (9) within 30 days of setting nursing facility Medicaid reimbursement rates based upon Medicaid cost reports submitted by nursing homes, the Commissioner of Human Services shall report to the Legislature on the differential between the average per diem nursing home Medicaid rate and the average per diem cost of providing nursing home care to Medicaid beneficiaries.</p>		
1188	Adds language to allow funds appropriated to Holy Name Hospital, Teaneck - Palliative Care Pilot Program to be transferred to maximize federal Medicaid payments to those affiliated with Holy Name Hospital.	<u>Of the amounts hereinabove appropriated to Holy Name Hospital, Teaneck - Palliative Care Pilot Program, amounts may be transferred to the Division of Medical Assistance and Health Services, consistent with Centers for Medicare and Medicaid Services guidelines, solely to maximize federal Medicaid payments to faculty physicians and non-physician professionals who are affiliated with Holy Name Hospital, subject to the approval of the Director of the Division of Budget and Accounting.</u>	HEA	20#22G

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1194/1305	Adds language to allow for federal match for Federally Qualified Health Centers.	<u>Notwithstanding any provision of law to the contrary, the Commissioner of Human Services is authorized and hereby directed to submit any Medicaid State plan amendments or waivers to the Centers for Medicare and Medicaid Services as may be necessary to secure federal financial participation for payments to Federally Qualified Health Centers, as allowable under Title XIX of the Social Security Act. Amounts from any allowable non-federal share appropriated under this act for the purposes of providing payments to Federally Qualified Health Centers may be transferred to the Division of Medical Assistance and Health Services, consistent with Centers for Medicare and Medicaid Services guidelines, solely to maximize federal Medicaid payments to Federally Qualified Health Centers, subject to the approval of the Director of the Division of Budget and Accounting.</u>	HEA	20#21G
1195	Adds language providing supplemental appropriation authority to Pinelands Commission to complete capital improvements to Fenwick Manor administration building.	<u>In addition to the amount hereinabove appropriated for Pinelands Commission - Fenwick Manor Capital Improvements, there are appropriated to the commission such additional amounts as are required to complete necessary structural and safety repairs to the Fenwick Manor administration building, subject to the approval of the Director of the Division of Budget and Accounting.</u>	ENV	40#46S
1197	Adds language authorizing transfer of funds in the Department of Education for Unified Sports Program.	<u>In addition to the amount hereinabove appropriated for Unified Sports Program, the Director of the Division of Budget and Accounting may transfer from any General Fund account in the Department of Education to the Unified Sports Program account such amounts as may be necessary for the same purpose but not to exceed \$1,000,000.</u>	EDU	30#34G
1199	Adds language detailing use of funds for Statewide Merger Consultant.	<u>The amount hereinabove appropriated for Statewide Merger Consultant shall be used to support the costs of a study examining the costs and benefits of, and any recommendations relating to, mergers and consolidations of public institutions of higher education in the State.</u>	STA	30#36D
1230	Adds language to allow funds appropriated to Stockton University to be transferred to maximize federal Medicaid payments.	<u>Of the amounts hereinabove appropriated to Stockton University, amounts may be transferred to the Division of Medical Assistance and Health Services, consistent with Centers for Medicare and Medicaid Services guidelines, solely to maximize federal Medicaid payments to faculty physicians and non-physician professionals who are affiliated with the AtlantiCare Health System, subject to the approval of the Director of the Division of Budget and Accounting.</u>	STA	Higher Educational Services
1304/1229	Adds language specifying the date of monthly Medicaid capitation payments.	<u>Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated for the General Medical Services program classification are subject to the following condition: in order to ensure timely payments to providers and to promote continuity of care for patients, the Division of Medical Assistance and Health Services shall issue monthly capitation payments to Managed Care Organizations no later than the fifth business day of each month.</u>	HUM	20#24#7540G

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
1236/89	Directs certain portion of debt service appropriation for higher education capital improvement programs to be used for debt service on bonds issued during current fiscal year and allocates certain bond amounts for capital needs at New Jersey City University.	<u>Of the amounts hereinabove appropriated for Higher Education Capital Improvement Program – Debt Service, an amount up to \$20,000,000 shall be used to pay debt service on bonds and notes that are issued during the current fiscal year to finance grants and other forms of authorized funding under the “Higher Education Equipment Leasing Fund Act,” P.L.1993, c.136 (C.18A:72A-40 et seq.), the “Higher Education Facilities Trust Fund Act,” P.L.1993, c.375 (C.18A:72A-49 et seq.), the “Higher Education Technology Infrastructure Fund Act,” P.L.1997, c.238 (C.18A:72A-59 et seq.), and the “Higher Education Capital Improvement Fund Act,” P.L.1999, c.217 (C.18A:72A-72 et seq.). The total principal amount of bonds and notes to be issued shall not be less than \$250,000,000, and the bonds or notes shall be issued in accordance with the applicable provisions of section 5 of P.L.1993, c.136 (C.18A:72A-42), section 9 of P.L.1993, c.375 (C.18A:72A-57), section 7 of P.L.1997, c.238 (C.18A:72A-65), and section 7 of P.L.1999, c.217 (C.18A:72A-78). Notwithstanding the provisions of any law or regulation to the contrary, an amount not less than \$50,000,000 of the total principal amount of bonds to be issued pursuant to this provision shall be used to finance grants and other forms of authorized funding to New Jersey City University for deferred maintenance and other capital needs at the institution, as those needs are costs that are eligible for financing pursuant to the “Higher Education Equipment Leasing Fund Act,” P.L.1993, c.136 (C.18A:72A-40 et seq.), the “Higher Education Facilities Trust Fund Act,” P.L.1993, c.375 (C.18A:72A-49 et seq.), the “Higher Education Technology Infrastructure Fund Act,” P.L.1997, c.238 (C.18A:72A-59 et seq.), and the “Higher Education Capital Improvement Fund Act,” P.L.1999, c.217 (C.18A:72A-72 et seq.).</u>	TRE	30#36G
1104	Adds language to reserve at least \$500,000 of the “Direct Service Workforce Development” line for the NJ Midwifery Education Project.	<u>Of the amount hereinabove appropriated for Direct Service Workforce Development, a minimum of \$500,000 shall be used to support the NJ Midwifery Education Project at the Rutgers University School of Nursing.</u>	HEA	20#21D
1301	Modifies language to allow Gubernatorial Election Fund payments to be expended for security for candidates, their families, and campaign staff.	There are appropriated from the Gubernatorial Elections Fund such sums as may be required for payments to persons qualifying for additional public funds pursuant to section 5 of P.L.1974, c.26 (C.19:44A-30); provided, however, that should the amount available in the Gubernatorial Elections Fund be insufficient to support such an appropriation, there are appropriated from the General Fund to the Gubernatorial Elections Fund such sums as may be required, subject to the approval of the Director of the Division of Budget and Accounting. <u>In addition, the limitation on amounts expended in aid of any candidate for Governor pursuant to section 7 of P.L. 1973, c. 83 (C.19:44A-7) shall, in addition to the exemptions set forth therein, not include any direct or</u>	LPS	10#13G

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Resolution	Description	Language Change	Department	Table
		indirect expenses for physical or virtual security for the candidates, their families and the candidates' campaign staff.		
851	Modifies language to increase NJ FamilyCare reimbursement rate for medical day care services.	Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated within the General Medical Services program classification for medical day care services shall be conditioned upon the following provision: the minimum fee-for-service and managed care per diem medical day care providers shall be [\$92.08] \$94.66 .	HUM	20#24#7540G

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
1328	Modifies language related to Tax Levy Incentive Aid to require County Superintendent approval to exceed the levy cap and limit the use of funds to teachers and programs, not capital improvements.	From the amount hereinabove appropriated for Tax Levy Incentive Aid, the Commissioner of Education, based on an application process, shall provide such aid to a school district, other than a county vocational school district, that is spending below adequacy pursuant to section 1 of P.L.2018, c.67 (C.18A:7F--70) and has a prebudget year general fund tax levy below the local share as calculated pursuant to section 10 of P.L.2007, c.260 (C.18A:7F--52) and where (1) the school district has increased its general fund tax levy by more than the amount allowed pursuant to section 3 of P.L.2007, c.62 (C.18A:7F--38) and subsection e. of section 4 of P.L.2007, c.62 (C.18A:7F--39(e)), in accordance with subsection c. of section 4 of P.L.2007, c.62 (C.18A:7F--39(c)), but such increased tax levy does not exceed the local share; or (2) after application by the school district, the Commissioner of Education approved the application and determined, pursuant to section 6 of P.L.1996, c.138 (C.18A:7F--6), that additional expenditures, through a combination of an increase in the district's general fund tax levy by more than the amount allowed pursuant to section 3 of P.L.2007, c.62 (C.18A:7F--38) and subsection e. of section 4 of P.L.2007, c.62 (C.18A:7F--39(e)) and Tax Levy Incentive Aid is necessary to ensure implementation of the required thoroughness and efficiency standards. <u>A district applying to the Commissioner of Education to exceed the tax levy growth limitation pursuant to this provision may only use the increased general fund tax levy amounts for the retention of classroom staff and to fund programs that directly involve pupils, as determined necessary by the commissioner to ensure implementation of the required thoroughness and efficiency standards. A school district shall not use the increased general fund tax levy amounts for administrative purposes, for increases in staff salaries that are not contractually obligated and otherwise are not necessary to ensure the implementation of the required thoroughness and efficiency standards, or to fund school facilities projects or other capital projects.</u> School districts shall apply for Tax Levy Incentive Aid based on an application made available by the Department of Education. The Tax Levy Incentive Aid provided to a district shall not exceed the lesser of \$1,000,000 or five percent of an increase in the general fund tax levy that exceeds the amount allowed pursuant to section 3 of P.L.2007, c.62 (C.18A:7F--38) and subsection e. of section 4 of P.L.2007, c.62 (C.18A:7F--39(e)), and shall not result in a district expending above adequacy pursuant to section 1 of P.L.2018, c.67 (C.18A:7F--70), subject to the approval of the Director of the Division of Budget and Accounting.	EDU	30#31S

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Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
601	Adds language permitting Shared Services and School District Consolidation Study and Implementation funds to be used to provide grants through the Local Efficiency Achievement Program.	<u>Notwithstanding the provisions of any law to the contrary, the amount hereinabove appropriated for Shared Services and School District Consolidation Study and Implementation (PTRF) shall be used to provide grants to municipalities and counties through the Local Efficiency Achievement Program for its purposes or for the purpose of contracting with an individual or firm that has a demonstrated track record of successfully completed operational reviews and assessments to conduct local government efficiency reviews.</u>	CMA	70#75S
746	Adds language to increase reimbursement rate for transportation services to partial care and intensive outpatient services providers.	<u>Notwithstanding the provisions of any law or regulation to the contrary, \$3,000,000 of the amounts hereinabove appropriated for the General Medical Services program classification shall be used to increase the reimbursement rate for transportation services and mileage to and from a partial care or intensive outpatient services provider.</u>	HUM	20#24#7540G

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

<p>1352</p>	<p>Modifies outpatient hospital state-directed payment language to adjust payments in case of delay in federal approval</p>	<p>Notwithstanding the provisions of any law or regulation to the contrary, and subject to any required federal approval, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) the Division of Medical Assistance and Health Services shall establish a managed care state directed payment program pursuant to 42 CFR 438.6(c) that provides a supplemental payment for each acute care hospital outpatient visit for which NJ FamilyCare is the primary payer and there is no third-party liability; (2) an outpatient visit is defined as all services billed on a single UB-92, UB-04 or successor claim form related to a singular diagnosis or treatment of services, which did not result in hospitalization; (3) public hospitals shall receive a Medicaid outpatient add-on equal to the difference between the statewide average commercial rate (ACR) and the average managed care payment per hospital outpatient visit, where (a) the average managed care payment per hospital outpatient visit shall be calculated by dividing the total amount of managed care hospital outpatient payments by the number of visits, calculated on managed care encounter payments for which NJ FamilyCare was the primary payer for calendar year 2023, with payment dates between January 1, 2023, and September 30, 2024, (b) the ACR shall be calculated using the 2023 audited Acute Care Hospital (ACH) Cost Reports as follows: (i) the ACR numerator equals a hospital's gross revenue from patient care for payers as reported on Form E6, Line 1, Column A, Column B, Column F, and Column I minus prior year allowances and adjustments as reported on Form E6, Line 2, Column A, Column B, Column F, and Column I minus current year allowances as reported on Form E6, Line 3, Column A, Column B, Column F and Column I, (ii) the ACR denominator equals the sum of the hospital's visits as reported on Form B6, Column L, Line 1, Line 2, Line 6 and Line 9, and (iii) the ACR equals the sum of the ACR numerators divided by the sum of the ACR denominators for all hospitals submitting an ACH cost report; (4)(a) the remaining non-public, acute care hospitals shall be ranked by their Relative Medicaid Percentage (RMP) from highest to lowest, which shall be calculated using the 2023 audited ACH Cost Reports and shall be calculated as follows: (i) the RMP numerator equals a hospital's gross revenue from patient care as reported on Forms E5 and E6, Line 1, Column D and Column H, (ii) the RMP denominator equals a hospital's gross revenue from patient care as reported on Form E4, Line 1, Column E, (iii) the RMP equals the RMP numerator divided by the RMP denominator for each hospital submitting an ACH cost report, and (iv) for instances where hospitals that have a single Medicare identification number submit a separate ACH Cost Report for each individually licensed hospital, the ACH Cost Report data for those hospitals shall be consolidated to the single Medicare identification number, and (b) the top 15 hospitals ranked with the highest RMPs shall receive an outpatient add-on equal to \$225 per visit, hospitals with an RMP ranking</p>	<p>HUM</p>	<p>20#24#7540G</p>
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Fiscal Year 2026 Appropriations Bill (A5800/S2026)
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		<p>of 16 through 30 shall receive an outpatient add-on equal to \$150 per visit, hospitals with an RMP ranking of 31 through 45 shall receive an outpatient add-on equal to \$100 per visit, and hospitals ranked 46 and lower shall receive an outpatient add-on equal to \$50 per visit; (5) unless it is publicly owned, each acute care hospitals shall be ranked by their Relative Charity Care Percentage (RCCP) from highest to lowest, which shall be calculated using the 2023 audited ACH Cost Reports, by dividing the amount of hospital-specific gross revenue for charity care patients by the hospital's total gross revenue for all patients, and for instances where hospitals that have a single Medicare identification number submit a separate ACH Cost Report for each individually licensed hospital, the ACH Cost Report data for those hospitals shall be consolidated to the single Medicare identification number, and each ACH shall receive an increase to the add-on calculated in clause 4 above with (i) the top 15 hospitals ranked with the highest RCCP receiving an increase to the add-on equal to 40 percent, (ii) hospitals with an RCCP ranking of 16 through 30 shall receive an increase equal to 20 percent, (iii) hospitals with an RCCP ranking of 31 through 45 shall receive an increase equal to 10 percent of the add-on calculated in clause 4 above, (iv) and hospitals ranked 46 and lower shall receive an increase equal to 5 percent of the add-on calculated in clause 4 above; (6) each of the hospitals located in the ten municipalities in the state containing a hospital that have the lowest median annual household income according to Table S1901 from the 2023 American Community Survey (ACS) 5-Yr Estimate Released December 12, 2024, shall be ranked from the hospital with the highest hospital-specific reimbursed Medicaid and NJ FamilyCare managed care outpatient hospital services to the hospital with the lowest hospital-specific reimbursed Medicaid and NJ FamilyCare managed care outpatient hospital services, as calculated on managed care encounter payments for which NJ FamilyCare was the primary payer for calendar year 2023, with payment dates between January 1, 2023, and September 30, 2024, and the hospital in each of the ten municipalities, with the highest reimbursed Medicaid and NJ FamilyCare managed care outpatient hospital services shall receive a 20 percent increase to their designated tier's add-on payment calculated in clause 4 above, unless such hospital is publicly owned; (7) unless it is publicly-owned, the hospital that provides the highest level of managed care outpatient hospital services, as defined in clause 6 above, in the seven counties with the lowest life expectancy at birth shall receive a 20 percent increase to the add-on calculated in clause 4 above, where life expectancy at birth is based on calendar year 2020 New Jersey State Health Assessment Data (NJSHAD); (8) unless it is publicly-owned, a hospital that is among the top ten in terms of RCCP and has operating margins less than or equal to negative 15 percent shall receive an increase of 20 percent to the add-on payment calculated in clause 4 above, where operating margins shall be calculated using calendar</p>		
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Fiscal Year 2026 Appropriations Bill (A5800/S2026)

Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
		<p>year 2023 audited ACH cost reports with a numerator of Form L3, Line 34 minus Line 12, and a denominator of Form L3, Line 15 minus Line 12 minus Line 31; (9) hospitals shall receive interim quarterly Medicaid managed care outpatient hospital payments on or about the 30th of the first month of each quarter based on calendar year 2023 outpatient visits as calculated above, which shall be reconciled to actual fiscal year utilization in the subsequent State fiscal year's fourth quarter payment using the methodology above, except that the total amount of the per-visit add-on for each hospital may be changed proportionately, as calculated by the Commissioner of Human Services, to ensure that the reconciled payments across all hospitals do not increase the non-federal share reported by the State for State fiscal year 2026 to the federal government in its Section 438.6(c) Preprint, where the reconciliation shall be based on managed care encounter payments with service dates between July 1, 2025, and June 30, 2026, for which NJ FamilyCare was the primary payer and there is no third-party liability, with payment dates between July 1, 2025, and September 30, 2026, and (10) notwithstanding the provisions of any law or regulation to the contrary and subject to federal approval, the interim payments made in the previous State fiscal year shall be reconciled to actual fiscal year utilization in the fourth quarter payment, which shall be calculated using the methodology in the previous State fiscal year's Appropriations Act, except that the total amount of the per-visit add-on for each hospital may be changed proportionately, as calculated by the Commissioner of Human Services, to ensure that the reconciled payments across all hospitals do not increase the non-federal share of the interim payments made during State fiscal year 2025, as reported by the State to the federal government in its Section 438.6(c) Preprint, where the reconciliation shall be based on managed care encounter payments with service dates between July 1, 2024, and June 30, 2025, for which NJ FamilyCare was the primary payer and there is no third-party liability, with payment dates between July 1, 2024, and September 30, 2025 ; <u>and (11) if required federal approvals are not received by the date of the first quarterly payment, the add-on amount for each hospital shall be changed proportionately, as calculated by the Commissioner of Human Services, such that the total interim payments for all hospitals does not exceed the non-federal share reported by the State to the Centers for Medicare and Medicaid Services in its Section 438.6(c) Preprint and that the department shall make quarterly payments based on the non-federal share only, until federal approval is received.</u></p>		

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
1361	Adds language permitting transfer of appropriation for Robert Wood Johnson Barnabas Health - NJ Shelter and Health Programs and Partnerships to maximize federal funds and explaining appropriation purpose.	<u>The amount hereinabove appropriated for Robert Wood Johnson Barnabas Health - NJ Shelter and Health Programs and Partnerships shall support programs and community partnerships administered by Robert Wood Johnson Barnabas Health in Hudson County, Union County, and Ocean County that increase access to food, housing, street medicine, and temperature related relief for the purpose for increasing access to quality healthcare and improving outcomes for unhoused individuals. Of the amounts hereinabove appropriated for this purpose, amounts may be transferred to the Division of Medical Assistance and Health Services, consistent with Centers for Medicare and Medicaid Services guidelines, solely to maximize federal Medicaid payments to faculty physicians and non-physician professionals who are affiliated with Robert Wood Johnson Barnabas Health, subject to the approval of the Director of the Division of Budget and Accounting.</u>	HEA	20#22G
589	Authorizes additional appropriation up to \$1 million to institutions participating in New Jersey Civic Information Consortium to advance research in the field of media and technology.	<u>Notwithstanding the provisions of any law or regulation to the contrary in addition to the amounts hereinabove appropriated for Higher Educational Services - Institutional Support, there is appropriated an amount not to exceed \$1,000,000 for institutions participating in the New Jersey Civic Information Consortium to advance research and innovation in the field of media and technology to benefit the State, subject to the approval of the Director of the Division of Budget and Accounting.</u>	STA	Higher Educational Services
1341	Adds language specifying use of New Jersey City University Merger Costs appropriation.	<u>The amount hereinabove appropriated for New Jersey City University Merger Costs shall be provided to Kean University pursuant to a spending plan approved by the Secretary of Higher Education, subject to the approval of the Director of the Division of Budget and Accounting, and shall be used solely to facilitate and support the proposed merger of Kean University and New Jersey City University as described in the Letter of Intent dated May 15, 2025; in the event that the merger is not completed, Kean University shall be responsible for repayment of any appropriated funds received in support of the proposed merger.</u>	STA	30#36#2455G
1349	Adds language transferring unexpended balances in Nurture NJ account to New Jersey Maternal and Infant Health Innovation Authority Fund in Department of the Treasury.	<u>The unexpended balance at the end of the preceding fiscal year in the Nurture NJ account is appropriated and transferred to the New Jersey Maternal and Infant Health Innovation Authority Fund, established pursuant to section 18 of P.L.2023, c.109 (C.26:18-19) in the Department of the Treasury, subject to the approval of the Director of the Division of Budget and Accounting.</u>	HUM	70#76#7500D

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
1368	Adds language specifying use of Sea.Hear.Now Festival Security appropriation.	<u>Of the amount hereinabove appropriated for Sea.Hear.Now Festival Security, \$100,000 shall be allocated to the Monmouth County Prosecutor and \$100,000 shall be allocated to the Asbury Park Police Department.</u>	LPS	10#19S
887	Adds language requiring funding for The Valley Hospital to be used to support cybersecurity upgrades.	<u>The amount hereinabove appropriated for The Valley Hospital shall be used to support cybersecurity upgrades, including software for security vulnerability scanning and incident response planning, biomed/clinical device (MIoT) inventory and security compliance management system, configuration management database, and renewal and upgrade of Microsoft licensing subscription.</u>	HEA	20#22G
248	Adds language allocating 50 percent of ALS Association appropriation to certain chapters.	<u>Of the amount hereinabove appropriated for the ALS Association to provide support services to New Jersey residents, 50 percent shall be allocated to the Greater Philadelphia Chapter of the ALS Association to serve residents in southern New Jersey and 50 percent shall be allocated to the Greater New York Chapter of the ALS Association to serve residents in central and northern New Jersey.</u>	HEA	20#21G
590	Adds language from FY 2025 allocating appropriation for New Jersey Association of Centers for Independent Living.	<u>Notwithstanding the provisions of any law or regulation to the contrary, of the amount hereinabove appropriated for New Jersey Association of Centers for Independent Living, an amount not to exceed \$500,000 shall be allocated to the Centers in amounts to be determined by the Director of the Division of Disability Services for purpose of providing case management services to individuals and supporting the costs of data collection and reporting required by the Division of Disability Services.</u>	HUM	20#27#7545G
1378	Adds language directing the DOE to conduct examination of school funding policies.	<u>Notwithstanding the provisions of any law or regulation to the contrary, from the amounts hereinabove appropriated from Salaries and Wages, the Department of Education shall undertake an examination of codifying school funding policies and ensuring that these policies are enacted through distinct and non-temporary legislation. The examination shall include stakeholder input and assess how to create multi-year policies for issues including but not limited to funding changes, special education, and transportation. The department shall submit a report on the findings of its examination to the State Treasurer and the Joint Budget Oversight Committee, or its successor, not later than December 1, 2025. In addition to the amounts hereinabove appropriated from the Wages and Salaries program classification, there are appropriated such additional amounts as are determined to be necessary to conduct this examination, subject to the approval of the Director of the Division of Budget and Accounting.</u>	EDU	GP

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
1241	Adds language requiring 2.5 percent of funds available for the Working Class Families State Supplement to be used to increase awareness of the program.	<u>Notwithstanding the provisions of any law to the contrary, 2.5 percent of the funds hereinabove appropriated for the Working Class Families State Supplement (P.L.2022, c.104, as amended by P.L.2023, c.336) (PTRF) shall be utilized for informational and outreach activities to increase awareness of the program.</u>	AGR	40#49S
1280	Adds language prohibiting the expenditure of funds for correctional police officer firearms requalification and training occurring more frequently than once per year.	<u>Notwithstanding the provisions of any law, regulation, policy or directive to the contrary, the amounts hereinabove appropriated for the operations of the Department of Corrections are subject to the following condition: no amounts shall be expended for costs associated with firearms qualification, requalification, or training requirements for corrections officers, who are not assigned to armed posts, on a basis more frequently than annually.</u>	COR	GP

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
 Language Changes by Resolution Number

<p>1389</p>	<p>Adds language prescribing process for achieving \$100 million in health benefits savings.</p>	<p><u>Notwithstanding the provisions of any law or regulation to the contrary, the appropriations for the Employee Benefits program classification shall be subject to the following conditions: (1) in a good faith effort to agree on proposals to save a total of \$100 million in State funds during the first six months of Plan Year (PY) 2026, the State and public employees’ representatives on the State Health Benefits Plan Design Committee (SHBPDC) shall separately submit cost savings proposals to the plan actuary by July 31, 2025 and the plan actuary shall review the proposals to determine whether the plan design proposals will result in recurring and actuarially verifiable cost savings, noting whether they will be achieved in the first six months of PY 2026 in the amount of \$100 million. Any proposal that the plan actuary determines will not result in recurring and actuarially verifiable cost savings, or less cost savings than proposed, in the first six months of PY 2026 shall be adjusted to reflect actuarially verified cost savings or eliminated from further consideration if no savings are actuarially verified. The SHBPDC shall then meet and vote on each of the verified proposals before September 30, 2025; (2) if the plan actuary determines that the cost savings proposals submitted by the labor and administration representatives will not result in recurring and verifiable total savings of at least \$100 million during the first six months of PY 2026, the labor and administration representatives on the SHBPDC shall submit additional proposals to the plan actuary in an effort to achieve the \$100 million savings target before September 30, 2025; (3) if the SHBPDC is unable to reach agreement on the actuarially verified proposals totaling \$100 million in cost savings before September 30, 2025, the SHBPDC shall immediately commence the existing statutorily prescribed mediation and conciliation procedure set forth in P.L.2011, c.78, and that process shall be concluded by October 31, 2025; (4) if the SHBPDC is unable to reach agreement on cost savings proposals totaling \$100 million in actuarially verified savings following the existing statutorily prescribed mediation and conciliation procedure set forth in P.L.2011, c.78, the Legislature shall revise the statutory framework set forth in P.L.2011, c.78 to determine a process by which \$100 million in actuarially verifiable cost savings shall be achieved for PY 2026 before December 1, 2025; (5) if the Legislature does not pass a bill revising the statutory framework before December 1, 2025, then a representative of the State selected by the Governor and a public employees’ representative selected by the State employees’ and local employees’ representatives on the SHBPDC shall jointly select cost-saving changes to achieve \$100 million in actuarially verifiable cost savings. In the event that the State representative and the public employees’ representative are unable to reach agreement, then the Executive Director of the Office of Legislative Services shall designate an additional representative and the three representatives</u></p>	<p>IDA</p>	<p>70#74#9410D and 70#74#9410G</p>
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Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
		<u>shall meet and vote to select cost-saving changes to achieve \$100 million in actuarially verifiable cost savings for the first six months of PY 2026 before December 15, 2025.</u>		
1391	Increases transfer out of New Jersey Debt Defeasance and Prevention Fund to General Fund as State revenue.	Notwithstanding the provisions of any law or regulation to the contrary, [\$250,000,000 <u>\$555,000,000</u> is appropriated from the New Jersey Debt Defeasance and Prevention Fund for transfer to the General Fund as State revenue, subject to the approval of the Director of the Division of Budget and Accounting.		GP
1398	Adds language using \$5 million of surplus balances in professional boards accounts to reduce State Police salaries and wages appropriations.	<u>Notwithstanding the provisions of section 2 of P.L.1974, c.46 (C.45:1-3.2) or any law or regulation to the contrary, an amount not to exceed \$5,000,000, subject to the approval of the Attorney General, is hereby appropriated from the unexpended balances of the several State professional boards, advisory boards, and committees located in the Department of Law and Public Safety which are not otherwise required to be expended for the purposes of such professional boards, advisory boards, and committees to pay for the costs and expenses of the various divisions within the Department of Law and Public Safety as determined by the Attorney General, subject to the approval of the Director of the Division of Budget and Accounting.</u>	LPS	GP

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

1384	Modifies language increasing provider tax add-on for nursing facilities under NJ FamilyCare.	Notwithstanding the provisions of N.J.A.C.8:85-1.1 et seq. or any other law or regulation to the contrary, and subject to any required federal approval, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) Class I (private), Class II (county), and Class III (special care) nursing facilities being paid on a fee-for-service basis shall be reimbursed at a per diem rate no less than the rate received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, subject to the condition that Class III (special care) facilities shall be reimbursed the greater of this rate or \$450 per diem, and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a traumatic brain injury unit as of July 1, 2023, shall be reimbursed the greater of this rate or at a base per diem reimbursement rate that is \$400 above the special care nursing facility's base per diem reimbursement rate as of June 30, 2022 and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a neurologically impaired young adult unit as of July 1, 2024 shall be reimbursed, at a minimum, the greater of the special care nursing facility's FY 2024 base per diem rate or \$804 per diem; (2) nursing facilities that are being paid by a Managed Care Organization (MCO) for custodial care through a provider contract that includes a negotiated rate shall receive that negotiated rate; (3) any Class I and Class III nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, and any Class II nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus any performance add-on amounts, had it been a Class I nursing facility; (4) monies designated pursuant to subsection c. of section 6 of P.L.2003, c.105 (C.26:2H-97) for distribution to nursing facilities, less the portion of those funds to be paid as pass-through payments in accordance with paragraph (1) of subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97) and less the actual amounts expended during fiscal year 2022 on performance add-ons and expenditures to establish a minimum per diem of \$188.35, shall be combined with amounts hereinabove appropriated for the General Medical Services program classification for the purpose of calculating NJ FamilyCare reimbursements for nursing facilities; (5) for the purposes of this paragraph, a nursing facility's per diem reimbursement rate or negotiated rate shall not include, if the nursing facility is eligible for reimbursement, the difference between the full calculated provider tax add-on and the quality-of-care portion of the provider tax add-on, which difference shall be payable as an allowable cost pursuant to subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97); (6)	HUM	20#24#7450G
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Fiscal Year 2026 Appropriations Bill (A5800/S2026)

Language Changes by Resolution Number

		<p><u>the Director of the Division of Taxation in the Department of the Treasury, in consultation with the Commissioner of the Department of Human Services, shall ensure that the full statutorily authorized amount set forth in section 5 of P.L.2003, c.105 (C.26:2H-96) is collected and</u> notwithstanding paragraph (1) of subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97), the provider tax add-on payable as an allowable cost shall be [\$13.67] <u>determined by the Commissioner of the Department of Human Services</u> and shall be applied to both MCO and fee-for-service per diem reimbursement rates effective July 1, 2025 through June 30, 2026; (7) each Class I, Class II, and Class III nursing facility that has, no later than the deadline established by the Commissioner of Human Services, submitted to the Department of Human Services (DHS) the DHS Fiscal Year 2026 CoreQ Long-Stay Survey Sample Size Calculation Grid with affirmative answers, as defined by the department, CoreQ vendor intent, and completion of the CoreQ Long-Stay Survey sample size calculation and, if eligible for CoreQ, no later than the deadline established by the Commissioner of Human Services, submitted demographics to the CoreQ vendor to initiate the CoreQ survey process, and, during calendar year 2024, has not been included on the Centers for Medicare and Medicaid Services (CMS) Special Focus Facility Lists A, B, C or D, ranked as a one-star facility by the CMS Five-Star Quality Rating System, or cited by the Department of Health for two or more Level G or higher licensing violations (a) shall receive a performance add-on of \$3.00 for each of the following CMS nursing home long stay quality measures where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024, and the simple average of the quarters, as calculated by the department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the percentage of long-stay residents who are losing too much weight and high risk residents with a pressure ulcer, (b) shall receive a performance add-on of \$3.00 for the following CMS nursing home long stay quality measure where the nursing facility has not failed to report data for any of the reporting periods Q3 2023, Q4 2023, Q1 2024 and Q2 2024, and the simple average of the quarters, as calculated by the department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the number of hospitalizations per 1,000 long-stay resident days, (c) shall receive a performance add-on of \$3.00 if the nursing facility has been deemed eligible to participate in the CoreQ survey process as determined by the department and received a composite score of 85 percent or greater, as calculated by the DHS vendor, on the CoreQ Resident and Family Experience Survey for the fiscal year 2026 survey period, (d) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the</p>		
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Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
		<p>simple average of the quarters, as calculated by the department with the available data, is at or below 30 percent, as calculated by CMS, for the percentage of total nursing staff that are no longer employed at the facility, (e) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of the quarters, as calculated by the department with the available data, is at or above the New Jersey average and below 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours adjusted per resident day, (f) shall receive a performance add-on of \$6.75 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of the quarters, as calculated by the department with the available data, is at or above 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours adjusted per resident day, and (g) shall receive a performance add-on of \$1.25 for the following CMS staff measures where the nursing facility has not failed to report any data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023, Q3 2023, Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of Q4 2023, Q1 2024, Q2 2024 and Q3 2024, as calculated by the department using available data, is equal to or greater than 100.5 percent of the simple average of Q4 2022, Q1 2023, Q2 2023, and Q3 2023, as calculated by the department using available data, and is at or above 3.6 hours per resident day and below 4.1 hours per resident day, as calculated by CMS, for total nurse staffing hours adjusted per resident day; (8) each nursing facility shall be eligible to receive a per diem adjustment that shall be calculated based upon an additional \$3,600,000 in State and \$3,600,000 in federal appropriations, except that if the department promulgates regulations implementing a new rate setting methodology in the current fiscal year, nursing facilities shall be reimbursed in accordance with that rate setting methodology, plus the performance add-ons defined above, subject to the approval of the Director of the Division of Budget and Accounting; and (9) within 30 days of setting nursing facility Medicaid reimbursement rates based upon Medicaid cost reports submitted by nursing homes, the Commissioner of Human Services shall report to the Legislature on the differential between the average per diem nursing home Medicaid rate and the average per diem cost of providing nursing home care to Medicaid beneficiaries.</p>		

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
1388	Adds language allocating Opioid Recovery and Remediation Fund balances.	<u>Notwithstanding the provisions of any law or regulation to the contrary, of amounts received by the State pursuant to settlement agreements with opioid manufacturers and distributors and on deposit in the Opioid Recovery and Remediation Fund, \$45 million is appropriated to the Department of Human Services, Division of Medical Assistance and Health Services, for distribution as follows for the purpose of providing necessary care and treatment for victims of opioid-related health issues: \$10 million to Hackensack, \$15 million to RWJ Barnabas, \$15 million to Cooper, and \$5 million to Atlantic Health. All activities funded pursuant to this paragraph shall be consistent with the terms and conditions of the relevant settlement agreements and may include eligible administrative costs to the extent authorized by those agreements. Consistent with CMS guidelines and subject to any required federal approval, amounts appropriated pursuant to this paragraph may be utilized by the Division of Medical Assistance and Health Services to maximize federal Medicaid funds.</u>		GP
1392	Add language transferring \$50 million out of Clean Energy Fund to General Fund as State revenue.	<u>Notwithstanding the provisions of any law or regulation to the contrary, \$50,000,000 is appropriated from the Clean Energy Fund for transfer to the General Fund as State revenue, subject to the approval of the Director of the Division of Budget and Accounting.</u>		GP
1392	Modifies language to shift entire appropriation for Electric Vehicle Infrastructure to the Clean Energy Fund.	Notwithstanding the provisions of any law or regulation to the contrary, of the amount hereinabove appropriated for Electric Vehicle Infrastructure, [\$20,000,000] <u>\$25,000,000</u> shall be made available from the Clean Energy Fund, subject to the approval of the Director of the Division of Budget and Accounting.	TRE	70#76D
1392	Shifts \$70 million of NJ Transit expenditures to the Clean Energy Fund.	Notwithstanding the provisions of any law or regulation to the contrary, in addition to the amount hereinabove appropriated for the New Jersey Transit Corporation, there is appropriated [\$70,089,000] <u>\$140,089,000</u> from the Clean Energy Fund for utility costs, bus electrification and other clean energy projects associated with New Jersey Transit Corporation operations.	TRA	60#62G

Fiscal Year 2026 Appropriations Bill (A5800/S2026)

Language Changes by Resolution Number

<p>1394</p>	<p>Modifies language provisions appropriating balances in Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Fund.</p>	<p>103. Notwithstanding the provisions of P.L.2021, c.16 (C.24:6I-31 et al.) or any other law or regulation to the contrary, revenues collected from the Social Equity Excise Fee pursuant to subsection d. of section 41 of P.L.2021, c.16 (C.24:6I-50) are appropriated for the following purposes: [\$46,924,000] <u>\$11,924,000</u> to the Department of Corrections to support Purchase of Community Services grants as determined by the Commissioner of Corrections; [-; \$1,800,000 to Rutgers, the State University—Newark for the Scholarship and Transformative Education in Prison Program as determined by the Secretary of Higher Education; \$500,000 to the Department of Education to support the Restorative Justice in Education (P.L.2019, c.412) program as determined by the Commissioner of Education; \$1,100,000 to the Juvenile Justice Commission to support the Restorative and Transformative Justice for Youths and Communities Pilot Program (P.L.2021 c.196) as determined by the Executive Director of the Juvenile Justice Commission; \$7,000,000 to the Department of Corrections to support the Release Support Partnership Program as determined by the Commissioner of Corrections; \$2,000,000 to the Department of State to support the New Jersey Based Children’s Defense Fund Freedom Schools grant program as determined by the Secretary of State; \$8,000,000 to the Department of Community Affairs to support the Anti-violence Out-of-School Youth Summer Program, which shall provide grants to the cities of Newark, Trenton, Paterson, and Atlantic City as determined by the Commissioner of Community Affairs; and \$3,200,000 to the Office of the Secretary of Higher Education to support the Some College, No Degree grant program as determined by the Secretary of Higher Education], subject to the approval of the Director of the Division of Budget and Accounting.</p> <p>104. Notwithstanding the provisions of P.L.2021, c.16 (C.24:6I-31 et al.), including paragraph (1) of subsection b. of section 41 of P.L.2021, c.16 (C.24:6I-50), or any other law or regulation to the contrary, revenues deposited into the “Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Fund” are appropriated for the following purposes: \$25,500,000 to the Department of Law and Public Safety for Violence Intervention programs including Hospital-Based Violence Intervention and Community-Based Violence Intervention programs as determined by the Attorney General; \$5,000,000 for New Jersey Economic Development Authority cannabis equity grant programs as determined by the Chief Executive Officer of the New Jersey Economic Development Authority; <u>\$2,000,000 to the Department of State to support the New Jersey-Based Children’s Defense Fund Freedom Schools grant program as determined by the Secretary of State; \$8,000,000 to the Department of Community Affairs to support the Anti-violence Out-of-School Youth Summer Program, which shall provide grants to the cities of Newark, Trenton, Paterson, and Atlantic City as determined by the Commissioner of Community</u></p>	<p>GP</p>
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Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
		<p><u>Affairs; \$7,000,000 to the Department of Corrections to support the Release Support Partnership Program as determined by the Commissioner of Corrections; [\$40,000,000] \$35,000,000 to the Department of Community Affairs to support Transitional Aid to Localities as determined by the Commissioner of Community Affairs; \$20,000,000 to University Hospital for capital improvements; \$1,800,000 to Rutgers, the State University – Newark for the Scholarship and Transformative Education in Prison Program as determined by the Secretary of Higher Education; \$500,000 to the Department of Education to support the Restorative Justice in Education (P.L.2019, c.412) program as determined by the Commissioner of Education; and [\$4,500,000 to the Department of Health to support Harm Reduction Services grants as determined by the Commissioner of Health] \$1,100,000 to the Youth Justice Commission to support the Restorative and Transformative Justice for Youths and Communities Pilot Program (P.L.2021, c.196) as determined by the Executive Director of the Youth Justice Commission, subject to the approval of the Director of the Division of Budget and Accounting.</u></p>		

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
1394	Modifies language provisions conditioning use of Purchase of Community Services appropriation.	<p>Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for Purchase of Community Services and the amount appropriated from the Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Fund shall be subject to the following condition: in order to permit flexibility and efficiency in the housing of State incarcerated persons, the operational capacity of the Residential Community Release Program (RCRP), as a place of confinement, shall be determined by the Commissioner of Corrections as authorized by section 2 of P.L.1969, c.22 (C.30:4-91.2), subject to the approval of the Director of the Division of Budget and Accounting.</p> <p>The amounts hereinabove appropriated and the amount appropriated from the Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Fund for the Purchase of Community Services is conditioned upon the following: the Commissioner of Corrections shall report to the Legislature in accordance with section 2 of P.L.1991, c.164 (C.52:14-19.1) on the operation of each Community Based Residential Placement. The report shall include, but not be limited to, the following: (a) the total reimbursement provided; (b) population of Residential Community Reintegration Programs (RCRPs), by provider, as of July 1, 2025; (c) total number of release attendance for all program types, including: assessment center, substance use disorder treatment, educational and vocational; (d) percentage of all released RCRP attendance; (e) percentage of all released completions of RCRPs; and (f) percentage of re--incarceration of male and female releases who have completed an RCRP.</p>	COR	10#16#7025G
1379	Modifies language to loan New Jersey City University State-funded positions to Kean University under certain circumstances.	For the purpose of implementing the appropriations act for the current fiscal year, the number of State-funded positions at New Jersey City University shall be 1,129, and this number of State-funded positions shall be loaned to Kean University pursuant to the execution of a memorandum of understanding between the two institutions that provides for the way in which fringe benefits will be paid for the loaned positions. In the event that the change in control enumerated in the letter of intent memorializing the terms of a transaction in which New Jersey City University may merge with Kean University is not completed, the loaned positions shall be returned to New Jersey City University.	STA	30#36#2450G

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
1379	Modifies language to loan New Jersey City University State-funded positions to Kean University under certain circumstances.	For the purpose of implementing the appropriations act for the current fiscal year, the number of State-funded positions at Kean University shall be 1,074, <u>and the number of State-funded positions from New Jersey City University, as provided in this act, may be loaned to Kean University pursuant to the execution of a memorandum of understanding between the two institutions that provides for the way in which fringe benefits will be paid for the loaned positions. In the event that the change in control enumerated in the letter of intent memorializing the terms of a transaction in which New Jersey City University may merge with Kean University is not completed, the loaned positions shall be returned to New Jersey City University.</u>	STA	30#36#2455G
1281	Removes language specifying use of Youth Vote Expansion Grants appropriation.	The amount hereinabove appropriated for Youth Vote Expansion Grants shall be used to provide grants to counties or municipalities that submit proposals to implement a municipal ordinance allowing 16 and 17 year olds to vote in a school board election, which grants may be used for initial startup costs and costs related to voter education and poll worker training, pursuant to a process determined by the Director of the Division of Elections, subject to the approval of the Director of the Division of Budget and Accounting.	STA	70#74S
1124	Adds language to reflect the change in funding source for Direct Service Workforce Development.	<u>The amount hereinabove appropriated for Direct Service Workforce Development is appropriated from the Workforce Development Partnership Fund.</u>	HEA	20#21D
1125	Adds language to authorize carryforward of unexpended funds in Language Access and Translation Services (P.L.2023, c.263) account.	<u>The unexpended balance at the end of the preceding fiscal year in the Language Access and Translation Services (P.L.2023, c.263) account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.</u>	HUM	70#76#7500D

Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

1127	Modifies language to align the calculation date for part of the Medicaid Outpatient supplemental program with the calculation used in the Governor’s Budget Message.	Notwithstanding the provisions of any law or regulation to the contrary, and subject to any required federal approval, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) the Division of Medical Assistance and Health Services shall establish a managed care state directed payment program pursuant to 42 CFR 438.6(c) that provides a supplemental payment for each acute care hospital outpatient visit for which NJ FamilyCare is the primary payer and there is no third-party liability; (2) an outpatient visit is defined as all services billed on a single UB-92, UB-04 or successor claim form related to a singular diagnosis or treatment of services, which did not result in hospitalization; (3) public hospitals shall receive a Medicaid outpatient add-on equal to the difference between the statewide average commercial rate (ACR) and the average managed care payment per hospital outpatient visit, where (a) the average managed care payment per hospital outpatient visit shall be calculated by dividing the total amount of managed care hospital outpatient payments by the number of visits, calculated on managed care encounter payments for which NJ FamilyCare was the primary payer for calendar year 2023, with payment dates between January 1, 2023, and September June 30, 2024, (b) the ACR shall be calculated using the 2023 audited Acute Care Hospital (ACH) Cost Reports as follows: (i) the ACR numerator equals a hospital’s gross revenue from patient care for payers as reported on Form E6, Line 1, Column A, Column B, Column F, and Column I minus prior year allowances and adjustments as reported on Form E6, Line 2, Column A, Column B, Column F, and Column I minus current year allowances as reported on Form E6, Line 3, Column A, Column B, Column F and Column I, (ii) the ACR denominator equals the sum of the hospital’s visits as reported on Form B6, Column L, Line 1, Line 2, Line 6 and Line 9, and (iii) the ACR equals the sum of the ACR numerators divided by the sum of the ACR denominators for all hospitals submitting an ACH cost report; (4)(a) the remaining non-public, acute care hospitals shall be ranked by their Relative Medicaid Percentage (RMP) from highest to lowest, which shall be calculated using the 2023 audited ACH Cost Reports and shall be calculated as follows: (i) the RMP numerator equals a hospital’s gross revenue from patient care as reported on Forms E5 and E6, Line 1, Column D and Column H, (ii) the RMP denominator equals a hospital’s gross revenue from patient care as reported on Form E4, Line 1, Column E, (iii) the RMP equals the RMP numerator divided by the RMP denominator for each hospital submitting an ACH cost report, and (iv) for instances where hospitals that have a single Medicare identification number submit a separate ACH Cost Report for each individually licensed hospital, the ACH Cost Report data for those hospitals shall be consolidated to the single Medicare identification number, and (b) the top 15 hospitals ranked with the highest RMPs shall receive an outpatient add-on equal to \$225 per visit, hospitals with an RMP ranking	HUM	20#24#7540G
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Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

		<p>of 16 through 30 shall receive an outpatient add-on equal to \$150 per visit, hospitals with an RMP ranking of 31 through 45 shall receive an outpatient add-on equal to \$100 per visit, and hospitals ranked 46 and lower shall receive an outpatient add-on equal to \$50 per visit; (5) unless it is publicly owned, each acute care hospitals shall be ranked by their Relative Charity Care Percentage (RCCP) from highest to lowest, which shall be calculated using the 2023 audited ACH Cost Reports, by dividing the amount of hospital-specific gross revenue for charity care patients by the hospital's total gross revenue for all patients, and for instances where hospitals that have a single Medicare identification number submit a separate ACH Cost Report for each individually licensed hospital, the ACH Cost Report data for those hospitals shall be consolidated to the single Medicare identification number, and each ACH shall receive an increase to the add-on calculated in clause 4 above with (i) the top 15 hospitals ranked with the highest RCCP receiving an increase to the add-on equal to 40 percent, (ii) hospitals with an RCCP ranking of 16 through 30 shall receive an increase equal to 20 percent, (iii) hospitals with an RCCP ranking of 31 through 45 shall receive an increase equal to 10 percent of the add-on calculated in clause 4 above, (iv) and hospitals ranked 46 and lower shall receive an increase equal to 5 percent of the add-on calculated in clause 4 above; (6) each of the hospitals located in the ten municipalities in the state containing a hospital that have the lowest median annual household income according to Table S1901 from the 2023 American Community Survey (ACS) 5-Yr Estimate Released December 12, 2024, shall be ranked from the hospital with the highest hospital-specific reimbursed Medicaid and NJ FamilyCare managed care outpatient hospital services to the hospital with the lowest hospital-specific reimbursed Medicaid and NJ FamilyCare managed care outpatient hospital services, as calculated on managed care encounter payments for which NJ FamilyCare was the primary payer for calendar year 2023, with payment dates between January 1, 2023, and September 30, 2024, and the hospital in each of the ten municipalities, with the highest reimbursed Medicaid and NJ FamilyCare managed care outpatient hospital services shall receive a 20 percent increase to their designated tier's add-on payment calculated in clause 4 above, unless such hospital is publicly owned; (7) unless it is publicly-owned, the hospital that provides the highest level of managed care outpatient hospital services, as defined in clause 6 above, in the seven counties with the lowest life expectancy at birth shall receive a 20 percent increase to the add-on calculated in clause 4 above, where life expectancy at birth is based on calendar year 2020 New Jersey State Health Assessment Data (NJSHAD); (8) unless it is publicly-owned, a hospital that is among the top ten in terms of RCCP and has operating margins less than or equal to negative 15 percent shall receive an increase of 20 percent to the add-on payment calculated in clause 4 above, where operating margins shall be calculated using calendar</p>		
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Fiscal Year 2026 Appropriations Bill (A5800/S2026)
Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
		<p>year 2023 audited ACH cost reports with a numerator of Form L3, Line 34 minus Line 12, and a denominator of Form L3, Line 15 minus Line 12 minus Line 31; (9) hospitals shall receive interim quarterly Medicaid managed care outpatient hospital payments on or about the 30th of the first month of each quarter based on calendar year 2023 outpatient visits as calculated above, which shall be reconciled to actual fiscal year utilization in the subsequent State fiscal year’s fourth quarter payment using the methodology above, except that the total amount of the per-visit add-on for each hospital may be changed proportionately, as calculated by the Commissioner of Human Services, to ensure that the reconciled payments across all hospitals do not increase the non-federal share reported by the State for State fiscal year 2026 to the federal government in its Section 438.6(c) Preprint, where the reconciliation shall be based on managed care encounter payments with service dates between July 1, 2025, and June 30, 2026, for which NJ FamilyCare was the primary payer and there is no third-party liability, with payment dates between July 1, 2025, and September 30, 2026, and (10) notwithstanding the provisions of any law or regulation to the contrary and subject to federal approval, the interim payments made in the previous State fiscal year shall be reconciled to actual fiscal year utilization in the fourth quarter payment, which shall be calculated using the methodology in the previous State fiscal year’s Appropriations Act, except that the total amount of the per-visit add-on for each hospital may be changed proportionately, as calculated by the Commissioner of Human Services, to ensure that the reconciled payments across all hospitals do not increase the non-federal share of the interim payments made during State fiscal year 2025, as reported by the State to the federal government in its Section 438.6(c) Preprint, where the reconciliation shall be based on managed care encounter payments with service dates between July 1, 2024, and June 30, 2025, for which NJ FamilyCare was the primary payer and there is no third-party liability, with payment dates between July 1, 2024, and September 30, 2025.</p>		

Fiscal Year 2026 Appropriations Bill (A5800/S2026)

Language Changes by Resolution Number

1128	Modifies language to align the base year for amounts appropriated within General Medical Services program classification with the funding level.	Notwithstanding the provisions of N.J.A.C.8:85-1.1 et seq. or any other law or regulation to the contrary, and subject to any required federal approval, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) Class I (private), Class II (county), and Class III (special care) nursing facilities being paid on a fee-for-service basis shall be reimbursed at a per diem rate no less than the rate received on June 30, 2024 2025, minus the first provider tax add-on and any performance add-on amounts, subject to the condition that Class III (special care) facilities shall be reimbursed the greater of this rate or \$450 per diem, and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a traumatic brain injury unit as of July 1, 2023, shall be reimbursed the greater of this rate or at a base per diem reimbursement rate that is \$400 above the special care nursing facility's base per diem reimbursement rate as of June 30, 2022 and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a neurologically impaired young adult unit as of July 1, 2024 shall be reimbursed, at a minimum, the greater of the special care nursing facility's FY 2024 base per diem rate or \$804 per diem; (2) nursing facilities that are being paid by a Managed Care Organization (MCO) for custodial care through a provider contract that includes a negotiated rate shall receive that negotiated rate; (3) any Class I and Class III nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024 2025, minus the first provider tax add-on and any performance add-on amounts, and any Class II nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024 2025, minus any performance add-on amounts, had it been a Class I nursing facility; (4) monies designated pursuant to subsection c. of section 6 of P.L.2003, c.105 (C.26:2H-97) for distribution to nursing facilities, less the portion of those funds to be paid as pass-through payments in accordance with paragraph (1) of subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97) and less the actual amounts expended during fiscal year 2022 on performance add-ons and expenditures to establish a minimum per diem of \$188.35, shall be combined with amounts hereinabove appropriated for the General Medical Services program classification for the purpose of calculating NJ FamilyCare reimbursements for nursing facilities; (5) for the purposes of this paragraph, a nursing facility's per diem reimbursement rate or negotiated rate shall not include, if the nursing facility is eligible for reimbursement, the difference between the full calculated provider tax add-on and the quality-of-care portion of the provider tax add-on, which difference shall be payable as an allowable cost pursuant to	HUM	20#24#7540G
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Language Changes by Resolution Number

		<p>subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97); (6) notwithstanding paragraph (1) of subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97), the provider tax add-on payable as an allowable cost shall be \$13.67 and shall be applied to both MCO and fee-for-service per diem reimbursement rates effective July 1, 2025 through June 30, 2026; (7) each Class I, Class II, and Class III nursing facility that has, no later than the deadline established by the Commissioner of Human Services, submitted to the Department of Human Services (DHS) the DHS Fiscal Year 2026 CoreQ Long-Stay Survey Sample Size Calculation Grid with affirmative answers, as defined by the Department, CoreQ vendor intent, and completion of the CoreQ Long-Stay Survey sample size calculation and, if eligible for CoreQ, no later than the deadline established by the Commissioner of Human Services, submitted demographics to the CoreQ vendor to initiate the CoreQ survey process, and, during calendar year 2024, has not been included on the Centers for Medicare and Medicaid Services (CMS) Special Focus Facility Lists A, B, C or D, ranked as a one-star facility by the CMS Five-Star Quality Rating System, or cited by the Department of Health for two or more Level G or higher licensing violations (a) shall receive a performance add-on of \$3.00 for each of the following CMS nursing home long stay quality measures where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024, and the simple average of the quarters, as calculated by the Department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the percentage of long-stay residents who are losing too much weight and high risk residents with a pressure ulcer, (b) shall receive a performance add-on of \$3.00 for the following CMS nursing home long stay quality measure where the nursing facility has not failed to report data for any of the reporting periods Q3 2023, Q4 2023, Q1 2024 and Q2 2024, and the simple average of the quarters, as calculated by the Department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the number of hospitalizations per 1,000 long-stay resident days, (c) shall receive a performance add-on of \$3.00 if the nursing facility has been deemed eligible to participate in the CoreQ survey process as determined by the Department and received a composite score of 85 percent or greater, as calculated by the DHS vendor, on the CoreQ Resident and Family Experience Survey for the fiscal year 2026 survey period, (d) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of the quarters, as calculated by the Department with the available data, is at or below 30 percent, as calculated by CMS, for the percentage of total nursing staff that are no longer employed at the facility, (e) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing</p>		
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		<p>facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of the quarters, as calculated by the Department with the available data, is at or above the New Jersey average and below 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours adjusted per resident day, (f) shall receive a performance add-on of \$6.75 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of the quarters, as calculated by the Department with the available data, is at or above 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours adjusted per resident day, and (g) shall receive a performance add-on of \$1.25 for the following CMS staff measures where the nursing facility has not reported any data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023, Q3 2023, Q4 2023, Q1 2024, Q2 2024 and Q3 2024 and the simple average of Q4 2023, Q1 2024, Q2 2024 and Q3 2024, as calculated by the Department using available data, is equal to or greater than 100.5 percent of the simple average of Q4 2022, Q1 2023, Q2 2023, and Q3 2023, as calculated by the Department using available data, and is at or above 3.6 hours per resident day and below 4.1 hours per resident day, as calculated by CMS, for total nurse staffing hours adjusted per resident day, (8) each nursing facility shall be eligible to receive a per diem adjustment that shall be calculated based upon an additional \$3,600,000 in State and \$3,600,000 in federal appropriations, except that if the Department promulgates regulations implementing a new rate setting methodology in the current fiscal year, nursing facilities shall be reimbursed in accordance with that rate setting methodology, plus the performance add-ons defined above, subject to the approval of the Director of the Division of Budget and Accounting; and (9) within 30 days of setting nursing facility Medicaid reimbursement rates based upon Medicaid cost reports submitted by nursing homes, the Commissioner of Human Services shall report to the Legislature on the differential between the average per diem nursing home Medicaid rate and the average per diem cost of providing nursing home care to Medicaid beneficiaries.</p>		
1129	Adds language to authorize carryforward of unexpended balances in the Contractor Study Implementation account.	The unexpended balances at the end of the preceding fiscal year in the Contractor Study Implementation account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.	TRE	70#74D

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Language Changes by Resolution Number

Resolution	Description	Language Change	Department	Table
1130	Modifies language to allow for any prior year unexpended balance in the Family Connects NJ Nurse Tuition Assistance Program account to carry forward.	Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the Family Connects NJ Nurse Tuition Assistance Program shall be used to provide tuition assistance, clinical placement, and training grants to students pursuing a bachelor of science degree in nursing, subject to the condition that grant recipients commit to participating in the Family Connects NJ program, in accordance with criteria established by the Commissioner of the Department of Children and Families and subject to the approval of the Director of the Division of Budget and Accounting. The unexpended balance at the end of the preceding fiscal year in the Family Connects NJ Nurse Tuition Assistance Program is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.	CFS	50#55G
1132	Modifies language to provide that the 25 percent carryover balance calculation will only appear to carryover funds that remain unspent at the end of the fiscal year and provides fund usage discretion to the Commissioner.	Notwithstanding the provisions of any law or regulation to the contrary, amounts hereinabove appropriated for Preschool Education Aid shall be allocated based upon 2025-2026 projected FTE enrollments, and multiplied by the per pupil allocations, minus 25 percent of the total amount of Preschool Education Aid carryover funds identified in the district's fiscal year 2024 audit summary, as set forth in the February 2025 State Aid notice issued by the commissioner that remain unspent in the 2024-2025 school year . A school district that receives Preschool Education Aid for the first time in the 2025-2026 school year shall demonstrate, in its application, due diligence in establishing partnerships to provide its preschool program through a mixed-delivery system in all licensed child care providers and Head Start programs in its community or neighboring communities that are willing and able to meet all preschool program requirements. A school district that has unspent Preschool Education Aid funds from prior school years may use those funds to support transportation costs for resident students enrolled in the preschool program, or for other purposes that may be approved by the commissioner, subject to the approval of the Director of the Division of Budget and Accounting . The amount of Preschool Education Aid used for transportation purposes shall not exceed the total cost of providing transportation services to preschool students minus the amount of Transportation Aid attributable to preschool students, as calculated pursuant to section 15 of P.L.2007, c.260 (C.18A:7F-57).	EDU	30#31S
1134	Adds language to authorize the carry forward of the unexpended balance of funds in the MVC Mobile Driver's Licenses and Identification Cards account.	The unexpended balance at the end of the preceding fiscal year in the MVC Mobile Driver's Licenses and Identification Cards account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.	TRA	10#11D

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Resolution	Description	Language Change	Department	Table
1135	Modifies language to allow for any prior year's unexpended balance in the Literacy Initiatives accounts to carry forward.	The amount hereinabove appropriated for Literacy Initiatives is subject to the following conditions: the Commissioner of Education shall develop a competitive grant program for school districts to acquire or develop high-quality literacy screening tools for grades K-3, as determined by the Commissioner of Education, <u>and the unexpended balance at the end of the preceding fiscal year is appropriated for the same purpose</u> , subject to the approval of the Director of the Division of Budget and Accounting.	EDU	30#34G
1149	Modifies language to authorize carry forward of prior year unexpended balances in the Climate Change Education Grants to Schools account.	Notwithstanding the provisions of any law or regulation to the contrary, of the amount hereinabove appropriated for Climate Change Education Grants to Schools, \$500,000 shall be used to support the Office of Climate Change Education. The remaining funds shall be used for grants to support schools with the implementation of the new climate change education standards by providing funding for technical assistance, professional development opportunities, instructional materials, and evaluation strategies to support educators. The grant program shall give priority to "SDA districts" submitting approved applications, as determined by the Commissioner of Education, based on a district's demonstration of its readiness to implement such a program. <u>The unexpended balance at the end of the preceding fiscal year in the Climate Change Education Grants to Schools account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.</u>	EDU	30#34D
1151	Modifies language to appropriate an additional \$10,000,000 from the Unemployment Compensation Auxiliary Fund to support the Unemployment Insurance program.	In addition to the amounts hereinabove appropriated, there is appropriated from the Unemployment Compensation Auxiliary Fund, an amount not to exceed [\$45,000,000] <u>\$55,000,000</u> to support the Unemployment Insurance program as well as costs associated with certain State required notifications to Unemployment Insurance claimants and for the support of the workforce development system, subject to the approval of the Director of the Division of Budget and Accounting.	LAB	50#53D
1152	Modifies language to allow unspent funds appropriated for Mental Health Professionals Capacity Expansion Initiatives to be reallocated within the program.	The amount appropriated for Mental Health Professionals Capacity Expansion Initiatives is allocated as follows: \$1,934,000 for the cost to add five new medical residency positions; \$920,000 to add four new child and adolescent psychiatry fellowship positions; \$720,000 to support the new residency positions supported herein; and \$100,000 for outreach to medical students to promote new residency positions in the State, with a focus on outreach to underrepresented in medicine students. <u>The amounts allocated may be adjusted as determined by the Commissioner of Human Services in order to fund the costs to support the positions identified above, subject to the approval of the Director of the Division of Budget and Accounting.</u>	HUM	20#23#7700 G

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Resolution	Description	Language Change	Department	Table
1153	Adds language to allow amounts appropriated for New Jersey Healthy Homes to be transferred to the New Jersey Affordable Housing Trust Fund to support certain operating costs of the program.	<u>The amount hereinabove appropriated for New Jersey Healthy Homes may be transferred to the "New Jersey Affordable Housing Trust Fund" to support housing-related operating costs pertaining to the New Jersey Healthy Homes program, as determined by the Commissioner of Community Affairs, subject to the approval of the Director of the Division of Budget and Accounting.</u>	CMA	40#41G
1154	Modifies language to specify that the Department of Labor and Workforce Development is responsible for determining claimant eligibility for Family Leave Supplemental Payments.	Notwithstanding any law or regulation to the contrary, the amount hereinabove appropriated for Family Leave Supplemental Payments shall be used to provide payments to employees of the State who are paid through the State centralized payroll [for the purpose of bonding,] <u>.during a period of "family temporary disability leave," as that term is defined in section 3 of P.L.1948, c.110 (C.43:21-27), for "bonding," as that term is defined in N.J.A.C.12:21-1.2, provided the Department of Labor and Workforce Development determines that the employee of the State is eligible to receive family leave insurance benefits and the employee is receiving family leave insurance benefits for the employee's position paid through the State centralized payroll. Family Leave Supplemental Payments shall be</u> in amounts that equal the difference between an eligible employee's weekly base salary <u>as paid through State centralized payroll</u> and the eligible employee's weekly <u>family leave insurance</u> benefit rate determined pursuant to section 16 of 1948, c.110 (C.43:21-40) <u>for the employee's position paid through the State centralized payroll,</u> subject to the approval of the Director of the Division of Budget and Accounting. In addition to the amounts hereinabove appropriated for Family Leave Supplemental Payments, such additional amounts are appropriated as may be required for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.	LAB	50#53D
1156	Modifies language concerning the amount of receipts designated for IT enhancements that may be used for operational support of the department's enforcement programs.	In the event that revenues are received in excess of the amount of revenues anticipated from Solid Waste Utility Regulation Assessments, Water Allocation, New Jersey Pollutant Discharge Elimination System/Stormwater Permits, Coastal Area Facility Review Act, Freshwater Wetlands Fees, Stream Encroachment, Waterfront Development Fees, Wetlands, Well Permits/Well Drillers/Pump Installers Licenses, Water/Wastewater Operators Licenses, Air Pollution Fees - Minor Sources, and Pesticide Control Fees, if the amounts of such unanticipated revenues exceed [\$8,644,000] <u>\$10,144,000</u> , the amounts of such unanticipated revenues in excess of [\$8,644,000] <u>\$10,144,000</u> , and any reappropriated balances are appropriated for information technology enhancements in the Department of Environmental Protection, subject to the approval of the Director of the Division of Budget and Accounting.	ENV	GP

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Resolution	Description	Language Change	Department	Table
1157	Modifies language to increased Charity Care Subsidy rate for certain publicly-owned hospitals.	Notwithstanding the provisions of any law or regulation to the contrary, the appropriation for the Health Care Subsidy Fund Payments is subject to the following condition: the distribution of charity care subsidy payments to acute care hospitals that are licensed and operational as of July 1, 2025, shall be calculated using the following methodology: (1) each hospital shall be ranked in order of its hospital-specific, relative charity care percentage, or RCCP, based on the audited 2023 Acute Care Hospital (ACH) Cost Reports, by dividing the amount of hospital-specific gross revenue for charity care patients by the hospital's total gross revenue for all patients; (2) the nine privately-owned hospitals with the highest RCCP shall receive a charity care payment equal to 20 percent of each hospital's hospital-specific calendar year 2023 documented charity care; (3) publicly-owned hospitals with an operating margin less than or equal to negative 15 percent shall receive a Charity Care subsidy equal to [40] 50 percent of their hospital-specific calendar year 2023 documented Charity Care, with operating margins being calculated using 2023 audited ACH cost reports with a numerator of Form L3, Line 34 minus Line 12, and a denominator of Form L3, Line 15 minus Line 12 minus Line 31; (4) all other hospitals shall receive a charity care payment equal to 0.5 percent of its hospital-specific calendar year 2023 documented charity care.	HEA	20#23G
1290	Adds language stipulating uses of funds for Summer Tuition Aid Grants.	<u>Notwithstanding the provisions of section 2 of P.L.2023, c.34 (C.18A:71B-20a) or of any other law or regulation to the contrary, within the limits of the amount hereinabove appropriated for Summer Tuition Aid Grant, summer tuition aid grant awards shall be pro-rated against the maximum amounts for which applicants, who are eligible for summer tuition aid grants pursuant to subsection d. of N.J.S.18A:71B-20, qualify pursuant to the provisions of section 2 of P.L.2023, c.34 (C.18A:71B-20a).</u>	STA	30#36#2405
1349	Adds language transferring unexpended balance at end of fiscal year in Nurture NJ account to the New Jersey Maternal and Infant Health Innovation Authority Fund	<u>The unexpended balance at the end of the preceding fiscal year in the Nurture NJ account is appropriated and transferred to the New Jersey Maternal and Infant Health Innovation Authority Fund, established pursuant to section 18 of P.L.2023, c.109 (C.26:18-19) in the Department of the Treasury, subject to the approval of the Director of the Division of Budget and Accounting.</u>	HUM	70#76#7500D

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Resolution	Description	Language Change	Department	Table
1350	Modifies language concerning the uses of funds appropriated for the Business Marketing and Events Initiative.	Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the Business Marketing and Events Initiative shall be used to pay for the costs of: developing, implementing, planning and marketing events within the State; and developing and implementing a marketing program to highlight the benefits of doing business in the State of New Jersey and to encourage national and international business entities to relocate and expand in New Jersey, including through assisting in the recruitment of successful business leaders and entrepreneurs , pursuant to a competitively awarded contract between the Department of State and a non-profit entity with expertise in economic development, subject to the approval of the Director and the Division of Budget and Accounting.	STA	70#74D
1361	Adds language permitting transfer of appropriation for Robert Wood Johnson Barnabas Health - NJ Shelter and Health Programs and Partnerships to maximize federal funds and explaining appropriation purpose.	The amount hereinabove appropriated for Robert Wood Johnson Barnabas Health - NJ Shelter and Health Programs and Partnerships shall support programs and community partnerships administered by Robert Wood Johnson Barnabas Health in Hudson County, Union County, and Ocean County that increase access to food, housing, street medicine, and temperature related relief for the purpose for increasing access to quality healthcare and improving outcomes for unhoused individuals. Of the amounts hereinabove appropriated for this purpose, amounts may be transferred to the Division of Medical Assistance and Health Services, consistent with Centers for Medicare and Medicaid Services guidelines, solely to maximize federal Medicaid payments to faculty physicians and non-physician professionals who are affiliated with Robert Wood Johnson Barnabas Health, subject to the approval of the Director of the Division of Budget and Accounting.	HEA	20#22G
1377	Adds language appropriating \$1 million from the Workforce Development Partnership Fund to the Pay It Forward Fund.	There is appropriated \$1,000,000 from the Workforce Development Partnership Fund for the Pay It Forward Fund, subject to the approval of the Director of the Division of Budget and Accounting.	STA	30#36#2405G

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Resolution	Description	Language Change	Department	Table
1392	Transfers \$75 million of appropriations for New Jersey Transit and Electric Vehicle Infrastructure to the Clean Energy Fund.	Notwithstanding the provisions of any law or regulation to the contrary, in addition to the amount hereinabove appropriated for the New Jersey Transit Corporation, there is appropriated [\$70,089,000] <u>\$140,089,000</u> from the Clean Energy Fund for utility costs, bus electrification and other clean energy projects associated with New Jersey Transit Corporation operations. Notwithstanding the provisions of any law or regulation to the contrary, of the amount hereinabove appropriated for Electric Vehicle Infrastructure, [\$20,000,000] <u>\$25,000,000</u> shall be made available from the Clean Energy Fund, subject to the approval of the Director of the Division of Budget and Accounting.	TRA TRE	60#62G 70#76D
1121	Removes language provision concerning NJ Coastal Consortium for Resilient Communities for which appropriations are not included in the Budget Bill.	[The amount appropriated for NJ Coastal Consortium for Resilient Communities is conditioned on the following: the consortium shall include Monmouth University as a member school.]	TRE	30#36G
1123	Removes language concerning Regional Innovative Food Security Initiatives appropriation (shifts to Grants-In-Aid).	[The amount hereinabove appropriated for Regional Innovative Food Security Initiatives shall be used by the Office of the Food Security Advocate to design and implement one or more regional pilot programs within the State to streamline the provision of food supplied by New Jersey-based agricultural producers to State residents in need; and provide grants in amounts determined by the Executive Director of the Office of the Food Security Advocate to food assistance organizations participating in the pilot program, subject to the approval of the Director of the Division of Budget and Accounting.]	AGR	40#49D
1123	Adds language concerning Regional Innovative Food Security Initiatives appropriation (shifts from Direct State Services).	<u>The amount hereinabove appropriated for Regional Innovative Food Security Initiatives shall be used by the Office of the Food Security Advocate to design and implement one or more regional pilot programs within the State to streamline the provision of food supplied by New Jersey-based agricultural producers to State residents in need; and provide grants in amounts determined by the Executive Director of the Office of the Food Security Advocate to food assistance organizations participating in the pilot program, subject to the approval of the Director of the Division of Budget and Accounting.</u>	AGR	40#49G

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611	Modifies language regarding amounts appropriated to Kids in Need of Defense (KIND); provides additional appropriation for Legal Services.	Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for Legal Services shall be made available to {one or more qualified organizations} <u>Kids in Need of Defense (KIND) and subgrantees</u> , as determined by the Commissioner of Human Services, for the provision of legal <u>representation and case management</u> services {to New Jersey residents at risk of detention or deportation based on their immigration status, social services supports} to unaccompanied children and similarly situated youth living in New Jersey {, and related costs, subject to the approval of the Director of the Division of Budget and Accounting} . In addition to the amounts hereinabove appropriated for Legal Services, an amount not to exceed \$8,200,000 is appropriated for the {same purpose} <u>provision of legal services and related costs to individuals at risk for detention or deportation based on their immigration status</u> , subject to the approval of the Director of the Division of Budget and Accounting.	HUM	70#76#7500G