ASSEMBLY, No. 674

STATE OF NEW JERSEY

220th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

Sponsored by:

Assemblyman ANTHONY S. VERRELLI District 15 (Hunterdon and Mercer) Assemblywoman ANGELA V. MCKNIGHT District 31 (Hudson) Assemblyman JOHN F. MCKEON District 27 (Essex and Morris)

Co-Sponsored by:

Assemblyman Benson, Assemblywoman Timberlake, Assemblyman Conaway, Assemblywomen Jasey, Swain, Assemblyman Tully, Assemblywomen Lopez and Reynolds-Jackson

SYNOPSIS

Establishes New Jersey Easy Enrollment Health Insurance Program.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 2/3/2022)

1 AN ACT establishing the New Jersey Easy Enrollment Health 2 Insurance Program and supplementing P.L.2019, c.141 3 (C.17B:27A-57 et seq.).

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

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- 1. As used in this act:
- 9 "Commissioner" means the Commissioner of Banking and 10 Insurance.
- "Cost-sharing reduction" means a reduction described in Section 12 1402(c) of the Affordable Care Act.
- "Department" means the Department of Banking and Insurance.
- "Insurance affordability assistance" means:
- 15 (1) the State Medicaid program established pursuant to 16 P.L.1968, c.413 (C.30:4D-1 et seq.);
- 17 (2) the NJ FamilyCare Program established pursuant to 18 P.L.2005, c.156 (C.30:4J-8 et al.);
 - (3) premium tax credits; or
- 20 (4) cost-sharing reductions.
- 21 "Modified adjusted gross income" has the meaning stated in 42 U.S.C. s.1395r(i)(4)(A).
- 23 "Poverty line" has the meaning stated in 42 U.S.C. 24 s.1397jj(c)(5).
- 25 "Premium tax credits" means the tax credits described in section 26 36B of the Internal Revenue Code.
- 27 "Proactively contact" means an attempt by the program to reach 28 an individual by:
- 29 (1) making multiple attempts to contact the individual as 30 requested on a State income tax return in accordance with section 8 31 of this act;
 - (2) if the attempts described in paragraph (1) of this definition do not successfully reach the individual or if no specific methods for contacting the individual were requested, making multiple attempts to contact the individual through telephonic and electronic means; and
- 37 (3) if the attempts described in paragraphs (1) and (2) of this 38 definition do not successfully reach the individual to obtain the 39 requested information, sending paper forms or notices to the 40 individual by mail.
- 41 "Program" means the New Jersey Easy Enrollment Health 42 Insurance Program established pursuant to this act.
- "Individual" means an individual under the age of 65 years who is identified through a State income tax return under section 8 of this act as not having minimum essential coverage.
- "Workgroup" means the New Jersey Easy Enrollment Health
 Insurance Program Advisory Workgroup established pursuant to
 section 3 of this act.

2. a. The Department of Banking and Insurance shall establish and have the authority to operate the New Jersey Easy Enrollment Health Insurance Program. The department shall integrate the program with the State-based exchange established pursuant to P.L.2019, c.141 (C.17B:27A-57 et seq.), and may enter into an agreement with a third-party for operation of the program. The purpose of the program shall be to:

- (1) establish a State-based reporting system to provide information about the health insurance status of State residents through the use of State income tax returns to identify individuals without minimum essential coverage and determine whether the individual is interested in obtaining minimum essential coverage;
- (2) determine whether an individual who is interested in obtaining minimum essential coverage qualifies for insurance affordability assistance;
- (3) proactively contact an individual who is interested in obtaining minimum essential coverage to assist in enrolling the individual in insurance affordability assistance and minimum essential coverage; and
- (4) maximize enrollment of eligible individuals in insurance affordability assistance and minimum essential coverage to improve access to care and reduce insurance costs for all residents of the State.
- b. The Commissioner of Banking and Insurance, the Commissioner of Human Services, the Commissioner of Labor and Workforce Development, and the State Treasurer shall develop and implement systems, policies, and practices that encourage, facilitate, and streamline determination of eligibility for insurance affordability assistance and enrollment in minimum essential coverage to achieve the purposes of the program.
- c. To facilitate the most efficient implementation of the program, the Commissioner of Banking and Insurance, the Commissioner of Human Services, the Commissioner of Labor and Workforce Development, and the State Treasurer may enter into agreements, adopt regulations and guidelines, establish accounts, conduct trainings, provide public information, educate tax preparers, and take any other steps as may be necessary to accomplish the purpose of the program.
- d. Notwithstanding the provisions of subsection a. of R.S.54:50-8 to the contrary, the State Treasurer may share with the Commissioner of Banking and Insurance the taxpayer information that is necessary for the purposes of this act.
- e. The Commissioner of Human Services may pursue any necessary waivers from the federal Department of Health and Human Services in order to implement the provisions of this act.
- 47 3. a. The Commissioner of Banking and Insurance shall 48 establish a New Jersey Easy Enrollment Health Insurance Program

- Advisory Workgroup to provide ongoing advice regarding the implementation of the program.
- b. The workgroup shall include representation from:
- 4 (1) the commissioner;
- 5 (2) consumer groups;
- 6 (3) employers;
- 7 (4) insurers;
- 8 (5) health care providers;
- 9 (6) navigators or other consumer assisters;
- 10 (7) insurance brokers or agents;
- 11 (8) labor organizations;
- 12 (9) income tax preparers;
- 13 (10) national policy experts;
- 14 (11) federally qualified health centers; and
- 15 (12) any other organizations or groups selected by the commissioner.
- 17 c. The workgroup shall meet at least once every six months.
 - d. This section shall not be construed to prevent the commissioner from convening other formal or informal working or advisory groups to facilitate the implementation of the program.

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- 4. a. The New Jersey Easy Enrollment Health Insurance Program shall determine eligibility for insurance affordability assistance as soon as possible after an individual files a State income tax return on which the individual indicates pursuant to paragraph (3) of subsection c. of section 8 of this act, that the individual is seeking coverage.
- b. (1) To the extent practicable, the program shall verify an individual's eligibility for insurance affordability assistance with information on a State income tax return and other data from third-party data sources, including data described in section 1413 of the Affordable Care Act or available pursuant to section 8 of this act, without requesting additional information from the individual.
- (2) If additional documentation from an individual is required to establish eligibility for insurance affordability assistance, the program shall take steps to limit the burden on the individual, including:
- (a) proactively contacting the individual who filed the tax return or the individual;
- (b) recording, by telephonic or electronic means, documentation provided by the individual who filed the tax return or the individual; and
- (c) if the documentation required to determine eligibility is not obtained using the steps described in subparagraphs (a) and (b) of this paragraph, facilitating the selection of an authorized representative for the individual.
- 47 c. (1) Before determining eligibility of an individual for 48 insurance affordability assistance, the program shall attempt to

verify the citizenship status of the individual and each household member listed on the State income tax return, based on the information available from the return and reliable third-party sources of citizenship data.

- (2) If the process described in paragraph (1) of this subsection does not confirm that the individual and each household member listed on the State income tax return is a United States citizen, the program shall not seek additional verification or take other steps to determine eligibility for insurance affordability assistance until the individual provides affirmative consent using forms and procedures approved by the program.
- (3) The affirmative consent required under paragraph (2) of this subsection may be satisfied through the procedures described in 42 U.S.C. s.1320b-7(d).
- (4) If citizenship is not verified and affirmative consent is not provided in accordance with paragraph (2) of this subsection, the program shall not take any further steps to determine an individual's eligibility for insurance affordability assistance.

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- 5. a. The program shall make a determination of eligibility, in accordance with section 4 of this act, for the State Medicaid program or the NJ FamilyCare Program under this section, before determining eligibility for any other insurance affordability assistance.
- b. (1) If an individual is determined to be eligible for the State Medicaid program or the NJ FamilyCare Program, the procedures described in this section and guidelines established by the Department of Human Services, to implement this subsection shall apply.
- (2) If an individual fails to select a managed care organization plan within a period of time established by the program, the program may assign the individual to and promptly enroll the individual in a managed care organization plan.
- (3) Before the program assigns an individual to a managed care organization plan, the individual shall receive:
 - (a) advance notice;
- (b) an opportunity to select another managed care organization plan within the period of time established by the program; and
 - (c) an opportunity to opt out of coverage.
- c. The program may utilize any information provided to the Department of Banking and Insurance or the Department of Human Services in making determinations pursuant to this section.

6. a. If an individual is not determined to be eligible for the State Medicaid program or the NJ FamilyCare Program pursuant to section 5 of this act, the program shall determine, in accordance with section 4 of this act, whether the individual is eligible for

1 premium tax credits or cost-sharing reductions as determined under this section. 2

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- A special enrollment period for the New Jersey b. (1) Individual Health Coverage Program shall begin on the date the program sends notice of eligibility to the individual.
- (2) The enrollment period described in this section shall last for a period of time, to be determined by the Department of Banking and Insurance before the start of the calendar year, that shall not be shorter than 30 days.
- c. (1) Information about the enrollment period described in subsection b. of this section shall be communicated to the public and affected individuals through measures that may include language in the instructions for the State individual income tax return, if inclusion of the language is approved by the State Treasurer.
- (2) The Department of Banking and Insurance shall conduct outreach to individuals described in paragraph (1) of this subsection, using methods that may include written notices and the provision of individualized assistance by insurance agents and brokers, navigators, tax preparers, and contractors and staff.
- (3) Notwithstanding any other provision of this act, the Department of Banking and Insurance may compensate an entity for outreach described in paragraph (2) of this subsection in a manner that reflects, in whole or in part, the number of individuals enrolled under this section and section 4 of this act by that entity.

7. a. The Department of Banking and Insurance shall develop data privacy and data security safeguards to govern the conveyance, storage, and utilization of data under the program.

b. The safeguards developed under subsection a. of this section shall ensure that the conveyance, storage, and utilization of data under the program comply with applicable requirements of federal and State law.

- 8. a. If a State income tax return indicates that an individual is uninsured at the time the tax return is filed, consistent with the provisions of P.L.2018, c.31 (C.54A:11-1 et seq.), the tax return shall include the following information as to the uninsured individual:
 - (1) the age of each individual;
- (2) election by the individual filing the tax return of one of the two checkoff boxes described in subsection c. of this section;
- (3) if the individual who files a tax return chooses the checkoff box described in paragraph (3) of subsection c. of this section, any information determined by the program as essential to determining eligibility for insurance affordability assistance, if the information:
- (a) is not available from a reliable third-party data source;
- (b) is not otherwise required to be provided on the return; and

(c) does not pertain to citizenship or immigration status; and

- (4) notification of the potential waiver ¹of¹ the State shared responsibility tax pursuant to subsection d. of this section.
- b. For an individual who files a tax return and chooses the checkoff box described in paragraph (3) of subsection c. of this section, the return shall give the individual who filed the tax return the option to indicate the individual's preferred method for the program to contact the individual who filed the tax return to facilitate either determination of eligibility for insurance affordability assistance or enrollment in health coverage.
- c. (1) In accordance with this section, the State Treasurer shall include with the income tax return form a separate form that is required only for individuals who file a tax return indicating that an individual is uninsured at the time the tax return is filed.
- (2) The separate form shall include two checkoff boxes as described in paragraphs (3) and (4) of this subsection and the information described in paragraphs (2) and (3) of subsection a. of this section.
- (3) One checkoff box shall give an individual who files a tax return the choice to have the program:
- (a) based on information in the individual's tax return, determine the individual's eligibility for insurance affordability assistance; and
- (b) obtain additional data that may be relevant to determine the individual's eligibility for insurance affordability assistance.
- (4) One checkoff box shall allow an individual who files a tax return the choice to not have the program make the determination described in paragraph (3) of this subsection.
- (5) The State Treasurer, in consultation with the Department of Banking and Insurance and with the advice of the workgroup, shall:
- (a) develop language for the checkoff boxes described in paragraphs (3) and (4) of this subsection;
- (b) develop language for the instructions for the State income tax return that includes a description of the effects of choosing the checkoff boxes described in paragraphs (3) and (4) of this subsection, including the purposes for which the information disclosed under this section may be used; and
- (c) ensure that the language developed under subparagraph (a) of this paragraph is as simple, clear, and easy to understand as possible.
- (6) If an individual who files a tax return makes the election described in paragraph (3) of this subsection, the State Treasurer shall convey to the program all insurance-relevant information contained on the return.
- d. The State Treasurer shall waive the State shared responsibility tax imposed pursuant to section 3 of P.L.2018, c.31 (C.54A:11-3) for any taxpayer who chooses the checkoff box described in paragraph (3) of subsection c. of this section. If the

taxpayer fails to enroll in health benefits coverage and maintain that coverage in each month following the enrollment period, the taxpayer shall be liable for any payments to which the taxpayer would have otherwise been subject.

e. The State Treasurer shall coordinate the requirements of this subsection with the requirements of the "New Jersey Health Insurance Market Preservation Act," P.L.2018, c.31 (C.54A:11-1 et seq.).

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- 9. a. An individual that consents to share information through the system established pursuant to section 10 of this act shall be eligible for a special enrollment period pursuant to subsection b. of this section. The program shall determine, in accordance with sections 4 through 6 of this act, whether the individual is eligible for the State Medicaid program or the NJ FamilyCare Program, premium tax credits, or cost-sharing reductions.
- b. (1) A special enrollment period for the New Jersey Individual Health Coverage Program shall begin on the date the program sends notice of eligibility to the individual.
- (2) The enrollment period described in this section shall last for a period of time, to be determined by the Department of Banking and Insurance before the start of the calendar year, that shall not be shorter than 30 days.
- c. (1) The Department of Banking and Insurance shall conduct outreach to affected individuals, using methods that may include written notices and the provision of individualized assistance by insurance agents and brokers, navigators, tax preparers, and contractors and staff.
- (2) Notwithstanding any other provision of this act, the Department of Banking and Insurance may compensate an entity for outreach described in paragraph (1) of this subsection in a manner that reflects, in whole or in part, the number of individuals enrolled under this section by that entity.

- 10. a. On or before September 1, 2021, the Department of Labor and Workforce Development shall begin implementing a system through which an individual who has filed a claim for unemployment insurance benefits may consent, as part of a weekly claim certification, to the sharing of relevant information collected by the Department of Labor and Workforce Development with the program, the State-based exchange established pursuant to P.L.2019, c.141 (C.17B:27A-57 et seq.), the Department of Banking and Insurance, and the Department of Human Services to determine whether the individual qualifies for the State Medicaid program or the NJ FamilyCare Program, or any other insurance affordability assistance.
- b. The Department of Labor and Workforce Development shall enter into an agreement with the State-based exchange, the

Department of Banking and Insurance, and the Department of Human Services, before the system described in subsection a. of this section begins to operate, that enables the system to operate in compliance with all applicable State and federal requirements

related to privacy, data security, and funding.

- c. The consent request described in subsection a. of this section shall be prominently placed on the weekly claim certification form, in clear and understandable language that is easy to read.
- d. The Department of Labor and Workforce Development shall cooperate with the State-based exchange, the Department of Banking and Insurance, and the Department of Human Services to claim the maximum amount of available federal funding for the establishment and operation of the system established pursuant to this section.
- e. To facilitate the most efficient implementation of the system, the Commissioner of Banking and Insurance, the Commissioner of Human Services, and the Commissioner of Labor and Workforce Development may enter into agreements, adopt regulations and guidelines, establish accounts, conduct trainings, provide public information, educate tax preparers, and take any other steps as may be necessary to accomplish the purpose of the system.

11. a. Except as provided in subsection b. of this section, this act shall take effect immediately and shall apply to returns filed for taxable years beginning after December 31, 2020.

b. If the State Treasurer determines, after consultation with the Department of Banking and Insurance and the Department of Labor and Workforce Development, that the implementation of this act is not administratively feasible for taxable years beginning after December 31, 2020, the Treasurer may delay implementation of this act to taxable years beginning after December 31, 2021.

STATEMENT

This bill requires the Department of Banking and Insurance to establish and operate the New Jersey Easy Enrollment Health Insurance Program (the program). The department is required to integrate the program with the State-based health insurance exchange, and may enter into an agreement with a third-party for operation of the program. The purpose of the program is to:

(1) establish a State-based reporting system to provide information about the health insurance status of State residents through the use of State income tax returns to identify individuals and determine whether an individual is interested in obtaining minimum essential coverage;

(2) determine whether an individual who is interested in obtaining minimum essential coverage qualifies for insurance affordability assistance;

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- (3) proactively contact an individual who is interested in obtaining minimum essential coverage to assist in enrolling the individual in insurance affordability assistance and minimum essential coverage; and
- (4) maximize enrollment of eligible individuals in insurance affordability assistance and minimum essential coverage to improve access to care and reduce insurance costs for all residents of the State.

The bill requires the Commissioner of Banking and Insurance, the Commissioner of Human Services, the Commissioner of Labor and Workforce Development, and the State Treasurer to develop and implement systems, policies, and practices that encourage, facilitate, and streamline determination of eligibility for insurance affordability assistance and enrollment in minimum essential coverage to achieve the purposes of the program.

The bill requires the Commissioner of Banking and Insurance to establish a New Jersey Easy Enrollment Health Insurance Program Advisory Workgroup to provide ongoing advice regarding the implementation of the program, which is to include representation from various organizations. The workgroup is required to meet at least once every six months.

The program is required to determine eligibility for insurance affordability assistance as soon as possible after an individual files a State income tax return on which the individual indicates that the individual is seeking health benefits coverage.

To the extent practicable, the program must verify an individual's eligibility for insurance affordability assistance with information on a State income tax return and other data from third-party data sources, without requesting additional information from the individual.

The bill provides that if additional documentation from an individual is required to establish eligibility for insurance affordability assistance, the program must take certain steps to limit the burden on the individual.

Before determining eligibility of an individual for insurance affordability assistance, the program is required to attempt to verify the citizenship status of the individual and each household member listed on the State income tax return, based on the information available from the return and reliable third-party sources of citizenship data. If this process does not confirm that the individual and each household member listed on the State income tax return is a United States citizen, the program may not seek additional verification or take other steps to determine eligibility for or enroll the individual in insurance affordability assistance until the

individual provides affirmative consent using forms and procedures approved by the program.

If citizenship is not verified and affirmative consent is not provided in accordance with the bill, the program may not take any further steps to determine an individual's eligibility for or enroll an individual in insurance affordability assistance.

The bill requires the program to make a determination of eligibility for the State Medicaid program or the NJ FamilyCare Program before determining eligibility for any other insurance affordability assistance. If an individual is determined to be eligible for the State Medicaid program or the NJ FamilyCare Program, the procedures described in the bill and the guidelines established by the program to implement the bill apply.

If an individual fails to select a managed care organization plan within a period of time established by the program, the program may assign the individual to and promptly enroll the individual in a managed care organization plan.

Before an individual is assigned to a managed care organization plan, the individual is required to receive advance notice, an opportunity to select another managed care organization plan, and an opportunity to opt out of coverage.

If an individual is determined to not be eligible for the State Medicaid program or the NJ FamilyCare Program, the program is required to determine whether the individual is eligible for premium tax credits or cost-sharing reductions.

The bill provides that a special enrollment period for the New Jersey Individual Health Coverage Program will begin on the date the program sends notice of eligibility to the individual. The enrollment period is to last for a period of time, to be determined by the program before the start of the calendar year, that is not to be shorter than 30 days.

Information about the enrollment period described in the bill must be communicated to the public and affected individuals through measures that may include language in the instructions for the State individual income tax return, if inclusion of the language is approved by the State Treasurer.

The bill requires the Department of Banking and Insurance to develop data privacy and data security safeguards to govern the conveyance, storage, and utilization of data under the program.

The bill requires the State Treasurer to include on the individual income tax return form a checkoff box for indicating whether the individual, or each spouse in the case of a joint return, and any individual claimed as a dependent on the tax return is uninsured at the time the tax return is filed.

The bill requires the State Treasurer to include with the income tax return form a separate form that is required only for individuals who file a tax return indicating that an individual is uninsured at the time the tax return is filed.

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The form is required to include two checkoff boxes. One checkoff box shall give an individual who files a tax return the choice to have the program determine the individual's eligibility for insurance affordability assistance, and obtain additional data that may be relevant to determine the individual's eligibility for insurance affordability assistance. The other checkoff box shall allow an individual who files a tax return the choice to not have the program make that determination.

The bill requires the State Treasurer to waive the State shared responsibility tax for any taxpayer who chooses the checkoff box indicating the taxpayer wishes the program to determine the individual's eligibility for insurance affordability assistance. If the taxpayer fails to enroll in health benefits coverage and maintain that coverage in each month following the enrollment period, the taxpayer is liable for any payments to which the taxpayer would have otherwise been subject.

The bill requires the Department of Labor and Workforce Development to implement, and an individual who has filed a claim for unemployment insurance benefits to consent to participate in, a system to share relevant information collected by the department with the program, the State-based exchange established pursuant to P.L.2019, c.141 (C.17B:27A-57 et seq.), the Department of Banking and Insurance, and the Department of Human Services to determine whether the individual qualifies for the State Medicaid program or the NJ FamilyCare Program, or any other insurance affordability assistance. An individual who consents to participation in such a system is also eligible for a special enrollment period for the New Jersey Individual Health Coverage Program.

The bill takes effect immediately and applies to tax returns filed for taxable years beginning after December 31, 2020, unless the State Treasurer determines, after consultation with the Department of Banking and Insurance and the Department of Labor and Workforce Development, that the implementation of the bill is not administratively feasible for taxable years beginning after December 31, 2020, in which case the Treasurer may delay implementation to taxable years beginning after December 31, 2021.