## [Second Reprint]

## ASSEMBLY, No. 3678

# STATE OF NEW JERSEY

### 220th LEGISLATURE

INTRODUCED MARCH 21, 2022

**Sponsored by:** 

Assemblyman STERLEY S. STANLEY
District 18 (Middlesex)
Assemblyman HERB CONAWAY, JR.
District 7 (Burlington)
Assemblywoman ANGELA V. MCKNIGHT
District 31 (Hudson)

#### **Co-Sponsored by:**

Assemblywoman Park, Assemblyman Mukherji, Assemblywomen Jimenez and Reynolds-Jackson

#### **SYNOPSIS**

Requires DHS to conduct annual Medicaid eligibility redeterminations.

#### **CURRENT VERSION OF TEXT**

As amended by the General Assembly on June 16, 2022.



(Sponsorship Updated As Of: 10/3/2022)

1 **AN ACT** providing for annual Medicaid eligibility redeterminations 2 and supplementing Title 30 of the Revised Statutes.

3 4

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

567

13

16

1718

19

2021

22

2324

25

- 1. a. As used in this section:
- "Beneficiary" means an individual eligible for medical assistance through '[the]' Medicaid '[program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.)]' or '[the]' NJ FamilyCare '[program, established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.)]'.
  - "Commissioner" means the Commissioner of Human Services.
- "Division" means the Division of Medical Assistance and HealthServices in the Department of Human Services.
  - "Eligibility redetermination" means the administrative process by which the division or a county welfare agency reviews a beneficiary's income, financial resources, and circumstances relating to the beneficiary's application for continuation of benefits received under <sup>1</sup>[the]<sup>1</sup> Medicaid or <sup>1</sup>[the]<sup>1</sup> NJ FamilyCare <sup>1</sup>[programs]]<sup>1</sup>.
  - 1"Medicaid" means the Medicaid 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.).
- b. <sup>2</sup>[The] No later than the first day of the fourteenth month
   next following the expiration of the federal public health emergency
- declared in response to the SARS-CoV-2 pandemic, the commissioner shall direct the division or a county welfare agency
- 30 [shall] to<sup>2</sup> conduct an eligibility redetermination for a beneficiary
- no less than 365 days following the date of the beneficiary's initial
- 32 enrollment  $\frac{1}{\underline{i}\underline{n}}$ , or the date of the beneficiary's last eligibility
- redetermination <sup>1</sup><u>for</u> , <sup>1</sup>[in the] Medicaid <sup>1</sup>[program, established
- 34 pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), 1 or [the] NJ
- FamilyCare <sup>1</sup>[program, established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.)] The commissioner shall determine the means
- 37 and method by which an eligibility redetermination shall be
- 38 conducted.
- 39 c. <sup>1</sup>[The] To the extent permitted under federal law and
- 40 <u>regulation, the</u><sup>1</sup> commissioner <sup>2</sup>, not later than the first day of the
- 41 <u>fourteenth month next following the expiration of the federal public</u>
- 42 <u>health emergency declared in response to the SARS-CoV-2</u>
- 43 pandemic, shall provide for at least 12 months of continuous

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  $\underline{thus}$  is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>&</sup>lt;sup>1</sup>Assembly AHU committee amendments adopted June 9, 2022.

<sup>&</sup>lt;sup>2</sup>Assembly floor amendments adopted June 16, 2022.

#### A3678 [2R] STANLEY, CONAWAY

- Medicaid eligibility <sup>1</sup>[, without imposing any reporting requirements regarding changes of income or resources,] <sup>1</sup> for adult eligibility groups <sup>1</sup>[,] without imposing any reporting requirements regarding changes of income or resources and regardless of the delivery system through which the beneficiary receives benefits <sup>1</sup>[and to the extent permitted under federal law and regulation] <sup>1</sup>.
  - d. The commissioner shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this act and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

2. The Commissioner of Human Services shall adopt rules and regulations <sup>2</sup>[pursuant to] as shall be necessary to implement the provisions of this act, which rules and regulations shall be effective immediately upon filing with the Office of Administrative Law for a period not to exceed 18 months and may, thereafter, be amended, adopted, or readopted in accordance with the "Administrative Procedure Act" P.L.1968, c.410 (C.52:14B-1 et seq.).

3. This act shall take effect on the first day of the <sup>1</sup>first full<sup>1</sup> month <sup>1</sup>next<sup>1</sup> following the expiration of the federal public health emergency declared in response to the SARS-CoV-2 pandemic, except that the <sup>1</sup>[commissioner] Commissioner of Human Services<sup>1</sup> may take any anticipatory administrative action in advance thereof as may be necessary for the implementation of this act.