ASSEMBLY, No. 4387



STATE OF NEW JERSEY

219th LEGISLATURE



INTRODUCED JULY 6, 2020

Sponsored by:

Assemblywoman YVONNE LOPEZ

District 19 (Middlesex)

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Co-Sponsored by:

Assemblywoman McKnight, Assemblymen Giblin, Danielsen, Assemblywoman Vainieri Huttle, Assemblyman Spearman, Assemblywoman Jasey, Assemblymen Holley, Conaway, Assemblywomen Chaparro and Reynolds-Jackson

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.



An Act concerning NJ FamilyCare, revising various parts of statutory law, and making an appropriation.

 Be It Enacted by the Senate and General Assembly of the State of New Jersey:

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

 4. As used in this act:

 "Commissioner" means the Commissioner of Human Services.

 "Department" means the Department of Human Services.

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

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

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

 "Qualified applicant" means:

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

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

 c. **[**a single adult or couple without dependent children: (1) whose family gross income does not exceed 100% of the poverty level; (2) who is enrolled in NJ FamilyCare on the effective date of P.L.2005, c.156 (C.30:4J-8 et al.) and is ineligible for Medicaid; (3) who is a resident of this State; and (4) who is a citizen of the United States, or has been lawfully admitted for permanent residence into and remains lawfully present in the United States**]** any person who is determined to be eligible to receive benefits in accordance with the "New Jersey Medical Assistance and Health Services Act," P.L.1968, c.413 (C.30:4D-1 et seq.).

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

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

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

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

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

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

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

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

 c. The commissioner:

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

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

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

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

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

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

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

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

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

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

 (4) Continuous enrollment;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

 l. **[**Subject to federal approval, the Commissioner of Human Services**]** The commissioner shall establish a hardship waiver for part or all of the premium for an eligible child under the **[**NJ FamilyCare**]** buy-in program. A parent or **[**caretaker**]** caregiver may apply to the commissioner for a hardship waiver in a manner and form established by the commissioner. If the parent or **[**caretaker**]** caregiver can demonstrate to the satisfaction of the commissioner, pursuant to regulations adopted by the commissioner, that payment of all or part of the premium for the parent or **[**caretaker’s**]** caregiver’s child presents a hardship, the commissioner shall grant the waiver for a prescribed period of time.

 m. All types of information, whether written or oral, concerning a person, made or kept by any public officer or agency in connection with the administration of NJ FamilyCare and Medicaid shall be confidential, and shall not be open to examination other than for purposes directly connected with the administration of the programs, including any investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of the programs.

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

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

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

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

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

 The **[**report**]** reports shall be prepared with input from the working group established pursuant to section 27 of P.L.2008, c.38, and shall include information on the department’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. The reports shall also include the number of persons who are enrolled in the Medicaid and NJ FamilyCare programs pursuant to the provisions of **[**this act**]** P.L.2005, c.156 (C.30:4J-8 et al.), the cost of providing coverage for these persons, the status of any Medicaid plan amendments or waivers necessary for implementation of **[**this act**]** P.L.2005, c.156 (C.30:4J-8 et al.), the status of implementing the enrollment simplification practices for both the NJ FamilyCare and Medicaid programs, and such other information as the commissioner deems appropriate. The commissioner may also include any recommendations for legislation **[**he deems**]** deemed necessary to further the purposes of **[**this act**]** P.L.2005, c.156 (C.30:4J-8 et al.).

(cf: P.L.2005, c.156, s.11)

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

 26. a. The Commissioner of Human Services shall 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 programs. The initiative shall **[**include**]** be coordinated with any outreach efforts implemented pursuant to subsection h. of section 5. of P.L. 2005, c.156 or related to 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, and shall include:

 (1) 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 the NJ FamilyCare program and how to enroll children in the program;

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

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

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

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

 (2) $1 million from the General Fund for the purposes of funding demonstration projects, implemented in cooperation with public health agencies, schools, and other local entities, aimed at providing health care for children whose parents or caregivers will not enroll them in Medicaid and NJ FamilyCare and who are likely eligible for those programs.

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

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

 27. TheCommissioner of Human Services shall establish an Outreach, Enrollment, and Retention Working Group 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**]** the buy-in programs, to maximize enrollment in these programs, and to ensure retention of enrollees in these programs.

 a. The members of the working group shall include:

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

 (2) **[**Six**]** Ten public members appointed by the Commissioner of Human Services who shall include: one person who represents racial and ethnic minorities in this State; one person who represents managed care organizations that participate in the Medicaid and NJ FamilyCare programs; one person who represents the vendor under contract with the Division of Medical Assistance and Health Services to provide NJ FamilyCare eligibility, enrollment, and health benefit coordinator services to the division; one person who represents New Jersey Policy Perspective; one person who represents the Advocates for Children of New Jersey; **[**and**]** one person who represents Legal Services of New Jersey; one person who represents the New Jersey Health Care Quality Institute; one person who represents county navigators; one person who represents the New Jersey for Health Care coalition; and one person who represents the New Jersey Alliance for Immigrant Justice.

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

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

 (2) recommend outreach strategies to identify and enroll all eligible children in the Medicaid, NJ FamilyCare, and **[**NJ FamilyCare Advantage**]** buy-in programs and to retain enrollment of children and their parents in the programs;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

 2. a. Beginning one year after the date of enactment of **[**this act**]** P.L.2008, c.38 (C.26:15-1 et seq.), all residents of this State 18 years of age and younger shall obtain and maintain health care coverage that provides hospital and medical benefits. The coverage may be provided through an employer-sponsored or individual health benefits plan, the Medicaid program, or NJ FamilyCare Program**[**, or the NJ FamilyCare Advantage buy-in program**]**. Beginning 18 months after the date of enactment of P.L. , c.    (C.        )(pending before the Legislature as this bill), coverage may also be provided through the buy-in program.

 b. As used in this section:

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

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

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

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

STATEMENT

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

Outreach and Enrollment

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

 Pursuant to existing law, and unchanged by the bill, the commissioner 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 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, pursuant to subsection h. of section 5. of P.L.2005, c.156; 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. Furthermore, the initiative is to 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.

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

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

 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. Pursuant to section 27 of P.L.2008, c.38, and unchanged by the bill, the goal of the working group 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 the buy-in program; to maximize enrollment in these programs; and to ensure retention of enrollees in these programs. The Working Group last submitted a report in May of 2009.

 In addition to the six 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 three public members: one person who represents the New Jersey Health Care Quality Institute; one person who represents county navigators; one person who represents the New Jersey for Health Care coalition; and one person who represents the New Jersey Alliance for Immigrant Justice. Furthermore, 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, and to meet at least twice annually thereafter.

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

Expansion on NJ FamilyCare

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

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

 Second, the bill expands NJ FamilyCare to include a buy-in option through which a parent or caregiver whose family income exceeds 400 percent of the poverty level may purchase coverage under NJ FamilyCare for a child under the age of 19, who is uninsured, and for whom insurance is not available that covers the child, along with the parent or caregiver, for a premium that costs 9.5 percent or less of the household income. Currently, statutory law provides for the NJ FamilyCare Advantage program, a buy-in program for health coverage through which a parent or caregiver whose family income exceeds 350 percent of the poverty level may purchase coverage under NJ FamilyCare for an uninsured child under the age of 19. Horizon Blue Cross Blue Shield of New Jersey, which offered and administered the NJ FamilyCare Advantage program, ceased offering the plan in 2014. Under the bill, the commissioner is required to implement the new buy-in program no later than 18 months following the date of enactment of this bill and may require managed care organizations to participate in the buy-in program as a condition for participating in NJ FamilyCare.

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

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

Reporting Requirements

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

 The reports are required to include information on the department’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.

Confidentiality and Records Use

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

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