

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:

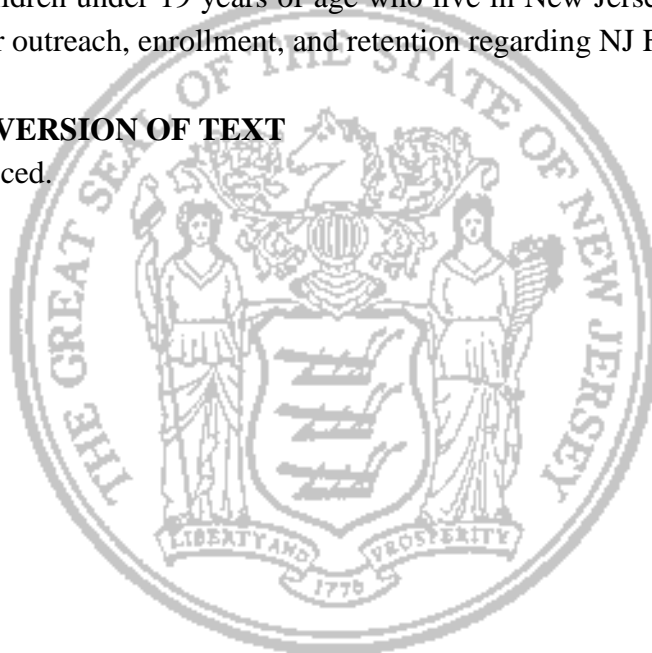
**Assemblywoman McKnight, Assemblymen Giblin, Danielsen,
Assemblywoman Vainieri Huttie, Assemblyman Spearman,
Assemblywoman Jasey, Assemblymen Holley, Conaway, Assemblywomen
Chaparro and Reynolds-Jackson**

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.



(Sponsorship Updated As Of: 6/9/2021)

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
8 read 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
13 Health Services Program established pursuant to P.L.1968, c.413
14 (C.30:4D-1 et seq.).

15 "NJ FamilyCare" or "program" means the NJ FamilyCare
16 Program established pursuant to sections 3 through 5 of P.L.2005,
17 c.156 (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
20 Subtitle B, the "Community Services Block Grant Act," Pub.L.97-
21 35 (42 U.S.C. s.9902(2)).

22 "Qualified applicant" means:

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

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 the "New Jersey Medical Assistance and Health Services Act,"
2 P.L.1968, 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
6 read 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
11 expenditures under the State Children's Health Insurance Program
12 pursuant to 42 U.S.C.s.1397aa et seq., except as it pertains to a
13 qualified applicant whose immigration status in the United States
14 requires the applicant's non-emergency health care services to be
15 funded with 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
19 read as follows:

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

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

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

41 c. The commissioner:

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

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

1 be cost-effective and is approved by the commissioner, and shall
2 provide assistance to the qualified applicant to purchase that
3 coverage, except that the provisions of this paragraph shall not be
4 construed to require an employer to provide health insurance
5 coverage for any employee or employee's spouse or dependent
6 child;

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

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

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

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

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

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

42 In matching reported income with confidential records of the
43 Department of the Treasury, the commissioner shall require an
44 applicant to provide written authorization for the Division of
45 Taxation in the Department of the Treasury to release applicable tax
46 information to the commissioner for the purposes of establishing
47 income eligibility for the program. The authorization, which shall

1 be included on the program application form, shall be developed by
2 the commissioner, in consultation with the State Treasurer;

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

7 (4) Continuous enrollment;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

45 (b) request each entity to distribute a notice at least annually, as
46 developed by the commissioner, to households of children attending
47 or receiving its services or care, informing them about the program
48 and the availability of informational and application materials. In

1 the case of elementary and secondary schools, the information
2 attached to, included with, or incorporated into, the school lunch
3 application form for school-age children pursuant to this
4 subparagraph shall be deemed to meet the requirements of this
5 paragraph.

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

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

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

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

38 l. [Subject to federal approval, the Commissioner of Human
39 Services] The commissioner shall establish a hardship waiver for
40 part or all of the premium for an eligible child under the NJ
41 FamilyCare] buy-in program. A parent or caretaker caregiver
42 may apply to the commissioner for a hardship waiver in a manner
43 and form established by the commissioner. If the parent or
44 caretaker caregiver can demonstrate to the satisfaction of the
45 commissioner, pursuant to regulations adopted by the
46 commissioner, that payment of all or part of the premium for the

1 parent or **【caretaker's】** caregiver's child presents a hardship, the
2 commissioner shall grant the waiver for a prescribed period of time.

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

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

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

25
26 4. Section 11 of P.L.2005, c.156 (C.30:4J-14) is amended to
27 read as follows:

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

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

40 The **【report】** reports shall be prepared with input from the
41 working group established pursuant to section 27 of P.L.2008, c.38,
42 and shall include information on the department's actions, and the
43 outcomes of such actions, to make affordable, quality healthcare
44 coverage available to all children in New Jersey and the extent to
45 which coverage disparities based on income, race, ethnicity, and
46 geography have changed over the reporting period. The reports
47 shall also include the number of persons who are enrolled in the
48 Medicaid and NJ FamilyCare programs pursuant to the provisions

1 of **【this act】** P.L.2005, c.156 (C.30:4J-8 et al.), the cost of
2 providing coverage for these persons, the status of any Medicaid
3 plan amendments or waivers necessary for implementation of **【this**
4 **act】** P.L.2005, c.156 (C.30:4J-8 et al.), the status of implementing
5 the enrollment simplification practices for both the NJ FamilyCare
6 and Medicaid programs, and such other information as the
7 commissioner deems appropriate. The commissioner may also
8 include any recommendations for legislation **【he deems】** deemed
9 necessary to further the purposes of **【this act】** P.L.2005, c.156
10 (C.30:4J-8 et al.).

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

12

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

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

27 (1) the provision of training to Exchange enrollment assistants,
28 local officials, and any other pertinent staff, as determined by the
29 commissioner, on the eligibility requirements of the NJ FamilyCare
30 program and how to enroll children in the program;

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

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

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

43 (1) \$2 million from the General Fund for the purposes of
44 funding the outreach efforts of community-based providers who
45 enroll children in Medicaid, NJ FamilyCare, and the buy-in
46 programs. The goal of this appropriation is to enroll as many
47 uninsured children as possible in these programs. Providers shall

1 be required to meet performance standards, as established by the
2 commissioner, in order to receive funds appropriated under this
3 paragraph.

4 (2) \$1 million from the General Fund for the purposes of
5 funding demonstration projects, implemented in cooperation with
6 public health agencies, schools, and other local entities, aimed at
7 providing health care for children whose parents or caregivers will
8 not enroll them in Medicaid and NJ FamilyCare and who are likely
9 eligible for those programs.

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

11
12 6. Section 27 of P.L.2008, c.38 (C.30:4J-19) is amended to
13 read as follows:

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

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

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

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

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】** buy-in programs due to ethnic and cultural differences
46 and, if so, develop strategies for the Department of Human Services
47 to overcome these obstacles and increase enrollment among
48 minorities;

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

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

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

15 c. The working group shall organize **[as soon as practicable**
16 **following the appointment of its members and]** and hold a meeting
17 no later than 60 days following the date of enactment of P.L. ,
18 c. (C.) (pending before the Legislature as this bill), and shall
19 meet at least twice annually thereafter. The working group shall
20 select a chairperson and vice-chairperson from among the members.
21 The chairperson shall appoint a secretary who need not be a
22 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**
33 **report on its activities to the chairperson of the Senate and**
34 **Assembly standing reference committees on health and human**
35 **services, and include a copy of the plan and any recommendations**
36 **for legislative action it deems appropriate.]** (Deleted by
37 amendment, P.L. , c. (C.) (pending before the Legislature
38 as this bill).)

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

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

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

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

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

9 b. If a resident of New Jersey, 19 years of age or older, does
10 not qualify for medical assistance as an eligible alien [but who is a
11 resident of New Jersey and] under subsection a. of this section, and
12 the resident, but for their immigration status, would otherwise be
13 eligible for medical assistance provided pursuant to section 6 of
14 P.L.1968, c.413 [is] (C.30:4D-6), such resident shall be entitled
15 only to receive emergency medical assistance in accordance with
16 the provisions of this subsection. Any medical assistance provided
17 under this subsection shall be limited to the care and services that
18 are necessary for the treatment of an emergency medical condition ,
19 as defined in section 1903(v)(3) of the federal Social Security Act
20 (42 U.S.C. s.1396b(v)(3)).

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

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

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

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

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

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

13 b. As used in this section:

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

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

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

25

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

27

28

29

STATEMENT

30

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

41

Outreach and Enrollment

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

1 Pursuant to existing law, and unchanged by the bill, the
2 commissioner is directed to establish an enhanced NJ FamilyCare
3 outreach and enrollment initiative to increase public awareness
4 about the availability of, and benefits to enrolling in, Medicaid, NJ
5 FamilyCare, and the buy-in program, including culturally sensitive,
6 Statewide and local media public awareness campaigns and the
7 provision of training and support services to enable certain entities
8 to assist in enrollment activities.

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

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

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

38 In addition to the enhanced NJ FamilyCare outreach and
39 enrollment initiative, existing law requires the commissioner to
40 establish an Outreach, Enrollment, and Retention Working Group.
41 Pursuant to section 27 of P.L.2008, c.38, and unchanged by the bill,
42 the goal of the working group is to develop a plan to carry out
43 ongoing and sustainable measures to strengthen outreach to low and
44 moderate income families who may be eligible for Medicaid, NJ
45 FamilyCare, or the buy-in program; to maximize enrollment in
46 these programs; and to ensure retention of enrollees in these
47 programs. The Working Group last submitted a report in May of
48 2009.

1 In addition to the six ex-officio members and six public members
2 of the working group currently required under statute, the bill adds
3 the Commissioner of Children and Families as an ex-officio
4 member and the following three public members: one person who
5 represents the New Jersey Health Care Quality Institute; one person
6 who represents county navigators; one person who represents the
7 New Jersey for Health Care coalition; and one person who
8 represents the New Jersey Alliance for Immigrant Justice.
9 Furthermore, the bill directs the working group to organize and hold
10 a meeting no later than 60 days following the date of enactment of
11 the bill, and to meet at least twice annually thereafter.

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

16

17 Expansion on NJ FamilyCare

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

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

47 Second, the bill expands NJ FamilyCare to include a buy-in
48 option through which a parent or caregiver whose family income

1 exceeds 400 percent of the poverty level may purchase coverage
2 under NJ FamilyCare for a child under the age of 19, who is
3 uninsured, and for whom insurance is not available that covers the
4 child, along with the parent or caregiver, for a premium that costs
5 9.5 percent or less of the household income. Currently, statutory
6 law provides for the NJ FamilyCare Advantage program, a buy-in
7 program for health coverage through which a parent or caregiver
8 whose family income exceeds 350 percent of the poverty level may
9 purchase coverage under NJ FamilyCare for an uninsured child
10 under the age of 19. Horizon Blue Cross Blue Shield of New
11 Jersey, which offered and administered the NJ FamilyCare
12 Advantage program, ceased offering the plan in 2014. Under the
13 bill, the commissioner is required to implement the new buy-in
14 program no later than 18 months following the date of enactment of
15 this bill and may require managed care organizations to participate
16 in the buy-in program as a condition for participating in NJ
17 FamilyCare.

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

26 And third, except as provided under the buy-in program, the bill
27 prohibits the establishment of premiums under NJ FamilyCare.
28

29 Reporting Requirements

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

38 The reports are required to include information on the
39 department's actions, and the outcomes of such actions, to make
40 affordable, quality healthcare coverage available to all children in
41 New Jersey and the extent to which coverage disparities based on
42 income, race, ethnicity, and geography have changed over the
43 reporting period. Existing law also requires the reports to include
44 the number of persons who are enrolled in Medicaid and NJ
45 FamilyCare, the cost of providing coverage for these persons, the
46 status of any Medicaid plan amendments or waivers necessary for
47 implementation of NJ FamilyCare, the status of implementing the
48 enrollment simplification practices for both NJ FamilyCare and

1 Medicaid, and such other information as the commissioner deems
2 appropriate. The commissioner may also include any
3 recommendations for legislation deemed necessary to further the
4 purposes of NJ FamilyCare.

5

6 Confidentiality and Records Use

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

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