



State of New Jersey  
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KAITLAN BASTON, MD, MSC, DFASAM  
*Commissioner*

March 27, 2025

**VIA ELECTRONIC AND FIRST-CLASS MAIL**

Nizar Kifaieh, MD  
President & Chief Executive Officer  
Hudson Regional Hospital  
55 Meadowlands Parkway  
Secaucus, New Jersey 07094

Re: Transfer of Ownership – CarePoint Health -  
Bayonne Medical Center from IJKG Opco, LLC  
to Hudson Regional Hospitals, LLC  
CN FR # 2024-04353-09;01  
Acquisition Cost: \$13,000,000  
Expiration Date: March 27, 2030

Dear Dr. Kifaieh:

I am approving the Certificate of Need (CN) application submitted on March 15, 2024, pursuant to N.J.A.C. 8:33-3.1, for the transfer of ownership of CarePoint Health – Bayonne Medical Center (BMC or the Hospital) by IJKG Opco, LLC (IJKG Opco). Hudson Regional Hospitals, LLC (HRH or the Applicant), a for-profit limited liability company, will be the direct owner of the Hospital upon completion of the transaction.

In accordance with N.J.A.C. 8:33-3.3(a)(1), a transfer of ownership of an entire general hospital is subject to the full CN review process. The Department evaluated this application according to the standards set forth in statute (N.J.S.A. 26:2H-1 et seq.) and by administrative rule (N.J.A.C. 8:33). I am satisfied that the application submitted by HRH is consistent with those requirements. Therefore, the transferring of ownership interests from IJKG Opco, a partial for-profit and non-profit entity, to HRH, a for-profit ownership entity is approved at the cost of \$13,000,000.

This CN approval is limited to the transfer of ownership of BMC, located in Hudson County at 29 East 29<sup>th</sup> Street in Bayonne, New Jersey, 07002. It is a general acute care Hospital, License # 10901, with 244 acute care beds. The Hospital bed types are as

follows: 205 Medical/Surgical Beds; 14 Adult ICU/CCU Beds; 15 Adult Acute Psychiatric Beds (Closed); and 10 OB/GYN Beds. Other services provided are as follows: 6 Inpatient Operating Rooms; 2 Cystoscopy Rooms; 2 Cardiac Catheterization Labs; 1 MRI; 2 Hyperbaric Chambers; 2 Computerized Tomography (CT); 1 Linear Accelerator; 1 PET/CT Combined Unit and 1 Cardiac Elective Angioplasty with Off-site Cardiac Surgery Backup. In addition, BMC is also licensed as a Primary Stroke Center and a Community Perinatal Center- Basic.

HRH has stated that it is committed to continuing all services offered at BMC and stated that there will be no change in the existing management at BMC as a result of this transfer. Patients, including indigent and medically underserved residents, will continue to have access to all existing services at BMC.

The Applicant presents that there is a great public interest in favor of the ownership change and the transaction will allow the Hospital to better serve the community by providing management and financial resources through much-needed partnerships, grants, and other opportunities that are not available to the Hospital under the current ownership structure, to ensure that the hospital does not close. The Applicant expressed that the ownership change will greatly assist with philanthropy, restructuring of hospital debt, reducing income taxes, and providing the ability to obtain more favorable contract terms. Importantly, BMC and the other two CarePoint Hospitals (Hoboken University Medical Center and Christ Hospital), are all currently in bankruptcy proceedings based in Delaware. It also must be noted that HRH owns, through an affiliated entity, 29 E 29<sup>th</sup> Street Holdings, LLC, the real estate where BMC is located.

HRH's application asserts that it is committed to the continuity of services in Hudson County in the future and that the transfer of ownership would preserve access to health care services for the community, including the indigent and medically underserved populations. HRH has stated that it intends to retain all the current employees after the completion of the change of ownership. HRH does not anticipate any changes in the current contracts with professional staff after this change of ownership.

For the following reasons, I am approving, with conditions, the application submitted for the transfer of ownership of BMC from IJKG Opco to HRH. My decision to approve this CN application is consistent with the recommendations of the State Health Planning Board (SHPB), in which the majority recommended approval of CN FR# 2024-04353-09;01 at its December 12, 2024, meeting. In reaching this decision, I considered the CN application for the transfer of ownership of BMC, completeness questions and responses, the public hearing transcript, the Department staff recommendations, and the SHPB recommendations. The referenced materials are incorporated herein by reference and made a part of this final decision.

### **Public Hearing**

As part of the review process, the SHPB is required to hold at least one public hearing in the service area of the Hospital within 30 days of the application being declared complete by the Department. A public hearing was held on November 13, 2024, from 6:00 pm to 7:00 pm, at CarePoint Health - Bayonne Medical Center, 29 E 29th Street, Bayonne, NJ 07002. For those who wished to attend virtually, remote access was provided.

Representatives from the SHPB and the Department, along with approximately 108 individuals, were in attendance. There were 13 speakers, comprised of the Mayor of Bayonne, Councilmen, medical staff, and Bayonne residents who supported the transaction, asserting the need for this transaction to be approved so that the Hospital may continue to serve the community.

On November 11, 2024, which was a few days before the public hearing, the State Health Planning Board received correspondence from James P. Flynn, Esq., from the law firm Epstein Becker Green on behalf of his client, BMC Hospital LLC, an equity owner of an interest in IJKG Opco, which, again, is the entity operating BMC. Mr. Flynn's letter expressed his client's objections to the SHPB taking any action concerning the HRH application during the pending bankruptcy.

At its December 12, 2024, meeting, the SHPB recommended approval of this application with the conditions noted below.

### **Analysis**

N.J.S.A. 26:2H-8, as well as N.J.A.C. 8:33-4.9(a), provide for the issuance of a CN only where the action proposed in the application for such certificate is necessary to provide required health care in the areas to be served; can be economically accomplished and maintained; will not have an adverse economic or financial impact on the delivery of health services in the region or statewide; and will contribute to the orderly development of adequate and effective health care services. In making such determinations, I must take into consideration: (a) the availability of facilities or services which may serve as alternatives or substitutes; (b) the need for special equipment and services in the area; (c) the possible economies and improvement in services to be anticipated from the operation of joint central services; (d) the adequacy of financial resources and sources of present and future revenues; (e) the availability of sufficient manpower in the several professional disciplines; and (f) such other factors as may be established by regulation.

As to the specifics of this application, N.J.S.A. 26:2H-8(a) requires that I consider the availability of facilities or services which may serve as alternatives or substitutes. I have taken into consideration that, as listed in the application, there are five other hospitals located within 30 minutes of BMC, with Jersey City Medical Center, CarePoint Health Christ Hospital, and CarePoint Health Hoboken University Medical Center being in close proximity. HRH has asserted its belief that BMC's role as a safety net hospital is

still important in the provision of services, especially to the medically underserved and indigent for whom it would be more difficult to travel to other locations. I find that the proposed transfer of ownership is the best alternative to the potential closure of the hospital to preserve appropriate access to health care services for this community, including the indigent and medically underserved populations. I also find that the transfer of ownership of BMC, which is an existing hospital, will not negatively impact the five hospitals in the region.

I also find that the requirement at N.J.S.A. 26:2H-8(b) to consider the need for special equipment and services in the area would be met in this case. HRH has documented its intention to continue the same services that are currently licensed at the facility and maintain all equipment and services necessary to operate the Hospital. The Applicant stated that no additional equipment or services will be required as a result of the approval of this ownership change.

With respect to N.J.S.A. 26:2H-8(c) regarding the possible economies and improvement in services to be anticipated from the operation of joint central services, HRH has asserted that the ownership change will likely result in numerous benefits that will improve the Hospital's ability to serve its community, designed to stabilize and grow admissions at the Hospital, and allow BMC to meet the healthcare needs of the community. HRH intends to actively recruit new physicians to BMC and encourage physicians who previously utilized the Hospital to once again utilize BMC to meet the healthcare needs of their patients. In this regard, HRH will, in conjunction with community leaders and BMC medical staff, identify those specialties, if any, that are needed at HRH and surrounding hospitals, and work with BMC medical staff to identify and recruit specialists. HRH as well plans to bring operational efficiencies to BMC's emergency department which may, among other things, increase access to care for the community and decrease "wall time" (the time paramedics and EMTs are required to wait in the Emergency Department) which would allow for more patients to be seen at BMC. In addition, HRH intends to implement a community outreach program designed to meet the primary care needs of the community so that members of the community may receive primary care in the community rather than the emergency department. I find that the representations made by HRH demonstrate a commitment to improving healthcare services in the region.

N.J.S.A. 26:2H-8(d) requires me to examine the adequacy of financial resources and sources of present and future revenues. A financial review of the CN application completed by the Health Care Facility Financing Authority indicates that HRH has access to sufficient capital and financial resources to generate sufficient revenue to fund the Hospital's operations and maintenance. Thus, I find that HRH has demonstrated adequate financial resources to operate BMC.

With respect to N.J.S.A. 26:2H-8(e), regarding the availability of sufficient workers in the several professional disciplines, I am satisfied that there will be an adequate

number of qualified personnel because HRH has committed to retaining all the Hospital's current employees when the transfer of ownership is completed. The application states that BMC does not anticipate any changes in the current contracts with professional staff after this change of ownership.

N.J.S.A. 26:2H-8(f) requires consideration of such other factors as may be established by administrative rule. Therefore, I have taken into consideration the applicable administrative rules governing the services subject to full review (i.e., N.J.A.C. 8:33-1.1 et seq.). I find that HRH complies with the access requirements outlined in N.J.A.C. 8:33-1.1 et seq. and N.J.A.C. 8:33-4.10(a). Specifically, the Applicant will continue to maintain its commitment to the community to preserve access to health care for the residents, including the indigent and medically underserved populations. The Hospital will provide care following N.J.S.A. 26:2H-18.64 and N.J.A.C. 8:43G-5.29(c) regarding the provision of health care services regardless of the patient's ability to pay or payment source.

N.J.A.C. 8:33-4.9(a) requires a demonstration by the Applicant that this transfer of ownership shall not have an adverse impact on the population being served regarding access and quality of care. The Applicant indicates that the transfer of ownership of BMC will preserve and enhance the financial viability of the Hospital and allow it to continue as a general acute care hospital providing the same level of health care services in the community. The Hospital also intends to continue to serve the same payer mix, thereby maintaining all the established bridges to access and care. I find that denial of the CN transfer of ownership application could adversely affect the patients in the Hudson County community, who have historically received care and services at BMC, including the indigent and uninsured. As noted above, BMC is currently in bankruptcy. It is anticipated that a change in ownership of BMC will tend to aid the hospital as it emerges from bankruptcy.

Moreover, I find that HRH has provided an appropriate project description, information as to the financial impact of the transfer of ownership, including operating costs and revenues, services affected, equipment involved, source of funds, utilization statistics, and justification for the proposed project (N.J.A.C. 8:33-4.10(b)); assurance that all residents of the area, particularly the medically underserved, will have access to services (N.J.A.C. 8:33 - 4.10(a)); and assurance that it will meet appropriate licensing and construction standards (N.J.A.C. 8:43G -1.1 et seq. and N.J.A.C. 8:33-4.10(d)). A track record of substantial compliance with the Department's licensing standards as required by N.J.A.C. 8:33-4.10(d) shows no pending issues/complaints, fines/penalties or disciplinary actions that would negatively impact the approval of the Application.

### **Approval with Conditions**

Based on the foregoing, I am approving the application for the transfer of ownership of BMC from IJKG Opco, LLC to Hudson Regional Hospitals, LLC with

conditions. The decision to approve the transfer of ownership is based on my belief that the operation of BMC under the proposed new ownership would be beneficial to the population in its service area and will preserve access to health care services for the community, including the indigent and medically underserved populations. This transfer of ownership may strengthen the financial viability of the Hospital, and I believe this approval will not have an adverse impact on the other existing hospitals in Hudson County, or those in the surrounding counties. I concur with HRH that this transfer is the best option to maintain the financial viability of the Hospital, so as not to disrupt and decrease access to healthcare services for the Hudson County community. My decision to approve this application also factors in the Applicant's intent to stabilize and/or grow admissions at the Hospital and allow BMC to meet the health care needs of the community.

For the reasons set forth in this letter and noting the recommendations of the SHPB, I am approving HRH's application for the transfer of ownership of BMC subject to the following conditions:

1. HRH shall submit a licensing application (CN-7) to the Department to execute the transfer of ownership of BMC within 90 days of this approval.
2. In accordance with N.J.A.C. 8:33-3.3(h), HRH shall submit a notification, in writing, to the Department of any future changes in their respective ownership interests in the Hospital. As applicable, Hudson Regional Hospitals, LLC will submit a Certificate of Need application and await approval by the Commissioner of the Department of Health for transactions that require a Full Review Certificate of Need.
3. Within 60 days of licensing, HRH shall establish a Governing Board for the Hospital responsible for (a) representing the Hospital in the community and taking into account the views of the community in its deliberations; (b) participating in BMC community outreach programs; (c) supervising the Hospital's Charity Care policies and practices; (d) monitoring financial indicators and benchmarks; (e) monitoring quality of care indicators and benchmarks; and (f) developing and implementing a Community Health Needs Assessment (CHNA) that aligns itself with the State's health improvement plan and health promotion and disease prevention agenda for the decade.
4. The Governing Board shall adopt bylaws and maintain minutes of monthly meetings. HRH shall submit to the Executive Director of the Certificate of Need and Licensing Program, on an annual basis, a current working description of the Governing Board's authorities, roles and responsibilities, and governance authority. On an annual basis, HRH shall provide the Department with the Governing Board's roster and advise the Department of any significant changes to the Governing Board's policies governing Board composition, governance authority, and Board appointments made during each year that the Hospital is in operation. The



Governing Board shall maintain suitable representation of the residing population of the Hospital's service area who are neither themselves employees of, nor related to, employees or owners of, BMC or any parent, subsidiary corporation, or corporate affiliate of BMC.

5. Within 90 days of licensing, HRH shall add a minimum of 3 community members to its Governing Board.
6. Within 30 days of licensing, HRH shall provide the Department with an organizational chart of the Hospital and each service that shows lines of authority, responsibility, and communication between HRH and hospital management and the Governing Board.
7. Within 90 days of licensure, HRH shall develop and participate in a Community Advisory Group (CAG) to provide ongoing community input to the Hospital's CEO and the Hospital's Governing Board on ways that HRH can better meet the needs of the residents in its service area.
  - a. HRH shall determine the membership, structure, governance, rules, goals, timeframes, and role of the CAG following the primary objectives set forth above and, within 60 days from the date of formation of the CAG, shall provide a written report to the Hospital's Governing Board setting forth that information, with a copy to the Department and subject to the Department's approval. The CAG shall meet at least quarterly.
  - b. HRH may petition the Department to disband the CAG no earlier than three years from the date of licensure and on a showing that all of the requirements in this condition have been satisfied for at least one year.
8. For the initial five years following the transfer of ownership, the following reports shall be submitted:
  - a. HRH shall submit annual reports to [financial.reports@doh.nj.gov](mailto:financial.reports@doh.nj.gov) detailing:
    - i. An annual accounting of any long- or short-term debt or other liabilities incurred on the Hospital's behalf and reflected on HRH's balance sheet; and
    - ii. A list of completed capital projects itemized to reflect both the project and its expenditure.
  - b. The members of HRH shall submit reports to the extent such member has made a financial investment in BMC during the previous year.

9. HRH shall become current with audits and other filings, as well as post on the Hospital's website annual audited financial statements within 180 days of the close of the Hospital's fiscal year and shall post quarterly unaudited financial statements within 45 days of the close of the Hospital's fiscal quarter, in accordance with N.J.A.C. 8:96-2.2. All annual and quarterly statements shall be prepared in accordance with Generally Accepted Accounting Principles. With respect to the posting of quarterly unaudited financial statements, HRH may include disclaimer language regarding the unaudited nature of the quarterly financial statements on its website where such statements are posted.
10. Within 60 days of posting its Audited Annual Financial Statements to the BMC website as required by N.J.A.C. 8:96-3.1, HRH shall hold an Annual Public Meeting in New Jersey, pursuant to N.J.S.A. 26:2H-12.50, and shall make copies of those audited annual financial statements available at the Annual Public Meeting. HRH shall develop mechanisms for the meeting that address the following:
  - a. An explanation, in layperson's terms, of the audited annual financial statements;
  - b. An opportunity for members of the local community to present their concerns to HRH regarding local health care needs and hospital operations;
  - c. A method for HRH to publicly respond, in layperson's terms, to the concerns expressed by community members at the Annual Public Meeting.
11. As noted by the Applicant, no reductions in services or staff are expected as a result of this transfer of ownership. Six months after licensure, HRH shall submit documentation to the Department on any reduction of staff and provide the rationale for any reductions that may have occurred.
12. As noted in the CN application, HRH shall continue all clinical services currently offered at BMC for BMC patients. Any changes in this commitment involving either a reduction, relocation out of BMC's current service area, or elimination of clinical services offered by BMC, shall require prior written approval from the Department and shall be subject to all applicable statutory and regulatory requirements.
13. BMC shall continue compliance with N.J.A.C. 8:43G-5.21(a), which requires that "all hospitals shall provide on a regular and continuing basis, out-patient and preventive services, including clinical services for medically indigent patients, in those services provided on an in-patient basis." Documentation of compliance shall be submitted within 30 days of the issuance of the approval letter and quarterly thereafter, for a period of five years.



14. Every 12 months for the next five years, starting on the date a license is issued to the Applicant, HRH shall report in writing to the Department the progress on the implementation and measured outcomes of the following initiatives noted in the application to improve the operational efficiency and quality of care at BMC, and shall present the most current report to the public at the Hospital's Annual Public Meeting:
  - a. Negotiations with health insurers on new contracts to generate better access for patients at BMC;
  - b. Efforts to fill service gaps to actively recruit new physicians and encourage those physicians who previously utilized the Hospital to once again return to provide care; and
  - c. Efforts to work in conjunction with community leaders and their own medical staff as well as surrounding hospitals to identify health care needs for more specialized services and recruit appropriate medical staff to fill any service gap.
15. Related to its Behavioral Health services, BMC shall comply with all program requirements in accordance with N.J.A.C. 8:121 as updated and amended and shall report progress in resolving any identified compliance issues to the Behavioral Health staff at the Department.
16. BMC shall continue to comply with the Federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements, and provide care for all patients who present themselves at BMC, without regard to their ability to pay or payment source, in accordance with N.J.S.A. 26:2H-18.64 and N.J.A.C. 8:43G-5.2(c) and shall provide unimpaired access to all services offered by the Hospital.
17. The value of indigent care provided by BMC shall be determined by the dollar value of documented charity care, as calculated annually by the Department utilizing the prevailing Medicaid rate.
18. Within 60 days of licensure, the Applicant shall notify the Department, in writing, of the individual who is responsible for the safekeeping and accessibility of all BMC's patients' medical records (both active and stored) in accordance with N.J.S.A. 26:8-5 and N.J.A.C. 8:43G-15.2.
19. BMC shall develop and implement a CHNA in substantial compliance with Section 501(r)(3)(A) of the Internal Revenue Code as amended that aligns itself with the State Health Improvement Plan and health promotion and disease prevention agenda.

20. Before licensure, BMC shall identify a single point of contact as it relates to the status of these conditions and reports submitted to the Department.
21. Within 12 months of licensure, and annually thereafter for five years, HRH shall provide the Department with a written report detailing:
  - a. Its plan for addressing the community needs to expand or add ambulatory care services;
  - b. If identified, its plan to reduce any services and excess inpatient beds, plans for restructuring whether financial or strategic; and
  - c. Capital improvement plans, including physical plant improvements, equipment upgrades, additions (including IT), and other capital projects.
22. After the transfer is implemented, HRH shall comply with all requirements of N.J.S.A. 26:2SS-1 et seq., the Out-of-Network Consumer Protection, Transparency, Cost Containment and Accountability Act (Act), including the requirements pertinent to the Department of Banking and Insurance (DOBI). As part of compliance, HRH must note that:
  - a. If a covered person (i.e., a person on whose behalf a carrier is obligated to pay health care expense benefits or provide health care services) receives medically necessary services at BMC on an emergency or urgent basis as defined by the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. s.1395dd et seq. and section 14 of P.L. 1992, c.160 (C.26:2H-18.64), HRH shall not bill the covered person in excess of any deductible, copayment, or coinsurance amount applicable to in-network services pursuant to the covered person's health benefits plan.
  - b. If a covered person receives medically necessary services at BMC as an out-of-network health care facility on an emergency or urgent basis as defined by the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. s.1395dd et seq. and section 14 of P.L. 1992, c.160 (C.26:2H-18.64), and the carrier and HRH cannot agree on the final offer as a reimbursement rate for these services pursuant to N.J.S.A. 26:2SS-9, the carrier, HRH, or covered person, as applicable, may initiate binding arbitration pursuant to N.J.S.A. 26:2SS-10 or 11.
  - c. If BMC is in-network with respect to any health benefits plan, HRH shall ensure that all health-care providers providing services at BMC on an emergency or inadvertent basis are provided notification of the provisions of the Act and information as to each health benefits plan including managed Medicaid plans with which BMC has a contract to be in-network.

- d. When HRH contracts with a carrier to be in-network with respect to any health benefits plan, HRH shall annually report to the Department, the health benefits plans with which HRH has an agreement to be in-network.

23. After the transfer is implemented:

- a. HRH shall use its commercially reasonable best efforts to negotiate in good faith for in-network Health Maintenance Organization (HMO) and commercial insurance contracts, with commercially reasonable rates based on the rates that HMOs and commercial insurance companies pay to similarly situated in-network hospitals in the Northern New Jersey region.
- b. HRH shall convene quarterly meetings with the Department and the DOBI to review and evaluate all issues arising in contract negotiations within the first year of licensure that may result in increases in out-of-network coverages. At a minimum, HRH shall have routine contact with the existing HMO and commercial insurers. If the existing HMO and commercial insurers fail to respond to requests for negotiations, then HRH shall notify the Department and DOBI, within 30 days of the failure to respond, to request assistance.
- c. Within 10 days of licensure, HRH shall post in a conspicuous place on the home page of the Hospital's website a link to information, of which it maintains the accuracy, identifying the health benefits plans in which the hospital participates. HRH shall provide in writing the information it posts to any person upon written, electronic, telephonic, or in-person request therefor. Upon making or amending an internet posting that N.J.A.C. 8:96-4.1 requires, HRH concurrently shall notify the Department of the occurrence of the posting by transmitting an e-mail containing a link to the posting to the following e-mail address: [financial.reports@doh.nj.gov](mailto:financial.reports@doh.nj.gov).
- d. Within the first year of licensure, HRH shall notify the Department 30 days in advance of the status of notices to terminate any HMO or commercial insurance contract that will expand out-of-network service coverage. HRH shall document how it will provide notice to patients and providers, as well as the impact that such action is reasonably expected to have on access to health care.
- e. During the first year from the date of licensure, HRH shall report to the Department, for each six-month period, the Hospital's payer mix and the number and percent of total hospital admissions that came through the emergency department. For four years thereafter, BMC shall report the aforesaid information to the Department on an annual basis.

24. HRH shall ensure that it posts on its website the status of all insurance contracts related to patient care between the Hospital and insurance plans. The Hospital shall provide notices to patients concerning pricing and charges related to coverage during the termination of plans.
25. BMC shall be assured of continued use of the Hospital property through any lease arrangement with 29 E 29<sup>th</sup> Street Holdings, LLC or any subsequent holder of the lease, for as long as this ownership entity, HRH, is the licensed operator of BMC. HRH shall comply with N.J.S.A. 26:2H-5.1b(a)(3) which states that no less than 90 days prior to signing an agreement for the sale or the lease of the land or property on which the Hospital is located, the entity shall provide notice to the Department of the Hospital's intent to sign an agreement to sell or lease the land or property on which the Hospital is located. Notification to the Department shall include a copy of the agreement, the names of all parties included, and the intended use of proceeds from the sale or lease of the land or property.
26. Any and all litigation that may impact the financial viability of BMC, in alignment with a default on a scheduled payment of debt service where the debt is secured by real estate assets, a rent payment, payroll, or payroll tax obligation, must be reported to the Department.

Failure to satisfy any of the conditions of approval may result in sanctions, including license suspension, monetary penalties and other sanctions in accordance with N.J.S.A. 26:2H-1 et seq. and all other applicable requirements. Acceptance of these conditions by the Applicant will be presumed unless written objections are submitted to the Department within 30 days of receipt of this letter. Upon receipt of such objections, this approval will be deemed suspended, and the project shall be re-examined considering the objections.

I look forward to working with the Applicant to provide a high-quality of care to the patients of BMC. If there are any questions concerning this certificate of need approval, please do not hesitate to contact Stefanie Mozgai, Assistant Commissioner at [Stefaniej.Mozgai@doh.nj.gov](mailto:Stefaniej.Mozgai@doh.nj.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'Kaitlan Baston', with a stylized flourish at the end.

Kaitlan Baston, MD, MSc, DFASAM  
Commissioner  
New Jersey Department of Health

CarePoint Health- Bayonne Medical Center

Transfer of Ownership – Bayonne Medical Center from IJKG Opco, LLC to Hudson Regional Hospitals, LLC

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