

ASSEMBLY, No. 5021

STATE OF NEW JERSEY

218th LEGISLATURE

INTRODUCED FEBRUARY 7, 2019

Sponsored by:

Assemblywoman ANNETTE QUIJANO
District 20 (Union)

Co-Sponsored by:

Assemblywoman Tucker

SYNOPSIS

Requires Medicaid coverage for group prenatal care services under certain circumstances.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/19/2019)

1 AN ACT concerning Medicaid coverage for group prenatal care
2 services and amending P.L.1968, c.413.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. Section 6 of P.L.1968, c.413 (C.30:4D-6) is amended to read
8 as follows:

9 6. a. Subject to the requirements of Title XIX of the federal
10 Social Security Act, the limitations imposed by this act and by the
11 rules and regulations promulgated pursuant thereto, the department
12 shall provide medical assistance to qualified applicants, including
13 authorized services within each of the following classifications:

- 14 (1) Inpatient hospital services;
- 15 (2) Outpatient hospital services;
- 16 (3) Other laboratory and X-ray services;
- 17 (4) (a) Skilled nursing or intermediate care facility services;
- 18 (b) Early and periodic screening and diagnosis of individuals
19 who are eligible under the program and are under age 21, to
20 ascertain their physical or mental health status and the health care,
21 treatment, and other measures to correct or ameliorate defects and
22 chronic conditions discovered thereby, as may be provided in
23 regulations of the Secretary of the federal Department of Health and
24 Human Services and approved by the commissioner;
- 25 (5) Physician's services furnished in the office, the patient's
26 home, a hospital, a skilled nursing, or intermediate care facility or
27 elsewhere.

28 As used in this subsection, "laboratory and X-ray services"
29 includes HIV drug resistance testing, including, but not limited to,
30 genotype assays that have been cleared or approved by the federal
31 Food and Drug Administration, laboratory developed genotype
32 assays, phenotype assays, and other assays using phenotype
33 prediction with genotype comparison, for persons diagnosed with
34 HIV infection or AIDS.

35 b. Subject to the limitations imposed by federal law, by this
36 act, and by the rules and regulations promulgated pursuant thereto,
37 the medical assistance program may be expanded to include
38 authorized services within each of the following classifications:

- 39 (1) Medical care not included in subsection a.(5) above, or any
40 other type of remedial care recognized under State law, furnished
41 by licensed practitioners within the scope of their practice, as
42 defined by State law;
- 43 (2) Home health care services;
- 44 (3) Clinic services;
- 45 (4) Dental services;

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

- 1 (5) Physical therapy and related services;
- 2 (6) Prescribed drugs, dentures, and prosthetic devices; and
- 3 eyeglasses prescribed by a physician skilled in diseases of the eye
- 4 or by an optometrist, whichever the individual may select;
- 5 (7) Optometric services;
- 6 (8) Podiatric services;
- 7 (9) Chiropractic services;
- 8 (10) Psychological services;
- 9 (11) Inpatient psychiatric hospital services for individuals under
- 10 21 years of age, or under age 22 if they are receiving such services
- 11 immediately before attaining age 21;
- 12 (12) Other diagnostic, screening, preventive, and rehabilitative
- 13 services, and other remedial care;
- 14 (13) Inpatient hospital services, nursing facility services, and
- 15 intermediate care facility services for individuals 65 years of age or
- 16 over in an institution for mental diseases;
- 17 (14) Intermediate care facility services;
- 18 (15) Transportation services;
- 19 (16) Services in connection with the inpatient or outpatient
- 20 treatment or care of substance use disorder, when the treatment is
- 21 prescribed by a physician and provided in a licensed hospital or in a
- 22 narcotic and substance use disorder treatment center approved by
- 23 the Department of Health pursuant to P.L.1970, c.334 (C.26:2G-21
- 24 et seq.) and whose staff includes a medical director, and limited to
- 25 those services eligible for federal financial participation under Title
- 26 XIX of the federal Social Security Act;
- 27 (17) Any other medical care and any other type of remedial care
- 28 recognized under State law, specified by the Secretary of the federal
- 29 Department of Health and Human Services, and approved by the
- 30 commissioner;
- 31 (18) Comprehensive maternity care, which may include: the
- 32 basic number of prenatal and postpartum visits recommended by the
- 33 American College of Obstetrics and Gynecology; additional
- 34 prenatal and postpartum visits that are medically necessary;
- 35 necessary laboratory, nutritional assessment and counseling, health
- 36 education, personal counseling, managed care, outreach, and
- 37 follow-up services; treatment of conditions which may complicate
- 38 pregnancy; and physician or certified nurse-midwife delivery
- 39 services;
- 40 (19) Comprehensive pediatric care, which may include:
- 41 ambulatory, preventive, and primary care health services. The
- 42 preventive services shall include, at a minimum, the basic number
- 43 of preventive visits recommended by the American Academy of
- 44 Pediatrics;
- 45 (20) Services provided by a hospice which is participating in the
- 46 Medicare program established pursuant to Title XVIII of the Social
- 47 Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). Hospice
- 48 services shall be provided subject to approval of the Secretary of

1 the federal Department of Health and Human Services for federal
2 reimbursement;

3 (21) Mammograms, subject to approval of the Secretary of the
4 federal Department of Health and Human Services for federal
5 reimbursement, including one baseline mammogram for women
6 who are at least 35 but less than 40 years of age; one mammogram
7 examination every two years or more frequently, if recommended
8 by a physician, for women who are at least 40 but less than 50 years
9 of age; and one mammogram examination every year for women
10 age 50 and over;

11 (22) Upon referral by a physician, advanced practice nurse, or
12 physician assistant of a person who has been diagnosed with
13 diabetes, gestational diabetes, or pre-diabetes, in accordance with
14 standards adopted by the American Diabetes Association:

15 (a) Expenses for diabetes self-management education or training
16 to ensure that a person with diabetes, gestational diabetes, or pre-
17 diabetes can optimize metabolic control, prevent and manage
18 complications, and maximize quality of life. Diabetes self-
19 management education shall be provided by an in-State provider
20 who is:

21 (i) a licensed, registered, or certified health care professional
22 who is certified by the National Certification Board of Diabetes
23 Educators as a Certified Diabetes Educator, or certified by the
24 American Association of Diabetes Educators with a Board
25 Certified-Advanced Diabetes Management credential, including, but
26 not limited to: a physician, an advanced practice or registered nurse,
27 a physician assistant, a pharmacist, a chiropractor, a dietitian
28 registered by a nationally recognized professional association of
29 dietitians, or a nutritionist holding a certified nutritionist specialist
30 (CNS) credential from the Board for Certification of Nutrition
31 Specialists; or

32 (ii) an entity meeting the National Standards for Diabetes Self-
33 Management Education and Support, as evidenced by a recognition
34 by the American Diabetes Association or accreditation by the
35 American Association of Diabetes Educators;

36 (b) Expenses for medical nutrition therapy as an effective
37 component of the person's overall treatment plan upon a: diagnosis
38 of diabetes, gestational diabetes, or pre-diabetes; change in the
39 beneficiary's medical condition, treatment, or diagnosis; or
40 determination of a physician, advanced practice nurse, or physician
41 assistant that reeducation or refresher education is necessary.
42 Medical nutrition therapy shall be provided by an in-State provider
43 who is a dietitian registered by a nationally-recognized professional
44 association of dietitians, or a nutritionist holding a certified
45 nutritionist specialist (CNS) credential from the Board for
46 Certification of Nutrition Specialists, who is familiar with the
47 components of diabetes medical nutrition therapy;

48 (c) For a person diagnosed with pre-diabetes, items and services

1 furnished under an in-State diabetes prevention program that meets
2 the standards of the National Diabetes Prevention Program, as
3 established by the federal Centers for Disease Control and
4 Prevention; and

5 (d) Expenses for any medically appropriate and necessary
6 supplies and equipment recommended or prescribed by a physician,
7 advanced practice nurse, or physician assistant for the management
8 and treatment of diabetes, gestational diabetes, or pre-diabetes,
9 including, but not limited to: equipment and supplies for self-
10 management of blood glucose; insulin pens; insulin pumps and
11 related supplies; and other insulin delivery devices.

12 (23) Expenses incurred for the provision of group prenatal care
13 services to a pregnant woman between the ages of 12 and 55 years
14 of age, provided that:

15 (a) the provider of such services:

16 (i) is a site accredited by the Centering Healthcare Institute that
17 utilizes the CenteringPregnancy model; and

18 (ii) incorporates the applicable information outlined in any best
19 practices manual for prenatal and postpartum maternal care
20 developed by the Department of Health into the curriculum for each
21 group prenatal visit;

22 (b) each group prenatal care visit is at least 1.5 hours in
23 duration, with a minimum of two women and a maximum of 20
24 women in participation; and

25 (c) no more than ten group prenatal care visits occur per
26 pregnancy.

27 As used in this paragraph, “group prenatal care services” means
28 a series of prenatal care visits provided in a group setting which are
29 based upon the CenteringPregnancy model developed by the
30 Centering Healthcare Institute and include health assessments,
31 social and clinical support, and educational activities.

32 c. Payments for the foregoing services, goods, and supplies
33 furnished pursuant to this act shall be made to the extent authorized
34 by this act, the rules and regulations promulgated pursuant thereto
35 and, where applicable, subject to the agreement of insurance
36 provided for under this act. The payments shall constitute payment
37 in full to the provider on behalf of the recipient. Every provider
38 making a claim for payment pursuant to this act shall certify in
39 writing on the claim submitted that no additional amount will be
40 charged to the recipient, the recipient's family, the recipient's
41 representative or others on the recipient's behalf for the services,
42 goods, and supplies furnished pursuant to this act.

43 No provider whose claim for payment pursuant to this act has
44 been denied because the services, goods, or supplies were
45 determined to be medically unnecessary shall seek reimbursement
46 from the recipient, his family, his representative or others on his
47 behalf for such services, goods, and supplies provided pursuant to
48 this act; provided, however, a provider may seek reimbursement

1 from a recipient for services, goods, or supplies not authorized by
2 this act, if the recipient elected to receive the services, goods or
3 supplies with the knowledge that they were not authorized.

4 d. Any individual eligible for medical assistance (including
5 drugs) may obtain such assistance from any person qualified to
6 perform the service or services required (including an organization
7 which provides such services, or arranges for their availability on a
8 prepayment basis), who undertakes to provide the individual such
9 services.

10 No copayment or other form of cost-sharing shall be imposed on
11 any individual eligible for medical assistance, except as mandated
12 by federal law as a condition of federal financial participation.

13 e. Anything in this act to the contrary notwithstanding, no
14 payments for medical assistance shall be made under this act with
15 respect to care or services for any individual who:

16 (1) Is an inmate of a public institution (except as a patient in a
17 medical institution); provided, however, that an individual who is
18 otherwise eligible may continue to receive services for the month in
19 which he becomes an inmate, should the commissioner determine to
20 expand the scope of Medicaid eligibility to include such an
21 individual, subject to the limitations imposed by federal law and
22 regulations, or

23 (2) Has not attained 65 years of age and who is a patient in an
24 institution for mental diseases, or

25 (3) Is over 21 years of age and who is receiving inpatient
26 psychiatric hospital services in a psychiatric facility; provided,
27 however, that an individual who was receiving such services
28 immediately prior to attaining age 21 may continue to receive such
29 services until the individual reaches age 22. Nothing in this
30 subsection shall prohibit the commissioner from extending medical
31 assistance to all eligible persons receiving inpatient psychiatric
32 services; provided that there is federal financial participation
33 available.

34 f. (1) A third party as defined in section 3 of P.L.1968, c.413
35 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in
36 this or another state when determining the person's eligibility for
37 enrollment or the provision of benefits by that third party.

38 (2) In addition, any provision in a contract of insurance, health
39 benefits plan, or other health care coverage document, will, trust,
40 agreement, court order, or other instrument which reduces or
41 excludes coverage or payment for health care-related goods and
42 services to or for an individual because of that individual's actual or
43 potential eligibility for or receipt of Medicaid benefits shall be null
44 and void, and no payments shall be made under this act as a result
45 of any such provision.

46 (3) Notwithstanding any provision of law to the contrary, the
47 provisions of paragraph (2) of this subsection shall not apply to a
48 trust agreement that is established pursuant to 42 U.S.C.

1 s.1396p(d)(4)(A) or (C) to supplement and augment assistance
2 provided by government entities to a person who is disabled as
3 defined in section 1614(a)(3) of the federal Social Security Act (42
4 U.S.C. s.1382c (a)(3)).

5 g. The following services shall be provided to eligible
6 medically needy individuals as follows:

7 (1) Pregnant women shall be provided prenatal care and delivery
8 services and postpartum care, including the services cited in
9 subsection a.(1), (3), and (5) of this section and subsection b.(1)-
10 (10), (12), (15), and (17) of this section, and nursing facility
11 services cited in subsection b.(13) of this section.

12 (2) Dependent children shall be provided with services cited in
13 subsection a.(3) and (5) of this section and subsection b.(1), (2), (3),
14 (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and
15 nursing facility services cited in subsection b.(13) of this section.

16 (3) Individuals who are 65 years of age or older shall be
17 provided with services cited in subsection a.(3) and (5) of this
18 section and subsection b.(1)-(5), (6) excluding prescribed drugs, (7),
19 (8), (10), (12), (15), and (17) of this section, and nursing facility
20 services cited in subsection b.(13) of this section.

21 (4) Individuals who are blind or disabled shall be provided with
22 services cited in subsection a.(3) and (5) of this section and
23 subsection b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10),
24 (12), (15), and (17) of this section, and nursing facility services
25 cited in subsection b.(13) of this section.

26 (5) (a) Inpatient hospital services, subsection a.(1) of this
27 section, shall only be provided to eligible medically needy
28 individuals, other than pregnant women, if the federal Department
29 of Health and Human Services discontinues the State's waiver to
30 establish inpatient hospital reimbursement rates for the Medicare
31 and Medicaid programs under the authority of section 601(c)(3) of
32 the Social Security Act Amendments of 1983, Pub.L.98-21 (42
33 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be
34 extended to other eligible medically needy individuals if the federal
35 Department of Health and Human Services directs that these
36 services be included.

37 (b) Outpatient hospital services, subsection a.(2) of this section,
38 shall only be provided to eligible medically needy individuals if the
39 federal Department of Health and Human Services discontinues the
40 State's waiver to establish outpatient hospital reimbursement rates
41 for the Medicare and Medicaid programs under the authority of
42 section 601(c)(3) of the Social Security Amendments of 1983,
43 Pub.L.98-21 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital
44 services may be extended to all or to certain medically needy
45 individuals if the federal Department of Health and Human Services
46 directs that these services be included. However, the use of
47 outpatient hospital services shall be limited to clinic services and to
48 emergency room services for injuries and significant acute medical
49 conditions.

1 (c) The division shall monitor the use of inpatient and outpatient
2 hospital services by medically needy persons.

3 h. In the case of a qualified disabled and working individual
4 pursuant to section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d), the
5 only medical assistance provided under this act shall be the
6 payment of premiums for Medicare part A under 42 U.S.C.
7 ss.1395i-2 and 1395r.

8 i. In the case of a specified low-income Medicare beneficiary
9 pursuant to 42 U.S.C. s.1396a(a)10(E)iii, the only medical
10 assistance provided under this act shall be the payment of premiums
11 for Medicare part B under 42 U.S.C. s.1395r as provided for in 42
12 U.S.C. s.1396d(p)(3)(A)(ii).

13 j. In the case of a qualified individual pursuant to 42 U.S.C.
14 s.1396a(aa), the only medical assistance provided under this act
15 shall be payment for authorized services provided during the period
16 in which the individual requires treatment for breast or cervical
17 cancer, in accordance with criteria established by the commissioner.

18 k. In the case of a qualified individual pursuant to 42 U.S.C.
19 s.1396a(ii), the only medical assistance provided under this act shall
20 be payment for family planning services and supplies as described
21 at 42 U.S.C. s.1396d(a)(4)(C), including medical diagnosis and
22 treatment services that are provided pursuant to a family planning
23 service in a family planning setting.

24 (cf: P.L.2018, c.1, s.2)

25
26 2. The Commissioner of Human Services shall apply for such
27 State plan amendments or waivers as may be necessary to
28 implement the provisions of this act and to secure federal financial
29 participation for State Medicaid expenditures under the federal
30 Medicaid program.

31
32 3. The Commissioner of Human Services, pursuant to the
33 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
34 seq.), shall adopt rules and regulations necessary to implement the
35 provisions of this act.

36
37 4. This act shall take effect on the first day of the fourth month
38 next following the date of enactment, but the Commissioner of
39 Human Services may take such anticipatory administrative action in
40 advance thereof as may be necessary for the implementation of this
41 act.

42 43 44 STATEMENT

45
46 The bill provides for an expansion of the State Medicaid program
47 to include coverage of group prenatal care services under certain
48 circumstances. As used in the bill, "group prenatal care services"

1 means a series of prenatal care visits provided in a group setting
2 which are based upon the CenteringPregnancy model developed by
3 the Centering Healthcare Institute and include health assessments,
4 social and clinical support, and educational activities. The
5 CenteringPregnancy model is a health care redesign that changes
6 the traditional model of the patient and health care provider in an
7 exam room to a group setting which allows for care based on
8 clinical and peer support. The Centering Healthcare Institute is a
9 nonprofit organization established in 2001 that aims to improve
10 healthcare through the training and support of group care providers.

11 Research indicates group prenatal care services provide benefits
12 for mothers, babies, and providers, largely because access to care is
13 increased. For example, data suggests that women who participate
14 in group prenatal care visits have decreased rates of preterm and low
15 weight babies, increased breastfeeding rates, and better pregnancy
16 spacing. Furthermore, group prenatal care visits have been shown to
17 nearly eliminate racial disparities in preterm birth. By preventing
18 preterm birth, group prenatal care services also provide cost savings
19 to the healthcare system, as preterm births can be more than ten times
20 more expensive than that of a full-term delivery.

21 Specifically, this bill provides that coverage under the Medicaid
22 program includes expenses incurred for the provision of group
23 prenatal care services to a pregnant woman between the ages of 12
24 and 55 years of age, provided that:

25 (1) the provider of services: (a) is a site accredited by the
26 Centering Healthcare Institute that utilizes the CenteringPregnancy
27 model; and (b) incorporates the applicable information outlined in
28 any best practices manual for prenatal and postpartum maternal care
29 developed by the Department of Health into the curriculum for each
30 group prenatal visit;

31 (2) each group prenatal care visit is at least 1.5 hours in
32 duration, with a minimum of two women and a maximum of 20
33 women in participation; and

34 (3) no more than ten group prenatal care visits occur per
35 pregnancy.