

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5805

STATE OF NEW JERSEY

DATED: JUNE 2, 2021

The Assembly Health Committee reports favorably Assembly Bill No. 5805.

This bill revises certain requirements concerning enrollment in the NJ FamilyCare program, including expanding eligibility, establishing additional outreach requirements, and revising reporting requirements under the program. The bill appropriates \$20 million to implement its provisions.

The bill generally prohibits requiring enrollees in NJ FamilyCare to pay premiums as a condition of participation in the program. Premiums may still be required for enrollees who exceed income limits but elect to buy into NJ FamilyCare.

The bill eliminates a provision of current law that requires certain children who were voluntarily disenrolled from employer-sponsored group insurance coverage to be deemed ineligible for enrollment in NJ FamilyCare for a certain period, and provides that no waiting periods may be imposed against any applicant for the program who is otherwise eligible for enrollment.

Under the bill, the Commissioner of Human Services is directed to provide information regarding other health care programs for which an enrollee may be eligible to any enrollee terminated from the program.

Pursuant to existing law, and unchanged by the bill, the Commissioner of Human Services is directed to establish an enhanced NJ FamilyCare outreach and enrollment initiative to increase public awareness about the availability of, and benefits to enrolling in, Medicaid, NJ FamilyCare, and the NJ FamilyCare Advantage buy-in program, including culturally sensitive, Statewide and local media public awareness campaigns and the provision of training and support services to enable certain entities to assist in enrollment activities.

Under the bill, the initiative is also to be coordinated with any outreach efforts related to: 1) the ongoing enrollment initiative coordinated in consultation with the Commissioner of Education established under current law; or 2) enrollment in the State's health insurance Exchange established pursuant to the federal "Patient Protection and Affordable Care Act," Pub.L.111-148, as amended by the "Health Care and Education Reconciliation Act of 2010," Pub.L.111-152. The initiative is to additionally include the provision of training to Exchange enrollment assistors, local officials, and any other pertinent staff, as determined by the commissioner, on the

eligibility requirements of NJ FamilyCare and how to enroll children in the program.

The bill requires the Department of Banking and Insurance, in consultation with the Commissioner of Human Services, to take steps to ensure the full incorporation of the Medicaid, NJ FamilyCare and NJ FamilyCare Advantage Programs on the State's health insurance Exchange and the individual health coverage marketplace. In order to ensure that Medicaid and NJ FamilyCare eligibility is properly evaluated, plan comparison and cost tools will be required to solicit current expected monthly income in lieu of, or in addition to, annual income.

In addition to the enhanced NJ FamilyCare outreach and enrollment initiative, existing law requires the commissioner to establish an Outreach, Enrollment, and Retention Working Group. The goal of the working group, which is not altered by the bill, is to develop a plan to carry out ongoing and sustainable measures to strengthen outreach to low and moderate income families who may be eligible for Medicaid, NJ FamilyCare, or NJ FamilyCare Advantage; to maximize enrollment in these programs; and to ensure retention of enrollees in these programs. The working group last submitted a report in May 2009.

In addition to the seven ex-officio members and six public members of the working group currently required under statute, the bill adds the Commissioner of Children and Families as an ex-officio member and the following four public members: one person who represents the New Jersey Health Care Quality Institute; one person who represents county navigators; and two people who represent the New Jersey for Health Care coalition. The bill directs the working group to organize and hold a meeting no later than 60 days following the date of enactment of the bill.

The bill amends current law to require the commissioner, with input from Outreach, Enrollment, and Retention Working Group, to issue an interim report six months after the effective date of the bill, to issue a full report six months later, and to submit the report annually thereafter. The bill removes a requirement that the reports be submitted to the chairpersons of various legislative standing reference committees, and instead requires the reports to be submitted to the Governor and to the Legislature and published on the Department of Human Services' (DHS) Internet website.

The reports are required to include information on the DHS's actions, and the outcomes of such actions, to make affordable, quality healthcare coverage available to all children in New Jersey, and the extent to which coverage disparities based on income, race, ethnicity, and geography have changed over the reporting period. Existing law also requires the reports to include the number of persons who are enrolled in Medicaid and NJ FamilyCare, the cost of providing coverage for these persons, the status of any Medicaid plan

amendments or waivers necessary for implementation of NJ FamilyCare, the status of implementing the enrollment simplification practices for both NJ FamilyCare and Medicaid, and such other information as the commissioner deems appropriate. The commissioner may also include any recommendations for legislation deemed necessary to further the purposes of NJ FamilyCare.

The bill appropriates \$20 million from the General Fund to the DHS for the purposes of implementing the provisions of the bill.