

SENATE, No. 876

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED JANUARY 27, 2020

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator M. TERESA RUIZ

District 29 (Essex)

Co-Sponsored by:

Senators Gopal, Weinberg, Thompson, Diegnan and Turner

SYNOPSIS

Expands NJ FamilyCare to ensure healthcare benefits are available to all uninsured children under 19 years of age who live in New Jersey; appropriates \$3 million for outreach, enrollment, and retention regarding NJ FamilyCare.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 4/19/2021)

1 AN ACT concerning NJ FamilyCare, revising various parts of
2 statutory law, and making an appropriation.

3

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

6

7 1. Section 4 of P.L.2005, c.156 (C.30:4J-11) is amended to read
8 as follows:

9 4. As used in this act:

10 "Commissioner" means the Commissioner of Human Services.

11 "Department" means the Department of Human Services.

12 "Medicaid" means the New Jersey Medical Assistance and Health
13 Services Program established pursuant to P.L.1968, c.413 (C.30:4D-
14 1 et seq.).

15 "NJ FamilyCare" or "program" means the NJ FamilyCare Program
16 established pursuant to sections 3 through 5 of P.L.2005, c.156
17 (C.30:4J-10 through C.30:4J-12).

18 "Poverty level" means the official federal poverty level based on
19 family size, established and adjusted under Section 673(2) of Subtitle
20 B, the "Community Services Block Grant Act," Pub.L.97-35 (42
21 U.S.C. s.9902(2)).

22 "Qualified applicant" means:

23 a. a child under 19 years of age: (1) whose gross family **[gross]**
24 income does not exceed **[350%]** 350 percent of the poverty level; (2)
25 who has no health insurance, as determined by the commissioner, and
26 is ineligible for Medicaid; and (3) who is a resident of this State**;**
27 and (4) who is a citizen of the United States, or has been lawfully
28 admitted for permanent residence into and remains lawfully present
29 in the United States**;**

30 b. a **[parent or caretaker]** pregnant woman: (1) whose gross
31 family income does not exceed **[200%]** 200 percent of the poverty
32 level; (2) who has no health insurance, as determined by the
33 commissioner, and is ineligible for Medicaid; (3) who is a resident of
34 this State; and (4) who is a citizen of the United States, or has been
35 lawfully admitted for permanent residence into and remains lawfully
36 present in the United States; and

37 c. **[a single adult or couple without dependent children**: (1)
38 whose family gross income does not exceed 100% of the poverty
39 level; (2) who is enrolled in NJ FamilyCare on the effective date of
40 P.L.2005, c.156 (C.30:4J-8 et al.) and is ineligible for Medicaid; (3)
41 who is a resident of this State; and (4) who is a citizen of the United
42 States, or has been lawfully admitted for permanent residence into
43 and remains lawfully present in the United States**]** any person who is
44 determined to be eligible to receive benefits in accordance with the

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 "New Jersey Medical Assistance and Health Services Act," P.L.1968,
2 c.413 (C.30:4D-1 et seq.).
3 (cf: P.L.2008, c.38, s.3)
4

5 2. Section 5 of P.L.2008, c.38 (C.30:4J-11.1) is amended to read
6 as follows:

7 5. The Commissioner of Human Services shall apply for such
8 waivers as may be necessary to implement the provisions of section
9 4 of P.L.2005, c.156 (C.30:4J-11) and, to the extent possible, to
10 secure federal financial participation for NJ FamilyCare expenditures
11 under the State Children's Health Insurance Program pursuant to 42
12 U.S.C.s.1397aa et seq., except as it pertains to a qualified applicant
13 whose immigration status in the United States requires the
14 applicant's non-emergency health care services to be funded with
15 State funds only.

16 (cf: P.L.2008, c.38, s.5)
17

18 3. Section 5 of P.L.2005, c.156 (C.30:4J-12) is amended to read
19 as follows:

20 5. a. The purpose of the program shall be to provide subsidized
21 health insurance coverage, and other health care benefits as
22 determined by the commissioner, to all uninsured children under 19
23 years of age and some of their parents or **【caretakers】** caregivers, and
24 to certain adults without dependent children, within the limits of
25 funds appropriated or otherwise made available for the program.

26 The program shall require families to pay copayments **【and make**
27 **premium contributions, based upon a sliding income scale】**. The
28 program shall include the provision of well-child and other
29 preventive services, hospitalization, physician care, laboratory and x-
30 ray services, prescription drugs, mental health services, and other
31 services as determined by the commissioner.

32 b. The commissioner shall take such actions as are necessary to
33 implement and operate the program in accordance with the State
34 Children's Health Insurance Program established pursuant to 42
35 U.S.C.s.1397aa et seq., except that the commissioner shall establish
36 regulations to govern the administration of NJ FamilyCare and
37 Medicaid as it pertains to a qualified applicant whose immigration
38 status in the United States requires the applicant's non-emergency
39 health care services to be funded with State funds only.

40 c. The commissioner:

41 (1) shall, by regulation, establish standards for determining
42 eligibility and other program requirements, including, but not limited
43 to, restrictions on voluntary disenrollments from existing health
44 insurance coverage;

45 (2) shall require that a parent or **【caretaker】** caregiver who is a
46 qualified applicant purchase coverage, if available, through an
47 employer-sponsored health insurance plan which is determined to be
48 cost-effective and is approved by the commissioner, and shall

1 provide assistance to the qualified applicant to purchase that
2 coverage, except that the provisions of this paragraph shall not be
3 construed to require an employer to provide health insurance
4 coverage for any employee or employee's spouse or dependent child;

5 (3) may, by regulation, establish plans of coverage and benefits
6 to be covered under the program, except that the provisions of this
7 section shall not apply to coverage for medications used exclusively
8 to treat AIDS or HIV infection; and

9 (4) shall establish, by regulation, other requirements for the
10 program, including, but not limited to, **[premium payments and]**
11 **copayments[, and]**. Premiums shall not be established within the
12 program, except as required under the buy-in program, pursuant to
13 subsection j. of this section. The commissioner may contract with
14 one or more appropriate entities, including managed care
15 organizations, to assist in administering the program. The period for
16 which eligibility for the program is determined shall be the maximum
17 period permitted under federal law.

18 d. The commissioner shall establish procedures for determining
19 eligibility, which shall include, at a minimum, the following
20 enrollment simplification practices:

21 (1) A streamlined application form as established pursuant to
22 subsection k. of this section;

23 (2) Require new applicants to submit one recent pay stub from
24 the applicant's employer, or, if the applicant has more than one
25 employer, one from each of the applicant's employers, to verify
26 income. In the event the applicant cannot provide a recent pay stub,
27 the applicant may submit another form of income verification as
28 deemed appropriate by the commissioner. If an applicant does not
29 submit income verification in a timely manner, before determining
30 the applicant ineligible for the program, the commissioner shall seek
31 to verify the applicant's income by reviewing available Department
32 of the Treasury and Department of Labor and Workforce
33 Development records concerning the applicant, and such other
34 records as the commissioner determines appropriate.

35 The commissioner shall establish retrospective auditing or income
36 verification procedures, such as sample auditing and matching
37 reported income with records of the Department of the Treasury and
38 the Department of Labor and Workforce Development and such other
39 records as the commissioner determines appropriate.

40 In matching reported income with confidential records of the
41 Department of the Treasury, the commissioner shall require an
42 applicant to provide written authorization for the Division of
43 Taxation in the Department of the Treasury to release applicable tax
44 information to the commissioner for the purposes of establishing
45 income eligibility for the program. The authorization, which shall be
46 included on the program application form, shall be developed by the
47 commissioner, in consultation with the State Treasurer;

1 (3) Online enrollment and renewal, in addition to enrollment and
2 renewal by mail. The online enrollment and renewal forms shall
3 include electronic links to other State and federal health and social
4 services programs;

5 (4) Continuous enrollment;

6 (5) Simplified renewal by sending an enrollee a preprinted
7 renewal form and requiring the enrollee to sign and return the form,
8 with any applicable changes in the information provided in the form,
9 prior to the date the enrollee's annual eligibility expires. The
10 commissioner shall establish such auditing or income verification
11 procedures, as provided in paragraph (2) of this subsection; **[and]**

12 (6) Provision of program eligibility-identification cards that are
13 issued no more frequently than once a year; and

14 (7) Provision of information regarding other health care programs
15 for which an enrollee may be eligible to any enrollee terminated from
16 the program.

17 e. The commissioner shall take, or cause to be taken, any action
18 necessary, to the extent possible, to secure for the State the maximum
19 amount of federal financial participation available with respect to the
20 program, subject to the constraints of fiscal responsibility and within
21 the limits of available funding in any fiscal year. In this regard,
22 notwithstanding the definition of "qualified applicant," the
23 commissioner may enroll in the program such children or their
24 parents or **[caretakers]** caregivers who may otherwise be eligible for
25 the Medicaid program in order to maximize use of federal funds that
26 may be available pursuant to 42 U.S.C. s.1397aa et seq.

27 f. **[Subject to federal approval a child shall be determined**
28 **ineligible for the program if the child was voluntarily disenrolled**
29 **from employer-sponsored group insurance coverage within six**
30 **months prior to application to the program.]** (Deleted by amendment,
31 P.L. , c. (C.)(pending before the Legislature as this bill).)

32 g. The commissioner shall provide, by regulation, for
33 presumptive eligibility for the program in accordance with the
34 following provisions:

35 (1) A child who presents himself for treatment at a general
36 hospital, federally qualified or community health center, local health
37 department that provides primary care, or other State licensed
38 community-based primary care provider shall be deemed
39 presumptively eligible for the program if a preliminary determination
40 by hospital, health center, local health department or licensed health
41 care provider staff indicates that the child meets program eligibility
42 standards and is a member of a household with an income that does
43 not exceed **[350%]** 350 percent of the poverty level;

44 (2) The provisions of paragraph (1) of this subsection shall also
45 apply to a child who is deemed presumptively eligible for Medicaid
46 coverage pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.);

1 (3) The parent or **【caretaker】** caregiver of a child deemed
2 presumptively eligible pursuant to this subsection shall be required
3 to submit a completed application for the program no later than the
4 end of the month following the month in which presumptive
5 eligibility is determined;

6 (4) A child shall be eligible to receive all services covered by the
7 program during the period in which the child is presumptively
8 eligible; and

9 (5) The commissioner may, by regulation, establish a limit on the
10 number of times a child may be deemed presumptively eligible for
11 NJ FamilyCare.

12 h. The commissioner, in consultation with the Commissioner of
13 Education, shall administer an ongoing enrollment initiative to
14 provide outreach to children throughout the State who may be
15 eligible for the program.

16 (1) With respect to school-age children, the commissioner, in
17 consultation with the Commissioner of Education and the Secretary
18 of Agriculture, shall develop a form that provides information about
19 the NJ FamilyCare and Medicaid programs and provides an
20 opportunity for the parent or guardian who signs the school lunch
21 application form to give consent for information to be shared with
22 the Department of Human Services for the purpose of determining
23 eligibility for the programs. The form shall be attached to, included
24 with, or incorporated into, the school lunch application form.

25 The commissioner, in consultation with the Commissioner of
26 Education, shall establish procedures for schools to transmit
27 information attached to, included with, or provided on the school
28 lunch application form regarding the NJ FamilyCare and Medicaid
29 programs to the Department of Human Services, in order to enable
30 the department to determine eligibility for the programs.

31 (2) The commissioner or the Commissioner of Education, as
32 applicable, shall:

33 (a) make available to each elementary and secondary school,
34 licensed child care center, registered family day care home, unified
35 child care agency, local health department that provides primary care,
36 and community-based primary care provider, informational materials
37 about the program, including instructions for applying online or by
38 mail, as well as copies of the program application form.

39 The entity shall make the informational and application materials
40 available, upon request, to persons interested in the program; and

41 (b) request each entity to distribute a notice at least annually, as
42 developed by the commissioner, to households of children attending
43 or receiving its services or care, informing them about the program
44 and the availability of informational and application materials. In the
45 case of elementary and secondary schools, the information attached
46 to, included with, or incorporated into, the school lunch application
47 form for school-age children pursuant to this subparagraph shall be
48 deemed to meet the requirements of this paragraph.

1 i. Subject to federal approval, the commissioner shall, by
2 regulation, establish that in determining income eligibility for a child,
3 any gross family income above ~~200%~~ 200 percent of the poverty
4 level, up to a maximum of ~~350%~~ 350 percent of the poverty level,
5 shall be disregarded.

6 j. The commissioner shall establish a ~~NJ FamilyCare~~
7 ~~coverage~~ buy-in program, within the NJ FamilyCare program,
8 through which a parent or ~~caretaker~~ caregiver whose family
9 income exceeds ~~350%~~ 400 percent of the poverty level may
10 purchase coverage under NJ FamilyCare for a child under the age of
11 19, who is uninsured ~~and was not voluntarily disenrolled from~~
12 ~~employer-sponsored group insurance coverage within six months~~
13 ~~prior to application to the program. The program shall be known as~~
14 ~~NJ FamilyCare Advantage~~, and for whom insurance is not available
15 that covers the child, along with the parent or caregiver, for a
16 premium that costs 9.5 percent or less of the household income. The
17 commissioner shall implement the buy-in program no later than 18
18 months following the date of enactment of P.L. , c. (C.)
19 (pending before the Legislature as this bill), and may require
20 managed care organizations to participate in the buy-in program as a
21 condition of participating in NJ FamilyCare.

22 The commissioner shall establish the premium and cost sharing
23 amounts required to purchase coverage~~,~~ except that the premium
24 shall not exceed the amount the program pays per month to a
25 managed care organization under NJ FamilyCare for a child of
26 comparable age whose family income is between 200% and 350% of
27 the poverty level, plus a reasonable processing fee in the buy-in
28 program and implement such procedures as to facilitate the
29 enrollment of children under the age of 19 into the buy-in program.

30 k. The commissioner~~,~~ in consultation with the Rutgers Center
31 for State Health Policy,~~]~~ shall develop a streamlined application
32 form for the NJ FamilyCare ~~and~~, Medicaid, and buy-in programs.

33 l. ~~Subject to federal approval, the Commissioner of Human~~
34 ~~Services~~ The commissioner shall establish a hardship waiver for
35 part or all of the premium for an eligible child under the ~~NJ~~
36 ~~FamilyCare~~ buy-in program. A parent or ~~caretaker~~ caregiver may
37 apply to the commissioner for a hardship waiver in a manner and
38 form established by the commissioner. If the parent or ~~caretaker~~
39 caregiver can demonstrate to the satisfaction of the commissioner,
40 pursuant to regulations adopted by the commissioner, that payment
41 of all or part of the premium for the parent or ~~caretaker's~~
42 caregiver's child presents a hardship, the commissioner shall grant
43 the waiver for a prescribed period of time.

44 m. All types of information, whether written or oral, concerning
45 a person, made or kept by any public officer or agency in connection
46 with the administration of NJ FamilyCare and Medicaid shall be

1 confidential, and shall not be open to examination other than for
2 purposes directly connected with the administration of the programs,
3 including any investigation, prosecution, or criminal or civil
4 proceeding conducted in connection with the administration of the
5 programs.

6 n. The commissioner shall adopt rules and regulations governing
7 the custody, use, and preservation of all records, papers, files, and
8 communications pertaining to the administration of laws relating to
9 NJ FamilyCare and Medicaid. The rules and regulations may include
10 procedures for agencies, public or private, which are engaged in
11 planning, providing, or securing benefits for or on behalf of
12 recipients or applicants, to share or exchange information and to
13 make available case records for research purposes, provided that the
14 research will not result in the disclosure of the identity of applicants
15 for or recipients of those benefits. The rules and regulations
16 promulgated pursuant to this subsection shall be binding to all
17 departments, officials, and employees of the State, or any political
18 subdivision of the State.

19 (cf: P.L.2008, c.53, s.2)

20

21 4. Section 11 of P.L.2005, c.156 (C.30:4J-14) is amended to read
22 as follows:

23 11. The Commissioner of Human Services shall [report to the
24 Chairman of the Senate Health, Human Services and Senior Citizens
25 Committee and the Chairmen of the Assembly Health and Human
26 Services and Assembly Family, Women and Children's Issues
27 committees on the implementation of this act.

28 The commissioner shall] issue an interim report six months after
29 the effective date of [this act] P.L. , c. (C.) (pending before
30 the Legislature as this bill) and shall issue an annual report six
31 months later and once each year thereafter. Each report shall be
32 submitted to the Governor and to the Legislature, pursuant to section
33 2 of P.L.1991, c.164 (C.52:14-19.1), and published on the
34 department's website.

35 The [report] reports shall be prepared with input from the
36 working group established pursuant to section 27 of P.L.2008, c.38,
37 and shall include information on the department's actions, and the
38 outcomes of such actions, to make affordable, quality healthcare
39 coverage available to all children in New Jersey and the extent to
40 which coverage disparities based on income, race, ethnicity, and
41 geography have changed over the reporting period. The reports shall
42 also include the number of persons who are enrolled in the Medicaid
43 and NJ FamilyCare programs pursuant to the provisions of [this act]
44 P.L.2005, c.156 (C.30:4J-8 et al.), the cost of providing coverage for
45 these persons, the status of any Medicaid plan amendments or
46 waivers necessary for implementation of [this act] P.L.2005, c.156
47 (C.30:4J-8 et al.), the status of implementing the enrollment

1 simplification practices for both the NJ FamilyCare and Medicaid
2 programs, and such other information as the commissioner deems
3 appropriate. The commissioner may also include any
4 recommendations for legislation **【he deems】** deemed necessary to
5 further the purposes of **【this act】** P.L.2005, c.156 (C.30:4J-8 et al.).
6 (cf: P.L.2005, c.156, s.11)

7

8 5. Section 26 of P.L.2008, c.38 (C.30:4J-18) is amended to read
9 as follows:

10 26. a. The Commissioner of Human Services shall establish an
11 enhanced NJ FamilyCare outreach and enrollment initiative to
12 increase public awareness about the availability of, and benefits to
13 enrolling in, Medicaid, NJ FamilyCare, and the **【NJ FamilyCare**
14 **Advantage】** buy-in programs. The initiative shall **【include】** be
15 coordinated with any outreach efforts implemented pursuant to
16 subsection h. of section 5. of P.L. 2005, c.156 or related to enrollment
17 in the State’s health insurance Exchange established pursuant to the
18 federal “Patient Protection and Affordable Care Act,” Pub.L.111-
19 148, as amended by the "Health Care and Education Reconciliation
20 Act of 2010," Pub.L.111-152, and shall include:

21 (1) the provision of training to Exchange enrollment assistors,
22 local officials, and any other pertinent staff, as determined by the
23 commissioner, on the eligibility requirements of the NJ FamilyCare
24 program and how to enroll children in the program;

25 (2) culturally sensitive, Statewide and local media public
26 awareness campaigns addressing the availability of health care
27 coverage for parents and children under the Medicaid and NJ
28 FamilyCare programs and health care coverage for children under the
29 **【NJ FamilyCare Advantage】** buy-in program**【.The initiative shall**
30 **also include】**; and

31 (3) the provision of training and support services, upon request, to
32 community groups, legislative district offices, and community-based
33 health care providers to enable these parties to assist in enrolling
34 parents and children in the applicable programs.

35 b. In order to fulfill the provisions of subsection a. of this
36 section, there is appropriated to the Department of Human Services:

37 (1) \$2 million from the General Fund for the purposes of funding
38 the outreach efforts of community-based providers who enroll
39 children in Medicaid, NJ FamilyCare, and the buy-in programs. The
40 goal of this appropriation is to enroll as many uninsured children as
41 possible in these programs. Providers shall be required to meet
42 performance standards, as established by the commissioner, in order
43 to receive funds appropriated under this paragraph.

44 (2) \$1 million from the General Fund for the purposes of funding
45 demonstration projects, implemented in cooperation with public
46 health agencies, schools, and other local entities, aimed at providing
47 health care for children whose parents or caregivers will not enroll

1 them in Medicaid and NJ FamilyCare and who are likely eligible for
2 those programs.

3 (cf: P.L.2008, c.38, s.26)

4

5 6. Section 27 of P.L.2008, c.38 (C.30:4J-19) is amended to read
6 as follows:

7 27. The Commissioner of Human Services shall establish an
8 Outreach, Enrollment, and Retention Working Group to develop a
9 plan to carry out ongoing and sustainable measures to strengthen
10 outreach to low and moderate income families who may be eligible
11 for Medicaid, NJ FamilyCare, or **【NJ FamilyCare Advantage】** the
12 buy-in programs, to maximize enrollment in these programs, and to
13 ensure retention of enrollees in these programs.

14 a. The members of the working group shall include:

15 (1) The Commissioners of Human Services, Health, Banking and
16 Insurance, Children and Families, Labor and Workforce
17 Development, Education, and Community Affairs, and the Secretary
18 of Agriculture, or their designees, who shall serve ex officio; and

19 (2) **【Six】** Ten public members appointed by the Commissioner of
20 Human Services who shall include: one person who represents racial
21 and ethnic minorities in this State; one person who represents
22 managed care organizations that participate in the Medicaid and NJ
23 FamilyCare programs; one person who represents the vendor under
24 contract with the Division of Medical Assistance and Health Services
25 to provide NJ FamilyCare eligibility, enrollment, and health benefit
26 coordinator services to the division; one person who represents New
27 Jersey Policy Perspective; one person who represents the Advocates
28 for Children of New Jersey; **【and】** one person who represents Legal
29 Services of New Jersey; one person who represents the New Jersey
30 Health Care Quality Institute; one person who represents county
31 navigators; one person who represents the New Jersey for Health
32 Care coalition; and one person who represents the New Jersey
33 Alliance for Immigrant Justice.

34 b. As part of the plan, the working group shall:

35 (1) determine if there are obstacles to enrollment of minorities in
36 the State in the Medicaid, NJ FamilyCare, and **【NJ FamilyCare**
37 **Advantage】** buy-in programs due to ethnic and cultural differences
38 and, if so, develop strategies for the Department of Human Services
39 to overcome these obstacles and increase enrollment among
40 minorities;

41 (2) recommend outreach strategies to identify and enroll all
42 eligible children in the Medicaid, NJ FamilyCare, and **【NJ**
43 **FamilyCare Advantage】** buy-in programs and to retain enrollment of
44 children and their parents in the programs;

45 (3) establish monthly enrollment goals for the number of children
46 who need to be enrolled in the Medicaid, NJ FamilyCare, and **【NJ**
47 **FamilyCare Advantage】** buy-in programs in order to ensure that as

1 many children as possible who are eligible for these programs are
2 enrolled within a reasonable period of time, in accordance with the
3 mandate established pursuant to section 2 of P.L.2008, c.38 (C.26:15-
4 2); and

5 (4) make such other recommendations to the Commissioner of
6 Human Services as the working group determines necessary and
7 appropriate to achieve the purposes of this section.

8 c. The working group shall organize **【as soon as practicable**
9 **following the appointment of its members and】** and hold a meeting
10 no later than 60 days following the date of enactment of P.L. _____,
11 c. (C. _____) (pending before the Legislature as this bill), and shall
12 meet at least twice annually thereafter. The working group shall
13 select a chairperson and vice-chairperson from among the members.
14 The chairperson shall appoint a secretary who need not be a member
15 of the working group.

16 (1) The public members shall serve without compensation, but
17 shall be reimbursed for necessary expenses incurred in the
18 performance of their duties and within the limits of funds available
19 to the working group.

20 (2) The working group shall be entitled to call to its assistance
21 and avail itself of the services of the employees of any State, county,
22 or municipal department, board, bureau, commission, or agency as it
23 may require and as may be available to it for its purposes.

24 d. **【Upon completion of the plan, the working group shall report**
25 **on its activities to the chairperson of the Senate and Assembly**
26 **standing reference committees on health and human services, and**
27 **include a copy of the plan and any recommendations for legislative**
28 **action it deems appropriate.】** (Deleted by amendment, P.L. _____,
29 c. (C. _____)(pending before the Legislature as this bill).)

30 e. **【The Commissioner of Human Services shall post the plan on**
31 **the department's Internet website and include a table showing the**
32 **monthly enrollment goals established in the plan and the actual new**
33 **and continued enrollments for that month. The commissioner shall**
34 **update the table monthly.】** (Deleted by amendment, P.L. _____,
35 c. (C. _____)(pending before the Legislature as this bill).)

36 f. The Department of Human Services shall provide staff
37 support to the working group.

38 (cf: P.L.2012, c.17, s.397)

39

40 7. Section 2 of P.L.1997, c.352 (C.30:4D-6f) is amended to read
41 as follows:

42 2. a. An eligible alien, as defined in section 3 of P.L.1968, c.413
43 **【(C.30:4D-1 et seq.)】** (C.30:4D-3), who 【otherwise】 meets all
44 relevant eligibility criteria 【therefor is】 for medical assistance under
45 section 6 of P.L.1968, c.413 (C.30:4D-6), shall be entitled to receive
46 such medical assistance 【provided pursuant to section 6 of P.L.1968,
47 c.413 (C.30:4D-6). An alien who】.

1 b. If a resident of New Jersey, 19 years of age or older, does
2 not qualify for medical assistance as an eligible alien [but who is a
3 resident of New Jersey and] under subsection a. of this section, and
4 the resident, but for their immigration status, would otherwise be
5 eligible for medical assistance provided pursuant to section 6 of
6 P.L.1968, c.413 [is] (C.30:4D-6), such resident shall be entitled only
7 to receive emergency medical assistance in accordance with the
8 provisions of this subsection. Any medical assistance provided under
9 this subsection shall be limited to the care and services that are
10 necessary for the treatment of an emergency medical condition , as
11 defined in section 1903(v)(3) of the federal Social Security Act (42
12 U.S.C. s.1396b(v)(3)).

13 c. (1) Notwithstanding the provisions of subsection b. of this
14 section to the contrary, if a resident of New Jersey is under 19 years
15 of age, does not qualify for medical assistance as an eligible alien
16 under subsection a. of this section, and would, but for their
17 immigration status, otherwise be eligible for medical assistance
18 provided pursuant to section 6 of P.L.1968, c.413 (C.30:4D-6), the
19 resident shall be entitled to receive the full scope of medical
20 assistance benefits provided pursuant to section 6 of P.L.1968, c.413
21 (C.30:4D-6), and shall not be subject to the restrictive provisions of
22 subsection b. of this section. The commissioner shall ensure that any
23 resident under 19 years of age who is enrolled in restricted-scope
24 Medicaid under subsection b. of this section, is transitioned to full-
25 scope Medicaid coverage within 30 days after the date of enactment
26 of P.L. , c. (C.)(pending before the Legislature as this bill).

27 (2) To the extent allowable, the commissioner shall attempt to
28 maximize federal financial participation in implementing the
29 provisions of this subsection, and shall seek any federal approvals as
30 may be necessary to secure such federal financial participation. If
31 federal financial participation is not available, the benefits and
32 services provided under this subsection shall be funded with State
33 funds only.

34 (3) This subsection shall be implemented only to the extent that
35 it is in compliance with the provisions of section 411(d) of the
36 Personal Responsibility and Work Opportunity Reconciliation Act of
37 1996 (8 U.S.C. s.1621(d)).

38 (cf: P.L.1997, c.352, s.2)

39

40 8. Section 2 of P.L.2008, c.38 (C.26:15-2) is amended to read as
41 follows:

42 2. a. Beginning one year after the date of enactment of [this act]
43 P.L.2008, c.38 (C.26:15-1 et seq.), all residents of this State 18 years
44 of age and younger shall obtain and maintain health care coverage
45 that provides hospital and medical benefits. The coverage may be
46 provided through an employer-sponsored or individual health
47 benefits plan, the Medicaid program, or NJ FamilyCare Program[, or

1 the NJ FamilyCare Advantage buy-in program]. Beginning 18
2 months after the date of enactment of P.L. , c. (C.)(pending
3 before the Legislature as this bill), coverage may also be provided
4 through the buy-in program.

5 b. As used in this section:

6 "Medicaid" means the New Jersey Medical Assistance and Health
7 Services Program established pursuant to P.L.1968, c.413 (C.30:4D-
8 1 et seq.).

9 "NJ FamilyCare" means the NJ FamilyCare Program established
10 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

11 **["NJ FamilyCare Advantage"]** "Buy-in program" means the
12 **[buy-in] program [established], within the NJ FamilyCare program,**
13 through which a parent or caregiver whose family income exceeds
14 400 percent of the poverty level may purchase coverage under NJ
15 FamilyCare for a child under the age of 19, pursuant to subsection j.
16 of section 5 of P.L.2005, c.156 (C.30:4J-12).

17

18 9. This act shall take effect on July 1, 2020.

19

20

21

STATEMENT

22

23 This bill amends various parts of statutory law, and expands NJ
24 FamilyCare to ensure healthcare benefits are available to all
25 uninsured children under 19 years of age who live in New Jersey.
26 The bill also amends statutes regarding reporting requirements,
27 outreach and enrollment, and confidentiality and record use within
28 NJ FamilyCare. NJ FamilyCare is the State's publicly funded health
29 insurance program, and includes the Children's Health Insurance
30 Program (CHIP) and Medicaid. As such, this bill also amends the NJ
31 FamilyCare law to reflect the current standards for a "qualified
32 applicant" under CHIP and Medicaid.

33

Outreach and Enrollment

34 The bill revises the law regarding the NJ FamilyCare outreach and
35 enrollment initiative and the Outreach, Enrollment, and Retention
36 Working Group. All references to the NJ FamilyCare Advantage
37 program also have been replaced to indicate the establishment of the
38 buy-in program, pursuant to this bill.

39 Pursuant to existing law, and unchanged by the bill, the
40 commissioner is directed to establish an enhanced NJ FamilyCare
41 outreach and enrollment initiative to increase public awareness about
42 the availability of, and benefits to enrolling in, Medicaid, NJ
43 FamilyCare, and the buy-in program, including culturally sensitive,
44 Statewide and local media public awareness campaigns and the
45 provision of training and support services to enable certain entities to
46 assist in enrollment activities.
47

1 Under the bill, the initiative is also to be coordinated with any
2 outreach efforts related to: 1) the ongoing enrollment initiative
3 coordinated in consultation with the Commissioner of Education,
4 pursuant to subsection h. of section 5. of P.L. 2005, c.156; or 2)
5 enrollment in the State's health insurance Exchange established
6 pursuant to the federal "Patient Protection and Affordable Care Act,"
7 Pub.L.111-148, as amended by the "Health Care and Education
8 Reconciliation Act of 2010," Pub.L.111-152. Furthermore, the
9 initiative is to include the provision of training to Exchange
10 enrollment assistors, local officials, and any other pertinent staff, as
11 determined by the commissioner, on the eligibility requirements of
12 NJ FamilyCare and how to enroll children in the program.

13 In order to fulfill the provisions of the enhanced NJ FamilyCare
14 outreach and enrollment initiative, the bill appropriates a total of \$3
15 million to the Department of Human Services from the General Fund.
16 Of the \$3 million, \$2 million is for funding the outreach efforts of
17 community-based providers who enroll children in Medicaid, NJ
18 FamilyCare, and the buy-in program. The goal of this appropriation
19 is to enroll as many uninsured children as possible in these programs.
20 Providers are required to meet performance standards, as established
21 by the commissioner, in order to receive such appropriated funds.

22 The remainder of the appropriation is to fund demonstration
23 projects, implemented in cooperation with public health agencies,
24 schools, and other local entities, aimed at providing health care for
25 children whose parents or caregivers will not enroll them in Medicaid
26 and NJ FamilyCare and who are likely eligible for those programs.

27 In addition to the enhanced NJ FamilyCare outreach and
28 enrollment initiative, existing law requires the commissioner to
29 establish an Outreach, Enrollment, and Retention Working Group.
30 Pursuant to section 27 of P.L.2008, c.38, and unchanged by the bill,
31 the goal of the working group is to develop a plan to carry out
32 ongoing and sustainable measures to strengthen outreach to low and
33 moderate income families who may be eligible for Medicaid, NJ
34 FamilyCare, or the buy-in program; to maximize enrollment in these
35 programs; and to ensure retention of enrollees in these programs. The
36 Working Group last submitted a report in May of 2009.

37 In addition to the six ex-officio members and six public members
38 of the working group currently required under statute, the bill adds
39 the Commissioner of Children and Families as an ex-officio member
40 and the following three public members: one person who represents
41 the New Jersey Health Care Quality Institute; one person who
42 represents county navigators; one person who represents the New
43 Jersey for Health Care coalition; and one person who represents the
44 New Jersey Alliance for Immigrant Justice. Furthermore, the bill
45 directs the working group to organize and hold a meeting no later
46 than 60 days following the date of enactment of the bill, and to meet
47 at least twice annually thereafter.

1 Under the bill, the commissioner is also directed to provide
2 information regarding other health care programs for which an
3 enrollee may be eligible to any enrollee terminated from the program.
4

5 Expansion on NJ FamilyCare

6 The bill provides for the expansion of the NJ FamilyCare program
7 via three main provisions. First, the bill eliminates language under
8 section 4 of P.L.2005, c.156 (C.30:4J-11) which requires a child
9 under 19 years of age to be a citizen of United States or lawfully
10 permitted residence into the United States in order to be a qualified
11 applicant under NJ FamilyCare. The Commissioner of Human
12 Services is to establish regulations to govern the administration of NJ
13 FamilyCare and Medicaid as it pertains to a qualified applicant whose
14 immigration status in the United States requires the applicant's non-
15 emergency health care services to be funded with State funds only.

16 The bill also amends section 2 of P.L.1997, c.352 (C.30:4D-6f) to
17 expressly authorize a resident of New Jersey who is under 19 years
18 of age, does not qualify for medical assistance as an eligible alien as
19 defined under current State law, and would, but for their immigration
20 status, otherwise be eligible for medical assistance provided under
21 Medicaid to obtain full medical assistance coverage under Medicaid.
22 The bill directs the commissioner to attempt to maximize federal
23 financial participation in expanding the provision of medical
24 assistance to such children; however, if federal financial participation
25 is not available, any such medical assistance would be financed with
26 State funds only. All residents, 19 years of age or older, who would,
27 but for their immigration status, otherwise be eligible for medical
28 assistance provided under Medicaid would remain ineligible for
29 medical assistance, except in relation to the treatment of an
30 emergency medical condition, as provided for under existing State
31 and federal law. These provisions of the bill would be implemented
32 only to the extent that they are in compliance with the applicable
33 provisions of federal law.

34 Second, the bill expands NJ FamilyCare to include a buy-in option
35 through which a parent or caregiver whose family income exceeds
36 400 percent of the poverty level may purchase coverage under NJ
37 FamilyCare for a child under the age of 19, who is uninsured, and for
38 whom insurance is not available that covers the child, along with the
39 parent or caregiver, for a premium that costs 9.5 percent or less of
40 the household income. Currently, statutory law provides for the NJ
41 FamilyCare Advantage program, a buy-in program for health
42 coverage through which a parent or caregiver whose family income
43 exceeds 350 percent of the poverty level may purchase coverage
44 under NJ FamilyCare for an uninsured child under the age of 19.
45 Horizon Blue Cross Blue Shield of New Jersey, which offered and
46 administered the NJ FamilyCare Advantage program, ceased offering
47 the plan in 2014. Under the bill, the commissioner is required to
48 implement the new buy-in program no later than 18 months following

1 the date of enactment of this bill and may require managed care
2 organizations to participate in the buy-in program as a condition for
3 participating in NJ FamilyCare.

4 Regarding the buy-in program, the commissioner is required to: 1)
5 establish the premium and cost sharing amounts required to purchase
6 coverage in the program; 2) implement such procedures as to
7 facilitate the enrollment of children under the age of 19 into the buy-
8 in program; 3) develop a streamlined application form for NJ
9 FamilyCare, Medicaid, and the buy-in program; and 4) establish a
10 hardship waiver for part or all of the premium for an eligible child
11 under the program

12 And third, except as provided under the buy-in program, the bill
13 prohibits the establishment of premiums under NJ FamilyCare.

14

15 Reporting Requirements

16 The bill amends N.J.S.A.30:4J-14 and requires the commissioner,
17 with input from Outreach, Enrollment, and Retention Working Group
18 established pursuant to section 27 of P.L.2008, c.38, and as amended
19 by this bill, to issue an interim report six months after the effective
20 date of the bill, and to issue an annual report six months later and
21 once each year thereafter. Each report is to be submitted to the
22 Governor and to the Legislature, and published on the department's
23 website.

24 The reports are required to include information on the
25 department's actions, and the outcomes of such actions, to make
26 affordable, quality healthcare coverage available to all children in
27 New Jersey and the extent to which coverage disparities based on
28 income, race, ethnicity, and geography have changed over the
29 reporting period. Existing law also requires the reports to include the
30 number of persons who are enrolled in Medicaid and NJ FamilyCare,
31 the cost of providing coverage for these persons, the status of any
32 Medicaid plan amendments or waivers necessary for implementation
33 of NJ FamilyCare, the status of implementing the enrollment
34 simplification practices for both NJ FamilyCare and Medicaid, and
35 such other information as the commissioner deems appropriate. The
36 commissioner may also include any recommendations for legislation
37 deemed necessary to further the purposes of NJ FamilyCare.

38

39 Confidentiality and Records Use

40 Under the bill, all types of information, whether written or oral,
41 concerning a person, made or kept by any public officer or agency in
42 connection with the administration of NJ FamilyCare and Medicaid
43 shall be confidential, and is not to be open to examination other than
44 for purposes directly connected with the administration of NJ
45 FamilyCare and Medicaid, including any investigation, prosecution,
46 or criminal or civil proceeding conducted in connection with the
47 administration of the programs.

1 Furthermore, the commissioner is required to adopt rules and
2 regulations governing the custody, use, and preservation of all
3 records, papers, files, and communications pertaining to the
4 administration of laws relating to NJ FamilyCare and Medicaid. The
5 rules and regulations may include procedures for agencies, public or
6 private, which are engaged in planning, providing, or securing
7 benefits for or on behalf of recipients or applicants, to share or
8 exchange information and to make available case records for research
9 purposes, provided that the research will not result in the disclosure
10 of the identity of applicants for or recipients of those benefits. Under
11 the bill such rules and regulations are binding to all departments,
12 officials, and employees of the State, or any political subdivision of
13 the State.