

[First Reprint]

ASSEMBLY, No. 5805

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JUNE 1, 2021

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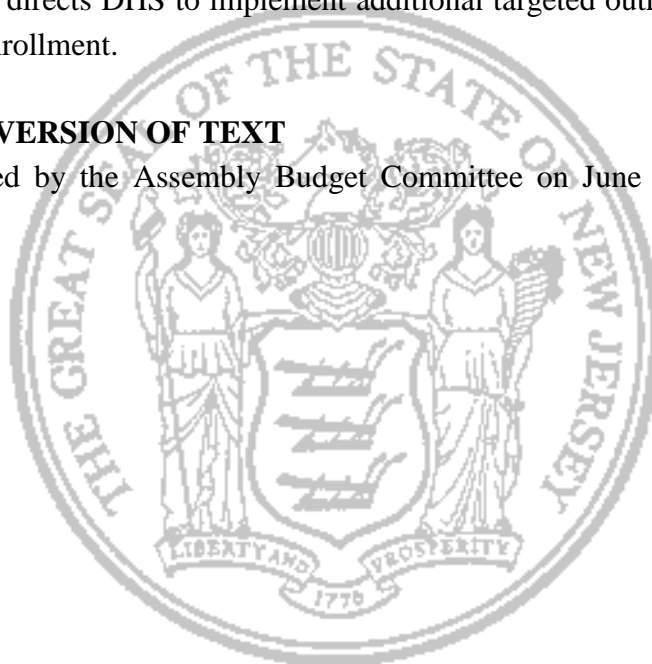
**Assemblywomen Speight, Vainieri Huttie, Murphy, Assemblyman
Wimberly, Assemblywomen Reynolds-Jackson and Lampitt**

SYNOPSIS

Eliminates premiums and waiting periods for certain NJ FamilyCare enrollees and directs DHS to implement additional targeted outreach initiatives to increase enrollment.

CURRENT VERSION OF TEXT

As reported by the Assembly Budget Committee on June 22, 2021, with amendments.



(Sponsorship Updated As Of: 6/24/2021)

1 AN ACT concerning NJ FamilyCare ¹**[,] and**¹ amending P.L.2005,
 2 c.156 and P.L.2008, c.38 ¹**[,] and making an appropriation**¹ .

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

6
 7 1. Section 5 of P.L.2005, c.156 (C.30:4J-12) is amended to
 8 read as follows:

9 5. a. The purpose of the program shall be to provide
 10 subsidized health insurance coverage, and other health care benefits
 11 as determined by the commissioner, to children under 19 years of
 12 age and their parents or caretakers and to adults without dependent
 13 children, within the limits of funds appropriated or otherwise made
 14 available for the program.

15 The program **shall** may require families to pay copayments
 16 **[and make premium contributions, based upon a sliding income**
 17 **scale]**. The program shall include the provision of well-child and
 18 other preventive services, hospitalization, physician care, laboratory
 19 and x-ray services, prescription drugs, mental health services, and
 20 other services as determined by the commissioner.

21 b. The commissioner shall take such actions as are necessary to
 22 implement and operate the program in accordance with the State
 23 Children's Health Insurance Program established pursuant to 42
 24 U.S.C.s.1397aa et seq.

25 c. The commissioner:

26 (1) shall, by regulation, establish standards for determining
 27 eligibility and other program requirements **[,] including, but not**
 28 **limited to, restrictions on voluntary disenrollments from existing**
 29 **health insurance coverage]**;

30 (2) shall require that a parent or caretaker who is a qualified
 31 applicant purchase coverage, if available, through an employer-
 32 sponsored health insurance plan which is determined to be cost-
 33 effective and is approved by the commissioner, and shall provide
 34 assistance to the qualified applicant to purchase that coverage,
 35 except that the provisions of this paragraph shall not be construed to
 36 require an employer to provide health insurance coverage for any
 37 employee or employee's spouse or dependent child;

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

42 (4) shall establish, by regulation, other requirements for the
 43 program, including, but not limited to, **[premium payments and]**
 44 **copayments [, and]** . Except as may be required for the NJ
 45 FamilyCare Advantage program established pursuant to subsection

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.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly ABU committee amendments adopted June 22, 2021.

1 j. of this section, premiums shall not be established within the
2 program. The commissioner may contract with one or more
3 appropriate entities, including managed care organizations, to assist
4 in administering the program. The period for which eligibility for
5 the program is determined shall be the maximum period permitted
6 under federal law.

7 d. The commissioner shall establish procedures for determining
8 eligibility, which shall include, at a minimum, the following
9 enrollment simplification practices:

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

12 (2) Require new applicants to submit one recent pay stub from
13 the applicant's employer, or, if the applicant has more than one
14 employer, one from each of the applicant's employers, to verify
15 income. In the event the applicant cannot provide a recent pay stub,
16 the applicant may submit another form of income verification as
17 deemed appropriate by the commissioner. If an applicant does not
18 submit income verification in a timely manner, before determining
19 the applicant ineligible for the program, the commissioner shall
20 seek to verify the applicant's income by reviewing available
21 Department of the Treasury and Department of Labor and
22 Workforce Development records concerning the applicant, and such
23 other records as the commissioner determines appropriate.

24 The commissioner shall establish retrospective auditing or
25 income verification procedures, such as sample auditing and
26 matching reported income with records of the Department of the
27 Treasury and the Department of Labor and Workforce Development
28 and such other records as the commissioner determines appropriate.

29 In matching reported income with confidential records of the
30 Department of the Treasury, the commissioner shall require an
31 applicant to provide written authorization for the Division of
32 Taxation in the Department of the Treasury to release applicable tax
33 information to the commissioner for the purposes of establishing
34 income eligibility for the program. The authorization, which shall
35 be included on the program application form, shall be developed by
36 the commissioner, in consultation with the State Treasurer;

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

41 (4) Continuous enrollment;

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

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

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

6 e. The commissioner shall take, or cause to be taken, any
7 action necessary to secure for the State the maximum amount of
8 federal financial participation available with respect to the program,
9 subject to the constraints of fiscal responsibility and within the
10 limits of available funding in any fiscal year. In this regard,
11 notwithstanding the definition of "qualified applicant," the
12 commissioner may enroll in the program such children or their
13 parents or caretakers who may otherwise be eligible for the
14 Medicaid program in order to maximize use of federal funds that
15 may be available pursuant to 42 U.S.C. s.1397aa et seq.

16 f. **【Subject to federal approval, a child shall be determined**
17 **ineligible for the program if the child was voluntarily disenrolled**
18 **from employer-sponsored group insurance coverage within six**
19 **months prior to application to the program】** No child who applies
20 for enrollment in the program who otherwise meets the eligibility
21 criteria for enrollment shall be denied immediate enrollment for any
22 reason. In no case shall any qualified applicant for enrollment be
23 subject to a waiting period prior to enrollment.

24 g. The commissioner shall provide, by regulation, for
25 presumptive eligibility for the program in accordance with the
26 following provisions:

27 (1) A child who presents **【himself】** for treatment at a general
28 hospital, federally qualified or community health center, local
29 health department that provides primary care, or other State
30 licensed community-based primary care provider shall be deemed
31 presumptively eligible for the program if a preliminary
32 determination by hospital, health center, local health department or
33 licensed health care provider staff indicates that the child meets
34 program eligibility standards and is a member of a household with
35 an income that does not exceed **【350%】** 350 percent of the poverty
36 level;

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

40 (3) The parent or caretaker of a child deemed presumptively
41 eligible pursuant to this subsection shall be required to submit a
42 completed application for the program no later than the end of the
43 month following the month in which presumptive eligibility is
44 determined;

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

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

4 h. The commissioner, in consultation with the Commissioner of
5 Education, shall administer an ongoing enrollment initiative to
6 provide outreach to children throughout the State who may be
7 eligible for the program.

8 (1) With respect to school-age children, the commissioner, in
9 consultation with the Commissioner of Education and the Secretary
10 of Agriculture, shall develop a form that provides information about
11 the NJ FamilyCare and Medicaid programs and provides an
12 opportunity for the parent or guardian who signs the school lunch
13 application form to give consent for information to be shared with
14 the Department of Human Services for the purpose of determining
15 eligibility for the programs. The form shall be attached to, included
16 with, or incorporated into, the school lunch application form.

17 The commissioner, in consultation with the Commissioner of
18 Education, shall establish procedures for schools to transmit
19 information attached to, included with, or provided on the school
20 lunch application form regarding the NJ FamilyCare and Medicaid
21 programs to the Department of Human Services, in order to enable
22 the department to determine eligibility for the programs.

23 (2) The commissioner or the Commissioner of Education, as
24 applicable, shall:

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

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

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

43 i. Subject to federal approval, the commissioner shall, by
44 regulation, establish that in determining income eligibility for a
45 child, any gross family income above ~~200%~~ 200 percent of the
46 poverty level, up to a maximum of ~~350%~~ 350 percent of the
47 poverty level, shall be disregarded.

1 j. The commissioner shall establish a NJ FamilyCare coverage
2 buy-in program [through which a parent or caretaker whose family
3 income exceeds 350% of the poverty level may purchase coverage
4 under NJ FamilyCare for a child under the age of 19, who is
5 uninsured and was not voluntarily disenrolled from employer-
6 sponsored group insurance coverage within six months prior to
7 application to the program. The program] , which shall be known
8 as NJ FamilyCare Advantage.

9 The commissioner shall establish the premium and cost sharing
10 amounts required to purchase coverage, except that the premium
11 shall not exceed the amount the program pays per month to a
12 managed care organization under NJ FamilyCare for a child of
13 comparable age whose family income is [between 200% and
14 350%] less than 350 percent of the poverty level, plus a reasonable
15 processing fee.

16 k. The commissioner, in consultation with the Rutgers Center
17 for State Health Policy, shall develop a streamlined application
18 form for the NJ FamilyCare and Medicaid programs.

19 l. [Subject to federal approval, the] The Commissioner of
20 Human Services shall establish a hardship waiver for part or all of
21 [the] any premium [for an eligible child under the NJ FamilyCare
22 program] authorized under this section. A parent or caretaker may
23 apply to the commissioner for a hardship waiver in a manner and
24 form established by the commissioner. If the parent or caretaker
25 can demonstrate to the satisfaction of the commissioner, pursuant to
26 regulations adopted by the commissioner, that payment of all or part
27 of the premium for the parent or caretaker's child presents a
28 hardship, the commissioner shall grant the waiver for a prescribed
29 period of time.

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

31
32 ¹[2.Section 11 of P.L.2005, c.156 (C.30:4J-14) is amended to
33 read as follows:

34 11. The Commissioner of Human Services shall [report to the
35 Chairman of the Senate Health, Human Services and Senior
36 Citizens Committee and the Chairmen of the Assembly Health and
37 Human Services and Assembly Family, Women and Children's
38 Issues committees on the implementation of this act.

39 The commissioner shall] issue an interim report six months after
40 the effective date of [this act] P.L. , c. (C.) (pending
41 before the Legislature as this bill) and shall issue an annual report
42 six months later and once each year thereafter. Each report shall be
43 submitted to the Governor and to the Legislature, pursuant to
44 section 2 of P.L.1991, c.164 (C.52:14-19.1), and published on the
45 department's Internet website.

46 The [report] reports shall be prepared with input from the
47 working group established pursuant to section 27 of P.L.2008, c.38

1 (C.30:4J-19), and shall include information on the department's
 2 actions, and the outcomes of such actions, to make affordable,
 3 quality healthcare coverage available to all children in New Jersey
 4 and the extent to which coverage disparities based on income, race,
 5 ethnicity, and geography have changed over the reporting period.
 6 The reports shall also include the number of persons who are
 7 enrolled in the Medicaid and NJ FamilyCare programs pursuant to
 8 the provisions of [this act] P.L.2005, c.156 (C.30:4J-8 et al.), the
 9 cost of providing coverage for these persons, the status of any
 10 Medicaid plan amendments or waivers necessary for
 11 implementation of [this act] P.L.2005, c.156 (C.30:4J-8 et al.), the
 12 status of implementing the enrollment simplification practices for
 13 both the NJ FamilyCare and Medicaid programs, and such other
 14 information as the commissioner deems appropriate. The
 15 commissioner may also include any recommendations for
 16 legislation [he deems] deemed necessary to further the purposes of
 17 [this act] P.L.2005, c.156 (C.30:4J-8 et al.).
 18 (cf: P.L.2005, c.156, s.11)]¹
 19

20 ¹**[3.] 2.**¹ Section 26 of P.L.2008, c.38 (C.30:4J-18) is amended
 21 to read as follows:

22 26. ¹**[a.]**¹ The Commissioner of Human Services shall establish
 23 an enhanced NJ FamilyCare outreach and enrollment initiative to
 24 increase public awareness about the availability of, and benefits to
 25 enrolling in, Medicaid, NJ FamilyCare, and the NJ FamilyCare
 26 Advantage buy-in programs. The initiative shall **[include]** be
 27 coordinated with any outreach efforts implemented pursuant to
 28 subsection h. of section 5 of P.L. 2005, c.156 (C.30:4J-12) or related to
 29 enrollment in the State's health insurance Exchange established
 30 pursuant to the federal "Patient Protection and Affordable Care Act,"
 31 Pub.L.111-148, as amended by the "Health Care and Education
 32 Reconciliation Act of 2010," Pub.L.111-152, and shall include:

33 ¹**[(1)] a.** providing input to the Commissioner of Banking and
 34 Insurance for¹ the provision of training to Exchange enrollment
 35 assistors, ¹and, as determined by the commissioner, the provision of
 36 training to¹ local officials ¹[.]¹ and any other pertinent staff ¹[., as
 37 determined by the commissioner.]¹ on the eligibility requirements of
 38 the NJ FamilyCare program and how to enroll children in the program;

39 ¹**[(2)] b.**¹ culturally sensitive, Statewide and local media public
 40 awareness campaigns addressing the availability of health care
 41 coverage for parents and children under the Medicaid and NJ
 42 FamilyCare programs and health care coverage for children under the
 43 NJ FamilyCare Advantage buy-in program **[The initiative shall also**
 44 include] ; and

45 ¹**[(3)] c.**¹ the provision of training and support services, upon
 46 request, to community groups, legislative district offices, and

1 community-based health care providers to enable these parties to assist
2 in enrolling parents and children in the applicable programs.

3 ¹**[b.]** The Department of Banking and Insurance, in
4 consultation with the Commissioner of Human Services, shall take
5 steps to ensure the full incorporation of the Medicaid, NJ FamilyCare
6 and NJ FamilyCare Advantage Programs on the State's health
7 insurance Exchange and the individual health coverage marketplace.
8 In order to ensure that Medicaid and NJ FamilyCare eligibility is
9 properly evaluated, plan comparison and cost tools shall solicit current
10 expected monthly income in lieu of or in addition to annual income.]¹

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

12
13 ¹**[4.] 3.**¹ Section 27 of P.L.2008, c.38 (C.30:4J-19) is amended
14 to read as follows:

15 27. The Commissioner of Human Services shall establish an
16 Outreach, Enrollment, and Retention Working Group to develop a
17 plan to carry out ongoing and sustainable measures to strengthen
18 outreach to low and moderate income families who may be eligible
19 for Medicaid, NJ FamilyCare, or NJ FamilyCare Advantage, to
20 maximize enrollment in these programs, and to ensure retention of
21 enrollees in these programs.

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

23 (1) The Commissioners of Human Services, Health, Banking
24 and Insurance, Children and Families, Labor and Workforce
25 Development, Education, and Community Affairs, and the
26 Secretary of Agriculture, or their designees, who shall serve ex
27 officio; and

28 (2) **[Six]** Ten public members appointed by the Commissioner
29 of Human Services who shall include: one person who represents
30 racial and ethnic minorities in this State; one person who represents
31 managed care organizations that participate in the Medicaid and NJ
32 FamilyCare programs; one person who represents the vendor under
33 contract with the Division of Medical Assistance and Health
34 Services to provide NJ FamilyCare eligibility, enrollment, and
35 health benefit coordinator services to the division; one person who
36 represents New Jersey Policy Perspective; one person who
37 represents the Advocates for Children of New Jersey; **[and]** one
38 person who represents Legal Services of New Jersey; one person
39 who represents the New Jersey Health Care Quality Institute; one
40 person who represents county navigators; and two people who
41 represent the New Jersey for Health Care coalition.

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

43 (1) determine if there are obstacles to enrollment of minorities
44 in the State in the Medicaid, NJ FamilyCare, and NJ FamilyCare
45 Advantage programs due to ethnic and cultural differences and, if
46 so, develop strategies for the Department of Human Services to

1 overcome these obstacles and increase enrollment among
2 minorities;

3 (2) recommend outreach strategies to identify and enroll all
4 eligible children in the Medicaid, NJ FamilyCare, and NJ
5 FamilyCare Advantage programs and to retain enrollment of
6 children and their parents in the programs;

7 (3) establish monthly enrollment goals for the number of
8 children who need to be enrolled in Medicaid, NJ FamilyCare, and
9 NJ FamilyCare Advantage in order to ensure that as many children
10 as possible who are eligible for these programs are enrolled within a
11 reasonable period of time, in accordance with the mandate
12 established pursuant to section 2 of P.L.2008, c.38 (C.26:15-2); and

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

16 c. The working group shall organize **as soon as practicable**
17 **following the appointment of its members and** and hold a meeting
18 no later than 60 days following the date of enactment of P.L. ,
19 c. (C.) (pending before the Legislature as this bill). The
20 working group shall select a chairperson and vice-chairperson from
21 among the members. The chairperson shall appoint a secretary who
22 need not be a member of the working group.

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

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

32 d. Upon completion of the plan, the working group shall report
33 on its activities to the chairperson of the Senate and Assembly
34 standing reference committees on health and human services, and
35 include a copy of the plan and any recommendations for legislative
36 action it deems appropriate.

37 e. The Commissioner of Human Services shall post the plan on
38 the department's Internet website and include a table showing the
39 monthly enrollment goals established in the plan and the actual new
40 and continued enrollments for that month. The commissioner shall
41 update the table monthly.

42 f. The Department of Human Services shall provide staff
43 support to the working group.
44 (cf: P.L.2012, c.17, s.397)

45
46 ¹**5.4.1** (New section) There ¹**is appropriated** shall be an
47 annual appropriation¹ from the General Fund to the Department of

1 Human Services ¹in¹ the sum of \$20,000,000 for the purposes of
2 implementing the provisions of this act.

3

4 ¹**[6.]** 5.¹ (New section) The Commissioner of Human
5 Services may adopt rules and regulations, pursuant to the
6 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
7 seq.), as shall be necessary to implement the provisions of this act.

8

9 ¹**[7.]** 6.¹ (New section) The Commissioner of Human
10 Services shall apply for such State plan amendments or waivers as
11 may be necessary to implement the provisions of this act and to
12 secure federal financial participation for State Medicaid
13 expenditures under the federal Medicaid program and for NJ
14 FamilyCare expenditures under the State Children's Health
15 Insurance Program pursuant to 42 U.S.C. s.1397aa et seq.

16

17 ¹**[8.]** 7.¹ This act shall take immediately.