## [Second Reprint]

## **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:

Senators Singer, Diegnan, Durr and O'Scanlon

#### **SYNOPSIS**

Establishes "Hospital at Home Act."

### **CURRENT VERSION OF TEXT**

As reported by the Senate Budget and Appropriations Committee on June 20, 2023, with amendments.



(Sponsorship Updated As Of: 6/26/2023)

1	AN ACT concerning acute hospital care and supplementing Title 2	6
2	of the Revised Statutes.	

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

1. This act shall be known and may be cited as the "Hospital at 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.

<sup>2</sup>"Federal acute Hospital Care at Home Program" or "federal program" means the program established by the federal Centers for Medicare and Medicaid Services under 42 U.S.C. Section 1320b-5 and extended by 42 U.S.C 1395cc-7, or any successor program established by an act of Congress or the federal Centers for Medicare and Medicaid Services.<sup>2</sup>

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

<sup>2</sup>["Program"] "State program"<sup>2</sup> 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 <sup>2</sup>State<sup>2</sup> program to permit a hospital to provide acute care services to <sup>1</sup>[a covered person] an individual<sup>1</sup> outside of the hospital's licensed facility and within a private residence designated by the <sup>1</sup>[covered person] individual<sup>1</sup>. The program shall be established in a manner that is consistent with the provisions of the <sup>2</sup>federal<sup>2</sup> Acute Hospital Care at Home Program, <sup>2</sup>[as authorized by the federal Centers for Medicare and Medicaid Services] and shall remain in effect for such time as the federal Acute Hospital Care at Home Program remains in effect<sup>2</sup>.
- b. Any hospital <sup>2</sup>[previously in receipt of] <u>issued</u><sup>2</sup> a waiver to operate, or otherwise approved to participate in <sup>2</sup>, <sup>2</sup> the <sup>2</sup>[Centers for Medicare and Medicaid Services's] <u>federal</u><sup>2</sup> Acute Hospital Care at Home Program <sup>2</sup>[prior to the effective date of this act,] <sup>2</sup> shall be permitted to operate or to continue to operate <sup>2</sup><u>under</u><sup>2</sup> the <sup>2</sup><u>federal</u><sup>2</sup> program in the same manner as <sup>2</sup>[previously] <u>is</u><sup>2</sup> permitted under

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.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Senate SHH committee amendments adopted May 11, 2023.

<sup>&</sup>lt;sup>2</sup>Senate SBA committee amendments adopted June 20, 2023.

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<sup>2</sup>the<sup>2</sup> federal <sup>2</sup>[law] program<sup>2</sup>, and shall be integrated into the <sup>2</sup>State<sup>2</sup> 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 <sup>1</sup> [and payment] <sup>1</sup> for acute hospital care services delivered <sup>1</sup> by a credentialed health care provider <sup>1</sup> 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 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 <sup>2</sup>[immediately] on the 120th day next following enactment<sup>2</sup>.