SENATE, No. 3626

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED FEBRUARY 23, 2023

Sponsored by: Senator JOSEPH F. VITALE District 19 (Middlesex) Senator TROY SINGLETON District 7 (Burlington)

Co-Sponsored by: Senator Singer

SYNOPSIS

Establishes "Hospital at Home Act."

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/11/2023)

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1 AN ACT concerning acute hospital care and supplementing Title 26 of the Revised Statutes.

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

7 1. This act shall be known and may be cited as the "Hospital at 8 Home Act."

2. As used in this act:

"Carrier," "covered person," and "health benefits plan," shall have the same meaning as provided for those terms under section 2 of P.L.1997, c.192 (C.26:2S-2).

"Department" means the Department of Health.

"Hospital" means a general acute care hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Program" means the hospital at home program established by the department pursuant to section 3 of this act.

- 3. a. Notwithstanding any provision of law to the contrary, the department shall establish a program to permit a hospital to provide acute care services to a covered person outside of the hospital's licensed facility and within a private residence designated by the covered person. The program shall 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.
- b. Any hospital previously in receipt of a waiver to operate, or otherwise approved to participate in the Centers for Medicare and Medicaid Services's Acute Hospital Care at Home Program prior to the effective date of this act, shall be permitted to operate or to continue to operate the program in the same manner as previously permitted under federal law, and shall be integrated into the program established pursuant to this section.

4. The NJ FamilyCare and Medicaid programs, and any carrier that offers a health benefits plan in this State, shall provide coverage and payment for acute hospital care services delivered to a covered person through the program established pursuant to section 3 of this act, on the same basis as when services are delivered within the facilities of a hospital. Reimbursement payments under this section shall 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, as appropriate. Carriers shall not utilize more stringent utilization management

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criteria than apply when those services are provided within the facilities of a hospital.

5. The Commissioner of Human Services shall apply for any 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.

6. The Commissioners of Health and Human Services shall jointly or separately adopt rules and regulations, in accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), if necessary to effectuate the provisions of this act. The Commissioners of Health and Human Services shall jointly or separately waive any rules or regulations if necessary to implement the provisions of this act.

7. This act shall take effect immediately.

STATEMENT

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 a covered person outside of the hospital's licensed facility and within a private residence designated by the covered person. 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's Acute Hospital Care at Home Program prior to the bill's effective 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 and payment for acute hospital care services delivered 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

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stringent utilization management criteria than apply when those services are provided within the facilities of a hospital.

3 Under current law, "carrier" means an insurance company, health 4 service corporation, hospital service corporation, medical service 5 corporation, or health maintenance organization authorized to issue health benefits plans in this State. "Covered person" means a 6 7 person on whose behalf a carrier offering the plan is obligated to 8 pay benefits or provide services pursuant to the health benefits plan. 9 "Health benefits plan" means a benefits plan which pays or provides 10 hospital and medical expense benefits for covered services, and is 11 delivered or issued for delivery in this State by or through a carrier. 12 Health benefits plan includes, but is not limited to, Medicare 13 supplement coverage and risk contracts to the extent not otherwise 14 prohibited by federal law. For the purposes of this act, health 15 benefits plan shall not include the following plans, policies, or 16 accident only, credit, disability, long-term care, 17 CHAMPUS supplement coverage, coverage arising out of a 18 workers' compensation or similar law, automobile medical payment 19 insurance, personal injury protection insurance issued pursuant to 20 P.L.1972, c.70 (C.39:6A-1 et seq.), or hospital confinement 21 indemnity coverage.