

ASSEMBLY FINANCIAL INSTITUTIONS AND INSURANCE
COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 4914

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 5, 2023

The Assembly Financial Institutions and Insurance Committee reports favorably and with committee amendments Assembly Bill No. 4914 (1R).

As amended, this bill establishes the "Hospital at Home Act."

Under the bill, the Department of Health (department) is to establish a program to permit a hospital to provide acute care services to an individual outside of the hospital's licensed facility and within a private residence designated by the individual. The program is to be established in a manner that is consistent with the provisions of the Acute Hospital Care at Home Program, as authorized by the federal Centers for Medicare and Medicaid Services. Any hospital previously in receipt of a waiver to operate, or otherwise approved to participate in the Centers for Medicare and Medicaid Services' Acute Hospital Care at Home Program prior to the bill's effective date is to be permitted to operate or to continue to operate the program in the same manner as previously permitted under federal law, and is to be integrated into the program established pursuant to this section.

Under the bill, the NJ FamilyCare and Medicaid programs, and any carrier that offers a health benefits plan in this State, is to provide coverage for acute hospital care services delivered by a credentialed health care provider to a covered person under the program established pursuant to the bill's provisions, on the same basis as when services are delivered within the facilities of a hospital. Reimbursement payments are to be provided to the hospital, facility, or organization providing the services or the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs or contracts with the individual practitioner who delivered the reimbursable services. Carriers are not to utilize more stringent utilization management criteria than apply when those services are provided within the facilities of a hospital.

Under current law, "carrier" means an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State. "Covered person" means a person on whose behalf a carrier offering the plan is obligated to pay benefits or provide services pursuant to the health benefits plan. "Health benefits plan" means a benefits plan which pays or provides hospital and medical expense benefits for covered services, and is delivered or issued for delivery in this State by or through a carrier. Health benefits plan includes, but is not limited to, Medicare supplement coverage and risk contracts to the extent not otherwise prohibited by federal law. For the purposes of this bill, health benefits plan is not to include the following plans, policies, or contracts: accident only, credit, disability, long-term care, CHAMPUS supplement coverage, coverage arising out of a workers' compensation or similar law, automobile medical payment insurance, personal injury protection insurance issued pursuant to P.L.1972, c.70 (C.39:6A-1 et seq.), or hospital confinement indemnity coverage.

COMMITTEE AMENDMENTS:

The committee amended the bill to extend the bill's effective date to 120 days following the date of the bill's enactment.