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December 23, 2015

VIA HAND DELIVERY

Hon. Joseph L. Yannotti, P.J.A.D.
Hon. Jerome M. St. John, J.A.D.
Superior Court of New Jersey
LeRoy F. Smith, Jr. Public Safety Bldg.
60 Nelson Place
Newark, NJ 07102-1501

Re: Virtua Health v. State of New Jersey et al.
Docket No.: A-

Letter Brief in Support of the Division of Child
Protection and Permanency's Motion for a
Stay Pending Appeal

Dear Honorable Judges:

Please accept this letter brief in support of the State's
motion for a stay, pending appeal, of the trial court's December
22, 2015 order invalidating P.L. 2015, c. 70 ("Chapter 70").

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PRELIMINARY STATEMENT

On December 22, 2015, the trial court committed a grievous error and invalidated P.L. 2015, c. 70 ("Chapter 70"). Chapter 70 authorized Cooper University Hospital ("Cooper") to provide emergency medical services ("EMS") in the City of Camden. Those services include basic life support ("BLS") and advanced life support ("ALS"). Cooper planned to commence these services on January 2, 2016, the date Chapter 70 became effective. As Chapter 70 required, Cooper would provide these services without charge to the City of Camden.

As a result of the trial court's action, the availability of ambulance service in the City of Camden has been put in jeopardy. By invalidating Chapter 70, the trial court effectively eliminated Cooper's authority to provide BLS and ALS services in Camden. Yet, the current provider of those services, University Hospital, will face extraordinary difficulties in continuing BLS services after January 2, 2016. In anticipation of Cooper's assumption of responsibility for BLS services, University Hospital dismantled its operations in Camden. University Hospital has sent out termination notices to the 37 employees who are currently operating University Hospital's BLS services in Camden, and many of the employees have since retired or sought employment elsewhere.

Because the trial court has voided Cooper's authority to provide both BLS and ALS services in Camden, and because University Hospital will no longer have the wherewithal to adequately staff BLS services as of January 2, 2016, the trial court's decision threatens to fatally disrupt the provision of emergency medical services in the City of Camden.

The sole basis for the trial court's decision was the mistaken conclusion that Chapter 70 violated the Constitution's prohibition of "special legislation." Chapter 70 does not constitute special legislation because its classifications are

rationality related to several rational bases and the law does not irrationally exclude from its scope any entity that should have been included.

In the absence of a stay, Chapter 70 will not take effect until after this appeal is resolved, resulting in irreparable harm both to the City of Camden and its residents. The balance of the relative hardships favors staying the trial court's decision because Plaintiffs' countervailing interest is merely pecuniary. Therefore, this Court should stay the trial court's December 22, 2015 decision pending this appeal.

PROCEDURAL HISTORY AND STATEMENT OF FACTS¹

Chapter 70, codified at N.J.S.A. 26:2K-12.1, grants the State's three Level I trauma centers the exclusive authority to provide ALS² services in the municipalities in which they are located. (Da427-Da428).³ Chapter 70 also provides a mechanism

¹ Because they are closely related, the facts and procedural history have been combined to avoid repetition and for the convenience of the court.

² ALS is part of EMS, and "means an advanced level of pre-hospital, inter-facility or emergency medical care that includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of anti-arrhythmic agents, intravenous (IV) therapy, administration of specific medications, drugs and solutions, utilization of adjunctive ventilation devices, trauma care and other techniques and procedures authorized in writing by the Commissioner." N.J.A.C. 8:41-1.3. ALS is provided through a mobile intensive care unit, or MICU. Ibid.

³ "Da" refers to the State Defendant's appendix submitted in support of this motion for a stay, which includes all the

by which Level I trauma centers can provide basic life support ("BLS")⁴ in those cities, by granting those facilities the right of first refusal to provide BLS at no charge to the municipalities. (Da73). Thus, Chapter 70 establishes locally-administered and integrated EMS systems controlled by the facilities best equipped to treat traumatic injuries: local Level I trauma centers.

Of the three current Level I trauma centers, Robert Wood Johnson University Hospital (RWJUH) in New Brunswick and University Hospital (UH) in Newark operated ALS and BLS in their respective cities prior to Chapter 70, which effectively codified those systems. (Da203-204, Da224). Cooper University Hospital in the City of Camden was the only Level I trauma center that did not operate its city's ALS and BLS systems.⁵ (Ibid.). Chapter 70 was enacted to bring Cooper in line with the other two Level I trauma centers and to provide the benefits

filings below.

⁴ BLS is part of EMS, and means a "basic level of pre-hospital care patient stabilization, airway clearance and maintenance, cardiopulmonary resuscitation (CPR) . . . hemorrhage control, initial wound care, fracture stabilization, victim extrication and other techniques and procedures . . ." N.J.A.C. 8:41-1.3. BLS is provided to municipalities according to contracts with licensed providers, without the need for a Certificate of Need.

⁵ Virtua Health, a non-trauma center with its headquarters outside of Camden, provided ALS services, and Newark-based University Hospital (UH) provided BLS services.

of a locally-controlled, integrated EMS to the residents of Camden. Ibid.

In June 2015, the proposed versions of Chapter 70 were approved by the Senate Health, Human Services, and Senior Citizens ("SHHSC") Committee and the General Assembly Health and Senior Services ("HSS") and Assembly Appropriations ("AA") Committees, with amendments. (Da94, Da194, Da271). As set forth in the Statements accompanying the final bill versions, through Chapter 70 the Legislature intended to centralize medical oversight, facilitate high-quality prehospital care, and support a more cost-efficient system. (Da79-Da80, Da85-Da87). Chapter 70 was enacted into law on July 6, 2015, and goes into effect on January 2, 2016. (Da73).

On July 27, 2015, plaintiffs Virtua Health, a non-trauma center, and Capital Health, a Level II trauma center, filed a complaint in the Superior Court seeking a declaratory judgment that Chapter 70 is unconstitutional special legislation. (Da1-Da21). The State defendants filed a motion to dismiss in lieu of an answer, and the Plaintiffs filed a motion for summary judgment. (Da21-Da68; Da451-Da548). The Honorable Douglas H. Hurd, P.J. Cv., heard oral argument on December 16, 2015, and on December 22, 2015 issued orders denying the State defendants' motion to dismiss and granting the Plaintiffs' motion for

summary judgment, thereby declaring Chapter 70 unconstitutional. (Da645-Da650). On December 22, 2015, the trial court denied the State defendants' motion for a stay. (Da649-Da650).

This appeal, and the instant motion for a stay, follow.

ARGUMENT

A STAY OF THE TRIAL COURT'S ORDER IS NECESSARY AS THE STATE IS LIKELY TO SUCCEED ON THE MERITS, THE RESIDENTS OF CAMDEN WOULD SUFFER IRREPARABLE HARM WITHOUT A STAY, AND THE BALANCE OF EQUITIES FAVORS IMPLEMENTING CHAPTER 70 PENDING APPEAL.

Applications for a stay are governed by the familiar standard set forth in Crowe v. De Gioia, 90 N.J. 126 (1982). Garden State Equality v. Dow, 216 N.J. 314, 320 (2013). Courts consider "the soundness of the trial court's ruling and the effect of a stay on the parties and the public." Id. at 320. A party seeking a stay must show, by clear and convincing evidence, that:

- (1) relief is needed to prevent irreparable harm;
- (2) the applicant's claim rests on settled law and has a reasonable probability of succeeding on the merits; and
- (3) balancing the relative hardships to the parties reveals that greater harm would occur if a stay is not granted than if it were.

[Ibid. (citation omitted).]

"In acting to preserve the status quo, the court may place less emphasis on a particular Crowe factor if another greatly requires the issuance of the remedy." Ibid. (citation omitted).

Here, all the Crowe factors favor issuing a stay.

A. The State Is Likely to Succeed on the Merits of this Appeal, and the State's Legal Rights are Well-Settled.

It is well-settled that a statute "will not be declared void unless it is clearly repugnant to the Constitution." Trautmann ex rel. Trautmann v. Christie, 211 N.J. 300, 307 (2012) (citation omitted). If the question of a legislative action's constitutionality is "fairly debatable, courts will uphold" the Legislature's choice. Newark Superior Officers Ass'n v. City of Newark, 98 N.J. 212, 227 (1998).

Plaintiffs' sole challenge to Chapter 70 is that the statute is "special legislation" under the Constitution. N.J. Const. art. IV, § 7, ¶ 9(8). "A statute must 'clearly and irreremediably violate[]' the ban on special legislation to be invalidated." City of Jersey City v. Farmer, 329 N.J. Super. 27, 38 (App. Div.) (quotation omitted), certif. denied, 165 N.J. 135 (2000).

A statute that provides an exclusive benefit to a particular organization is constitutional under the special legislation clause so long as the statute's exclusions are not

arbitrary. See Brown v. State, 356 N.J. Super. 71, 84 (App. Div. 2002) (citation omitted). The test of whether a law constitutes special legislation is "whether the classification is reasonable, not arbitrary, and can be said to rest upon some rational basis justifying the distinction." Paul Kimball Hosp., Inc. v. Brick Twp. Hosp., Inc., 86 N.J. 429, 446 (1981). "[A] legislative choice is not subject to courtroom fact finding and may be based on rational speculation unsupported by evidence or empirical data." Fed. Commc'ns Comm'n v. Beach Commc'ns, Inc., 508 U.S. 307, 315 (1993). It is the plaintiffs' burden to negate "every conceivable basis which might support" the statute. New Jersey Ass'n of Health Plans v. Farmer, 342 N.J. Super. 536, 564 (Ch. Div. 2000) (quoting Madden v. Kentucky, 309 U.S. 83, 88 (1940)).

In order to determine whether a law violates the proscription against special legislation, courts must examine: "(1) the purpose and subject matter of the statute; (2) whether any persons are excluded who should be included; and (3) whether the classification is reasonable, given the purpose of the statute." Jordan v. Horsemen's Benevolent & Protective Assoc., 90 N.J. 422, 433 (1982) (citing Vreeland v. Byrne, 72 N.J. 292, 298-301 (1977)).

Here, Chapter 70's purpose and subject matter is clear. The Legislature intended to require Level I trauma centers to provide ALS in the cities in which they are located, and to grant Level I trauma centers the opportunity to also provide BLS in the cities in which they are located. Chapter 70's sponsors concluded that, "linking advanced life support and basic life support services under the State's designated regional trauma centers will centralize medical oversight, facilitate high-quality prehospital care, and support a more cost-efficient system." (Da79-Da80, Da85-Da87).

Chapter 70 contains several classifications that are all-- at the very least--supported by a rational basis and therefore satisfy the remaining parts of the Jordan/Vreeland test. Chapter 70's first classification is that it requires local, as opposed to out-of-municipality, control over EMS. Chapter 70's focus on local control of ALS and BLS in urban areas is clearly rational as the law is intended to improve "community health" by using EMS to address unmet healthcare needs in the community, thereby furthering the "community paramedicine" model of healthcare delivery. (Da104-Da105). Assemblyman Gilbert "Whip" Wilson, who co-sponsored Chapter 70, explained that the law would improve care by enabling ALS paramedics to follow up with patients and avoid Emergency Department revisits. (Da203).

Assemblyman Herb C. Conaway, Jr. also noted that, "hospitals today are being called on to manage population health," and "[h]ow to do that efficiently is part of, really, an ongoing experiment." (Da224). Even a representative from plaintiff Capital Health testified that he is a "big fan" of community paramedicine. (Da128).

By creating a locally-controlled integrated EMS system, Chapter 70 creates the conditions by which community paramedicine can be pursued by the Level I trauma centers. It stands to reason that such community outreach is best accomplished by an entity that is based within the community, such as Cooper University Hospital, rather than one that is based in a suburb, such as Virtua Health. No courtroom fact-finding is needed to support that rationale, nor is courtroom fact-finding permissible under rational basis review. Therefore, Chapter 70's focus on local, intra-municipality control over EMS, and its exclusion of all non-local EMS providers from its scope, is supported by a rational basis.

The next classification is that Chapter 70 only applies to those municipalities in which Level I trauma centers are located, not every municipality within the State. As an initial matter, the law's exclusion of towns without any trauma centers is justified by the well-reasoned and well-supported public

policy favoring integration of EMS within the trauma system. Plaintiffs admit that 7% of emergency calls involve patients who require treatment at a trauma center. (Da466). As the three Level I trauma centers are all located in highly-populated municipalities, the significance of these State-wide statistics is likely increased. It is not irrational or arbitrary for the Legislature to focus on improving care for a particular subset of injuries--particularly when that subset is often life-threatening and requires the most costly treatment. Thus, Chapter 70's focus on integrating EMS within trauma centers is rational.

In addition, in 2008 the Department of Health commissioned the American College of Surgeons (ACS) to evaluate the trauma system in New Jersey. The results of this evaluation were published as the ACS's 2008 Trauma Center Consultation report. (Da321-Da425).⁶ ACS specifically recommended that EMS be integrated within the trauma system. (Da365-Da370). Indeed, the report notes that an "optimal" State-wide trauma plan would include a "well integrated" "trauma system, EMS system, and public health agency." (Da365).

⁶ Not only is this report part of the public record, but the Legislature has previously cited to it. See N.J.S.A. 26:2KK-1(b).

And finally, plaintiff Virtua Health's own vice president testified before the Legislature that, pre-Chapter 70, Virtua Health (a non-trauma center) provided ALS services to the City of Camden, and Cooper University Hospital (a Level I trauma center) provided "medical direction, education, [and] part of the quality assurance program." (Da145). By making Cooper the exclusive ALS provider in Camden, Chapter 70 centralizes oversight by one entity, as opposed to a shared operation between Virtua and Cooper, and creates efficiencies within the City of Camden by removing the "middle-man."

Chapter 70's final level of classification is that only Level I trauma centers must provide ALS services in the cities in which they are located. Trauma centers in New Jersey are designated by the Department of Health as either Level I or Level II trauma centers, and those designations carry several important distinctions. First, the State's three Level I trauma centers are regional resource facilities based in major urban areas: Newark, New Brunswick, and Camden. (Da427-428). Level II trauma centers, on the other hand, are located in municipalities of varying types and sizes, from Jersey City to Neptune Township. Ibid. Second, Level I trauma centers maintain a higher volume of trauma patients per year, are university-affiliated, and are required to maintain staff

sufficient to provide "total care for all aspects of trauma," from prevention through rehabilitation. Ibid. Third, the regulations contain heightened clinical standards for Level I trauma centers, which are capable of treating a wider range of traumatic injuries due to retaining different specialists on staff at all times than are required to be staffed at Level II trauma centers. See N.J.A.C. 8:43G-12.17(e); N.J.A.C. 8:43G-12.17(d); N.J.A.C. 8:43G-12.18(a)(3); N.J.A.C. 8:43G-12.17(a); N.J.A.C. 8:43G-12.17(b).

These differences between Level I and Level II trauma centers are substantial and, alone, constitute a rational basis for the Legislature to limit Chapter 70's applicability to those cities that contain a Level I trauma center. It is rational for the Legislature to limit Chapter 70's scope to those facilities that can provide the fullest extent of treatment to trauma patients. It is also rational for the Legislature to focus on providing Chapter 70's benefits to those municipalities that contain Level I trauma centers as those centers are larger, have greater resources, and treat more patients, as research shows "a correlation between patient outcome and the number of procedures which a surgeon performs annually." (Da427-428). Thus, the distinctions between the types of facilities alone support the Legislature's classification. The rational basis inquiry ends

here; it is not for the court to judge whether Chapter 70's focus on Level I trauma centers is the best policy for the State or even whether Chapter 70 would be cost efficient. It is enough to show that the classification is not arbitrary--even if that showing is "fairly debatable," Chapter 70 must be upheld. Newark Superior Officers Ass'n, supra, 98 N.J. at 227.

The trial court erred in demanding additional rationale and evidence supporting this classification, as that demand flips the rational basis standard on its head and requires courtroom fact-finding. Nonetheless, several conceivable rationales support Chapter 70's limited application to cities that contain Level I trauma centers such as the City of Camden. First, Chapter 70 promotes uniformity by bringing Cooper in line with the State's two other Level I trauma centers. (Da224). Second, by limiting Chapter 70 to cities with Level I trauma centers, the Legislature rationally focused on exclusively serving cities with high populations. See Newark Superior Officers Ass'n, supra, 98 N.J. at 225 ("Statutes relating to city government classified by population are generally upheld."). A city such as Camden uniquely benefits from community paramedicine because 1% of its residents make up 1/3 of the city's medical costs. (Da105). Similarly, Chapter 70 is intended to reduce stress on emergency departments, and large cities such as Camden have high

rates of emergency care and hospitalizations. (Da203-Da204, Da224). Nothing in the record suggests that smaller towns such as Neptune, which has a Level II trauma center, face similar issues. Third, the Legislature may have limited Chapter 70 to cities with Level I trauma centers because in those cities, any type of injury, no matter how serious, can be treated at the local trauma center. Any efficiency gains would be reduced if Chapter 70 applied to towns with Level II trauma centers, as those trauma centers would still need to transfer patients to Level I trauma centers for treatment of certain injuries. And fourth, it is rational for the Legislature to conclude that towns with Level II trauma centers should continue to participate in the regional trauma and EMS systems, given that some patients will need to be transported out-of-town for treatment at Level I trauma centers. That concern is not present in cities with Level I trauma centers, which have the capability to treat all injuries.

The potential justifications for Chapter 70's classifications are therefore abundant. Plaintiffs may disagree with the policy expressed by Chapter 70, but that does not render its classifications arbitrary. As no entities were arbitrarily excluded from Chapter 70's scope, the State is highly likely to succeed on the merits.

B. The City of Camden and Its Residents Will Suffer Irreparable Harm if the Trial Court's Order is not Stayed.

In the absence of a stay Camden may be left with no BLS provider as of Chapter 70's effective date on January 2, 2016. University Hospital ("UH"), which currently provides BLS in Camden, is fully prepared to cease its BLS operation by January 2, 2016, and has already laid off staff, sold or repurposed equipment, and agreed to sell its property in Camden. (See ¶¶ 4-8, Certification of John Grembowicz Sr., attached hereto as Exhibit A.) It would be "extraordinarily difficult" and unrealistic to expect UH to re-initiate its Camden BLS service by January 2, 2016 under these circumstances. Id. Relying upon Chapter 70, Cooper has undertaken a several-month long process to prepare to provide BLS to Camden beginning on January 2, 2016. (See Certification of Kathy Devine at ¶ 2, attached hereto as Exhibit B). Cooper has purchased 11 ambulances at a cost of over \$1.3 million. (Id. at ¶¶ 4-5). Cooper has hired 21 paramedics and 32 emergency medical technicians ("EMTs"). (Id. at ¶¶ 6-7). Cooper has expended significant resources to train the paramedics and EMTs. (Id. at ¶¶ 8-9). Cooper has not entered into a contract with the City of Camden to provide BLS as Chapter 70 requires that service to be provided at no cost to the city. (Id. at ¶ 16). Thus, Cooper derives its authority to

provide BLS in Camden from Chapter 70, not from any contract. As a result, if Chapter 70 is immediately invalidated Cooper will have no legal authority to provide BLS to the residents of Camden, leaving Camden in a murky situation with possibly no BLS provider.

Chapter 70 mandates that Cooper provide BLS to Camden at no cost to the city. However, without Chapter 70 authorizing the provision of free BLS services to Camden by Cooper, Camden would be forced to engage in the competitive bidding process to obtain the necessary BLS services which are critical to the City of Camden. (See Certification of Mayor Dana Redd at ¶¶ 5 and 7, attached hereto as Exhibit C). This process could take months and would most likely result in a cost to the City of Camden, a drain on the already stretched fiscal resources of the city. (Id. at ¶¶ 8-9). Camden could declare an emergency and seek City Council's approval to enter into a contract with a BLS provider without competitive bidding, but again this would again most likely result in a cost to Camden. (Id. at ¶ 10). In addition, Camden has had difficulty in obtaining emergency medical services in the past. (Id. at ¶ 6). Thus, Camden's ability to quickly enter into a contract with a BLS provider is uncertain.

Assuming some emergency contractual arrangement can be reached between Camden and a BLS provider for the provision of BLS in the absence of Chapter 70, that arrangement will have to be negotiated for and the city's already-burdened financial coffers may suffer. Any financial payments for BLS would constitute irreparable harm because if the State ultimately wins on appeal, Camden will have no recourse to recover those payments made while the appeal is pending.

Most importantly, any residents of Camden injured and in need of EMS services during the appeal process will be harmed because they will not experience Chapter 70's improvements to EMS. In enacting Chapter 70, the Legislature intended to improve patient care, reduce costs, and reduce stress on emergency departments so that patients receive treatment more quickly. Every day that the trial court's order remains in effect, Camden residents are deprived of these benefits. The health--and, potentially, the lives--of any Camden resident who requires emergency treatment during the pendency of this appeal would be irreparably harmed unless a stay is issued and Chapter 70 is allowed to go into effect.

C. The Balance of Relative Hardships and the Public Interest Weigh in Favor of Issuing the Stay.

Weighed against the irreparable harm that the residents of Camden will endure if a stay is not issued is Virtua Health's

pecuniary interest in continuing to provide and profit from ALS services in Camden--one of 77 municipalities to which they current provide ALS services. (Da14, ¶ 47; Da224). The balance of the relative hardships favors staying the trial court's order under these circumstances.

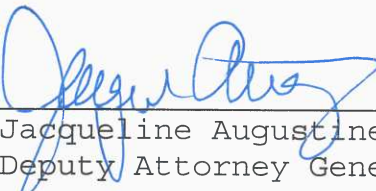
Plaintiff Capital Health will not be affected by a stay because the only part of Chapter 70 that modifies its ability to provide ALS services is the provision that permits a Level I trauma center to apply to the Department of Health for expedited review to expand its ALS to a municipality in which it has an acute care hospital. (Da15, ¶¶ 53-54). Capital Health alleges that this provision will permit Robert Wood Johnson University Hospital to obtain a CN to provide ALS in Hamilton, New Jersey, and that Capital currently holds the CN for ALS in Hamilton. Ibid. Therefore, even after Chapter 70 is effective on January 2, 2016, Capital Health will only be affected if and when the Department of Health grants a CN to RWJUH after the expedited review process. Any risk of hardship to Capital is therefore speculative and not immediate.

CONCLUSION

The court should stay the trial court's December 22, 2015 decision invalidating Chapter 70 pending appeal.

Respectfully submitted,

JOHN J. HOFFMAN
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Hon. Douglas H. Hurd, P.J. Cv. (via hand delivery)
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Exhibit A

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VIRTUA HEALTH, INC. and CAPITAL
HEALTH SYSTEM, INC.,

Plaintiffs,

v.

STATE OF NEW JERSEY and
CHRISTOPHER J. CHRISTIE, in his
official capacity as Governor
of the State of New Jersey,

Defendants.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - MERCER COUNTY
DOCKET NO. MER-L-1720-15

Civil Action

CERTIFICATION OF KATHY DEVINE

Kathy Devine certifies and says:

1. I am employed by Cooper University Hospital ("Cooper") as the Executive Director of Cooper University Hospital's Urgent and Emergent Services.

2. As the Executive Director of Urgent and Emergent Services, I am familiar with Cooper's efforts to obtain the necessary staff, equipment, and other resources in order to provide

Advanced Life Support ("ALS") and Basic Life Support ("BLS") services in the City of Camden as of January 2, 2016 pursuant to Chapter 70.

3. In preparation for the provision of these services, Cooper has hired the appropriate staff and procured the necessary equipment.

4. Specifically, Cooper has procured eleven (11) ambulances, which will be dually licensed to provide ALS and BLS services.

5. The vehicles cost Cooper approximately \$1,315,930, exclusive of the additional cost to furnish the vehicles with the necessary ALS equipment.

6. Cooper has also hired the necessary personnel (EMTs and paramedics) to provide the required emergency services.

7. Cooper has hired two (2) managers - an operations manager and a clinical manager, seven (7) supervisors, twenty-one (21) paramedics, and thirty-two (32) emergency medical technicians ("EMTs"), and one (1) administrative assistant. Cooper anticipates hiring an additional five (5) EMTs prior to January 2, 2016.

8. Cooper has expended significant resources in training the paramedics and EMTs so that they are prepared to begin providing services on January 2, 2016.

9. Each paramedic is undergoing approximately 56-58 hours of paid training, and each EMT is undergoing approximately 26-28 hours of paid training.

10. Cooper has committed to purchase the building and furniture currently used by University Hospital for \$500,000.

11. Cooper has purchased sports utility vehicles ("SUVs") for supervisors, and on occasion physicians, to travel to trauma locations.

12. Cooper bought a license subscription for electronic medical record software.

13. To date, Cooper has expended approximately \$1,577,809 to enable the provision of ALS and BLS services in Camden on January 2, 2016.

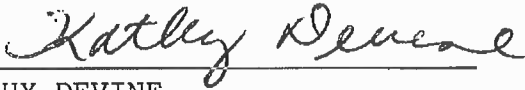
14. Cooper has not received any of the \$2,500,000 appropriated by the Legislature for the start-up of these services.

15. Cooper undertook these various activities and incurred these expenses in reliance on the provisions of Chapter 70. I understand that Chapter 70 grants to a Level 1 trauma center the exclusive authority to provide advanced life support services and the right of first refusal to provide basic life support services in the municipality in which that the center is located. Cooper is a Level 1 trauma center

located in the City of Camden.

16. Cooper has exercised its right of first refusal, consistent with the Chapter 70, to provide ALS and BLS services in the City of Camden. Because Chapter 70 does not require a contract with the City of Camden to provide ALS and BLS services, Cooper and the City have not entered into a contract, nor have there been any efforts to obtain such a contract.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.



KATHY DEVINE

DATED: 12/22/15

Exhibit B

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VIRTUA HEALTH, INC. and CAPITAL
HEALTH SYSTEM, INC.,

Plaintiffs,

v.

STATE OF NEW JERSEY and
CHRISTOPHER J. CHRISTIE, in his
official capacity as Governor
of the State of New Jersey,

Defendants.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - MERCER COUNTY
DOCKET NO. MER-L-1720-15

Civil Action

**CERTIFICATION OF JOHN
GREMBOWIEC SR.**

John Grembowiec Sr. certifies and says:

1. I am employed by University Hospital as the
Director of Emergency Medical Services.

2. In my role as the Director of Emergency Medical
Services, I am familiar with University Hospital's provision of
Basic Life Support ("BLS") services in the City of Camden.

3. It is my understanding that pursuant to Chapter 70, Cooper Hospital has exercised its right of first refusal and will provide BLS services to residents of the City of Camden starting January 2, 2016.

4. Knowing that Cooper Hospital would provide BLS services in Camden as of January 2, 2016, University Hospital has been planning for the cessation of its provision of BLS services in Camden.

5. To wind down its operations, University Hospital sent notices to its staff for University Hospital's BLS services in Camden, approximately thirty-seven (37) people, notifying them that their services would no longer be needed.

6. After receiving these notices, some employees retired, and others sought employment elsewhere.

7. Approximately 95% of the wind down procedure is completed at this time.

8. It would be extraordinarily difficult for University Hospital to provide BLS services in Camden after January 2, 2016. University Hospital simply does not have the staff, at this time, to adequately staff BLS services in Camden.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.


JOHN GREMBOWIEC SR.

DATED: December 22, 2015

Exhibit C

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VIRTUA HEALTH, INC. and CAPITAL
HEALTH SYSTEM, INC.,

Plaintiffs,

v.

STATE OF NEW JERSEY and
CHRISTOPHER J. CHRISTIE, in his
official capacity as Governor
of the State of New Jersey,

Defendants.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - MERCER COUNTY
DOCKET NO. MER-L-1720-15

Civil Action

CERTIFICATION OF MAYOR DANA
REDD

Mayor Dana Redd certifies and says:

1. I am the Mayor of the City of Camden, County of Camden, State of New Jersey.

2. As the mayor, I am familiar with the provision of emergency medical services ("EMS") in the City of Camden as well as the requirement of competitive contracting for the provision of EMS.

3. I am also familiar with the New Jersey Legislature's enactment of Chapter 70 which provides Cooper University Hospital ("Cooper") with the exclusive authority to provide advanced life support ("ALS") services in Camden and the right of first refusal to also provide basic life support ("BLS") services in Camden.

4. Cooper notified the City of Camden that it was exercising its right of first refusal and would provide Camden with BLS services as of January 2, 2016 at no cost to the city pursuant to Chapter 70.

5. BLS services are critical in the City of Camden.

6. Camden has had difficulty in the past obtaining EMS services.

7. Without Chapter 70 authorizing the provision of free BLS services to Camden by Cooper, Camden would be forced to engage in the competitive bidding process to obtain these necessary BLS services.

8. It could take months to complete the competitive bidding process and secure a provider of BLS services for Camden.

9. These BLS services would most likely be provided at a cost to the City of Camden, as opposed to the free services offered by Cooper, and would put a drain on the city's fiscal resources.

10. Camden could declare an emergency and seek City Council's approval to enter into a contract with a BLS provider

without the competitive bidding process. However, this again would most likely result in a cost to the City of Camden.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.


MAYOR DANA REDD

DATED: 12/23/15