

SENATE, No. 3934

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED DECEMBER 9, 2024

Sponsored by:

Senator M. TERESA RUIZ

District 29 (Essex and Hudson)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

SYNOPSIS

Codifies Medicaid coverage for eligible pregnant women for 365-day period beginning on last day of pregnancy.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/30/2025)

1 AN ACT concerning Medicaid coverage for pregnant women and
2 amending P.L.1968, c.413.

3

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

6

7 1. Section 3 of P.L.1968, c.413 (C.30:4D-3) is amended to read
8 as follows:

9 3. Definitions. As used in P.L.1968, c.413 (C.30:4D-1 et seq.),
10 and unless the context otherwise requires:

11 a. "Applicant" means any person who has made application for
12 purposes of becoming a "qualified applicant."

13 b. "Commissioner" means the Commissioner of Human
14 Services.

15 c. "Department" means the Department of Human Services,
16 which is herein designated as the single State agency to administer
17 the provisions of this act.

18 d. "Director" means the Director of the Division of Medical
19 Assistance and Health Services.

20 e. "Division" means the Division of Medical Assistance and
21 Health Services.

22 f. "Medicaid" means the New Jersey Medical Assistance and
23 Health Services Program.

24 g. "Medical assistance" means payments on behalf of recipients
25 to providers for medical care and services authorized under
26 P.L.1968, c.413.

27 h. "Provider" means any person, public or private institution,
28 agency, or business concern approved by the division lawfully
29 providing medical care, services, goods, and supplies authorized
30 under P.L.1968, c.413, holding, where applicable, a current valid
31 license to provide such services or to dispense such goods or
32 supplies.

33 i. "Qualified applicant" means a person who is a resident of
34 this State, and either a citizen of the United States or an eligible
35 alien, and is determined to need medical care and services as
36 provided under P.L.1968, c.413, with respect to whom the period
37 for which eligibility to be a recipient is determined shall be the
38 maximum period permitted under federal law, and who:

39 (1) Is a dependent child or parent or caretaker relative of a
40 dependent child who would be, except for resources, eligible for the
41 aid to families with dependent children program under the State
42 Plan for Title IV-A of the federal Social Security Act as of July 16,
43 1996;

44 (2) Is a recipient of Supplemental Security Income for the Aged,
45 Blind and Disabled under Title XVI of the Social Security Act;

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.

- 1 (3) Is an "ineligible spouse" of a recipient of Supplemental
2 Security Income for the Aged, Blind and Disabled under Title XVI
3 of the Social Security Act, as defined by the federal Social Security
4 Administration;
- 5 (4) Would be eligible to receive Supplemental Security Income
6 under Title XVI of the federal Social Security Act or, without
7 regard to resources, would be eligible for the aid to families with
8 dependent children program under the State Plan for Title IV-A of
9 the federal Social Security Act as of July 16, 1996, except for
10 failure to meet an eligibility condition or requirement imposed
11 under such State program which is prohibited under Title XIX of
12 the federal Social Security Act such as a durational residency
13 requirement, relative responsibility, consent to imposition of a lien;
- 14 (5) (Deleted by amendment, P.L.2000, c.71).
- 15 (6) Is an individual under 21 years of age who, without regard to
16 resources, would be, except for dependent child requirements,
17 eligible for the aid to families with dependent children program
18 under the State Plan for Title IV-A of the federal Social Security
19 Act as of July 16, 1996, or groups of such individuals, including but
20 not limited to, children in resource family placement under
21 supervision of the Division of Child Protection and Permanency in
22 the Department of Children and Families whose maintenance is
23 being paid in whole or in part from public funds, children placed in
24 a resource family home or institution by a private adoption agency
25 in New Jersey or children in intermediate care facilities, including
26 developmental centers for the developmentally disabled, or in
27 psychiatric hospitals;
- 28 (7) Would be eligible for the Supplemental Security Income
29 program, but is not receiving such assistance and applies for
30 medical assistance only;
- 31 (8) Is determined to be medically needy and meets all the
32 eligibility requirements described below:
- 33 (a) The following individuals are eligible for services, if they
34 are determined to be medically needy:
- 35 (i) Pregnant women;
- 36 (ii) Dependent children under the age of 21;
- 37 (iii) Individuals who are 65 years of age and older; and
- 38 (iv) Individuals who are blind or disabled pursuant to either 42
39 C.F.R.435.530 et seq. or 42 C.F.R.435.540 et seq., respectively.
- 40 (b) The following income standard shall be used to determine
41 medically needy eligibility:
- 42 (i) For one person and two person households, the income
43 standard shall be the maximum allowable under federal law, but
44 shall not exceed 133 1/3 **【%】** percent of the State's payment level to
45 two person households under the aid to families with dependent
46 children program under the State Plan for Title IV-A of the federal
47 Social Security Act in effect as of July 16, 1996; and

1 (ii) For households of three or more persons, the income
2 standard shall be set at 133 1/3 **[%]** percent of the State's payment
3 level to similar size households under the aid to families with
4 dependent children program under the State Plan for Title IV-A of
5 the federal Social Security Act in effect as of July 16, 1996.

6 (c) The following resource standard shall be used to determine
7 medically needy eligibility:

8 (i) For one person households, the resource standard shall be
9 200 **[%]** percent of the resource standard for recipients of
10 Supplemental Security Income pursuant to 42 U.S.C. s.1382(1)(B);

11 (ii) For two person households, the resource standard shall be
12 200 **[%]** percent of the resource standard for recipients of
13 Supplemental Security Income pursuant to 42 U.S.C. s.1382(2)(B);

14 (iii) For households of three or more persons, the resource
15 standard in subparagraph (c)(ii) above shall be increased by
16 \$100.00 for each additional person; and

17 (iv) The resource standards established in (i), (ii), and (iii) are
18 subject to federal approval and the resource standard may be lower
19 if required by the federal Department of Health and Human
20 Services.

21 (d) Individuals whose income exceeds those established in
22 subparagraph (b) of paragraph (8) of this subsection may become
23 medically needy by incurring medical expenses as defined in 42
24 C.F.R.435.831(c) which will reduce their income to the applicable
25 medically needy income established in subparagraph (b) of
26 paragraph (8) of this subsection.

27 (e) A six-month period shall be used to determine whether an
28 individual is medically needy.

29 (f) Eligibility determinations for the medically needy program
30 shall be administered as follows:

31 (i) County welfare agencies and other entities designated by the
32 commissioner are responsible for determining and certifying the
33 eligibility of pregnant women and dependent children. The division
34 shall reimburse county welfare agencies for 100 **[%]** percent of the
35 reasonable costs of administration which are not reimbursed by the
36 federal government for the first 12 months of this program's
37 operation. Thereafter, 75 **[%]** percent of the administrative costs
38 incurred by county welfare agencies which are not reimbursed by
39 the federal government shall be reimbursed by the division;

40 (ii) The division is responsible for certifying the eligibility of
41 individuals who are 65 years of age and older and individuals who
42 are blind or disabled. The division may enter into contracts with
43 county welfare agencies to determine certain aspects of eligibility.
44 In such instances the division shall provide county welfare agencies
45 with all information the division may have available on the
46 individual.

47 The division shall notify all eligible recipients of the
48 Pharmaceutical Assistance to the Aged and Disabled program,

1 P.L.1975, c.194 (C.30:4D-20 et seq.) on an annual basis of the
2 medically needy program and the program's general requirements.
3 The division shall take all reasonable administrative actions to
4 ensure that Pharmaceutical Assistance to the Aged and Disabled
5 recipients, who notify the division that they may be eligible for the
6 program, have their applications processed expeditiously, at times
7 and locations convenient to the recipients; and

8 (iii) The division is responsible for certifying incurred medical
9 expenses for all eligible persons who attempt to qualify for the
10 program pursuant to subparagraph (d) of paragraph (8) of this
11 subsection;

12 (9) (a) Is a child who is at least one year of age and under 19
13 years of age and, if older than six years of age but under 19 years of
14 age, is uninsured; and

15 (b) Is a member of a family whose income does not exceed
16 133【%】 percent of the poverty level and who meets the federal
17 Medicaid eligibility requirements set forth in section 9401 of
18 Pub.L.99-509 (42 U.S.C. s.1396a);

19 (10) Is a pregnant woman who is determined by a provider to be
20 presumptively eligible for medical assistance based on criteria
21 established by the commissioner, pursuant to section 9407 of
22 Pub.L.99-509 (42 U.S.C. s.1396a(a));

23 (11) Is an individual 65 years of age and older, or an individual
24 who is blind or disabled pursuant to section 301 of Pub.L.92-603
25 (42 U.S.C. s.1382c), whose income does not exceed 100【%】
26 percent of the poverty level, adjusted for family size, and whose
27 resources do not exceed 100【%】 percent of the resource standard
28 used to determine medically needy eligibility pursuant to paragraph
29 (8) of this subsection;

30 (12) Is a qualified disabled and working individual pursuant to
31 section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d) whose income
32 does not exceed 200【%】 percent of the poverty level and whose
33 resources do not exceed 200【%】 percent of the resource standard
34 used to determine eligibility under the Supplemental Security
35 Income Program, P.L.1973, c.256 (C.44:7-85 et seq.);

36 (13) Is a pregnant woman or is a child who is under one year of
37 age and is a member of a family whose income does not exceed
38 185【%】 percent of the poverty level, or is a pregnant woman who is
39 a member of a family whose income does not exceed the highest
40 income eligibility level for pregnant women established under the
41 State plan under Title XIX of the federal Social Security Act, and
42 who meets the federal Medicaid eligibility requirements set forth in
43 section 9401 of Pub.L.99-509 (42 U.S.C. s.1396a), except that a
44 pregnant woman who is determined to be a qualified applicant shall,
45 notwithstanding any change in the income of the family of which
46 she is a member, continue to be deemed a qualified applicant until

1 the end of the **【60-day】** 365-day period beginning on the last day of
2 her pregnancy;

3 (14) (Deleted by amendment, P.L.1997, c.272).

4 (15) (a) Is a specified low-income Medicare beneficiary pursuant
5 to 42 U.S.C. s.1396a(a)10(E)iii whose resources beginning January
6 1, 1993 do not exceed 200**【%】** percent of the resource standard
7 used to determine eligibility under the Supplemental Security
8 Income program, P.L.1973, c.256 (C.44:7-85 et seq.) and whose
9 income beginning January 1, 1993 does not exceed 110**【%】** percent
10 of the poverty level, and beginning January 1, 1995 does not exceed
11 120**【%】** percent of the poverty level.

12 (b) An individual who has, within 36 months, or within 60
13 months in the case of funds transferred into a trust, of applying to
14 be a qualified applicant for Medicaid services in a nursing facility
15 or a medical institution, or for home or community-based services
16 under section 1915(c) of the federal Social Security Act (42 U.S.C.
17 s.1396n(c)), disposed of resources or income for less than fair
18 market value shall be ineligible for assistance for nursing facility
19 services, an equivalent level of services in a medical institution, or
20 home or community-based services under section 1915(c) of the
21 federal Social Security Act (42 U.S.C. s.1396n(c)). The period of
22 the ineligibility shall be the number of months resulting from
23 dividing the uncompensated value of the transferred resources or
24 income by the average monthly private payment rate for nursing
25 facility services in the State as determined annually by the
26 commissioner. In the case of multiple resource or income transfers,
27 the resulting penalty periods shall be imposed sequentially.
28 Application of this requirement shall be governed by 42 U.S.C.
29 s.1396p(c). In accordance with federal law, this provision is
30 effective for all transfers of resources or income made on or after
31 August 11, 1993. Notwithstanding the provisions of this subsection
32 to the contrary, the State eligibility requirements concerning
33 resource or income transfers shall not be more restrictive than those
34 enacted pursuant to 42 U.S.C. s.1396p(c).

35 (c) An individual seeking nursing facility services or home or
36 community-based services and who has a community spouse shall
37 be required to expend those resources which are not protected for
38 the needs of the community spouse in accordance with section
39 1924(c) of the federal Social Security Act (42 U.S.C. s.1396r-5(c))
40 on the costs of long-term care, burial arrangements, and any other
41 expense deemed appropriate and authorized by the commissioner.
42 An individual shall be ineligible for Medicaid services in a nursing
43 facility or for home or community-based services under section
44 1915(c) of the federal Social Security Act (42 U.S.C. s.1396n(c)) if
45 the individual expends funds in violation of this subparagraph. The
46 period of ineligibility shall be the number of months resulting from
47 dividing the uncompensated value of transferred resources and
48 income by the average monthly private payment rate for nursing

1 facility services in the State as determined by the commissioner.
2 The period of ineligibility shall begin with the month that the
3 individual would otherwise be eligible for Medicaid coverage for
4 nursing facility services or home or community-based services.

5 This subparagraph shall be operative only if all necessary
6 approvals are received from the federal government including, but
7 not limited to, approval of necessary State plan amendments and
8 approval of any waivers;

9 (16) Subject to federal approval under Title XIX of the federal
10 Social Security Act, is a dependent child, parent or specified
11 caretaker relative of a child who is a qualified applicant, who would
12 be eligible, without regard to resources, for the aid to families with
13 dependent children program under the State Plan for Title IV-A of
14 the federal Social Security Act as of July 16, 1996, except for the
15 income eligibility requirements of that program, and whose family
16 earned income,

17 (a) if a dependent child, does not exceed 133【%】 percent of the
18 poverty level; and

19 (b) if a parent or specified caretaker relative, beginning
20 September 1, 2005 does not exceed 100【%】 percent of the poverty
21 level, beginning September 1, 2006 does not exceed 115【%】
22 percent of the poverty level and beginning September 1, 2007 does
23 not exceed 133【%】 percent of the poverty level, plus such earned
24 income disregards as shall be determined according to a
25 methodology to be established by regulation of the commissioner;

26 The commissioner may increase the income eligibility limits for
27 children and parents and specified caretaker relatives, as funding
28 permits;

29 (17) Is an individual from 18 through 20 years of age who is not
30 a dependent child and would be eligible for medical assistance
31 pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), without regard to
32 income or resources, who, on the individual's 18th birthday was in
33 resource family care under the care and custody of the Division of
34 Child Protection and Permanency in the Department of Children
35 and Families and whose maintenance was being paid in whole or in
36 part from public funds;

37 (18) Is a person 16 years of age or older and who is permanently
38 disabled and working, and who pays the premium contribution and
39 other cost sharing as established by the commissioner based solely
40 on the applicant's earned and unearned income, subject to the limits
41 and conditions of federal law.

42 A qualified applicant pursuant to this paragraph shall: (a) not be
43 subject to any eligibility requirements regarding the earned or
44 unearned income of the applicant or the applicant's spouse; and (b)
45 remain eligible for medical care and services as provided under
46 P.L.1968, c.413 for up to a period of one year if, through no fault of
47 the applicant, a job loss occurs;

48 (19) Is an uninsured individual under 65 years of age who:

- 1 (a) has been screened for breast or cervical cancer under the
2 federal Centers for Disease Control and Prevention breast and
3 cervical cancer early detection program;
- 4 (b) requires treatment for breast or cervical cancer based upon
5 criteria established by the commissioner;
- 6 (c) has an income that does not exceed the income standard
7 established by the commissioner pursuant to federal guidelines;
- 8 (d) meets all other Medicaid eligibility requirements; and
- 9 (e) in accordance with Pub.L.106-354, is determined by a
10 qualified entity to be presumptively eligible for medical assistance
11 pursuant to 42 U.S.C. s.1396a(aa), based upon criteria established
12 by the commissioner pursuant to section 1920B of the federal Social
13 Security Act (42 U.S.C. s.1396r-1b);
- 14 (20) Subject to federal approval under Title XIX of the federal
15 Social Security Act, is a single adult or couple, without dependent
16 children, whose income in 2006 does not exceed 50【%】 percent of
17 the poverty level, in 2007 does not exceed 75【%】 percent of the
18 poverty level and in 2008 and each year thereafter does not exceed
19 100【%】 percent of the poverty level; except that a person who is a
20 recipient of Work First New Jersey general public assistance,
21 pursuant to P.L.1947, c.156 (C.44:8-107 et seq.), shall not be a
22 qualified applicant; or
- 23 (21) is an individual who:
- 24 (a) has an income that does not exceed the highest income
25 eligibility level for pregnant women established under the State
26 plan under Title XIX or Title XXI of the federal Social Security
27 Act;
- 28 (b) is not pregnant; and
- 29 (c) is eligible to receive family planning services provided
30 under the Medicaid program pursuant to subsection k. of section 6
31 of P.L.1968, c.413 (C.30:4D-6) and in accordance with 42 U.S.C.
32 s.1396a(ii).
- 33 j. "Recipient" means any qualified applicant receiving benefits
34 under this act.
- 35 k. "Resident" means a person who is living in the State
36 voluntarily with the intention of making his home here and not for a
37 temporary purpose. Temporary absences from the State, with
38 subsequent returns to the State or intent to return when the purposes
39 of the absences have been accomplished, do not interrupt continuity
40 of residence.
- 41 l. "State Medicaid Commission" means the Governor, the
42 Commissioner of Human Services, the President of the Senate and
43 the Speaker of the General Assembly, hereby constituted a
44 commission to approve and direct the means and method for the
45 payment of claims pursuant to P.L.1968, c.413.
- 46 m. "Third party" means any person, institution, corporation,
47 insurance company, group health plan as defined in section 607(1)
48 of the federal "Employee Retirement and Income Security Act of

1 1974," 29 U.S.C. s.1167(1), service benefit plan, health
2 maintenance organization, or other prepaid health plan, or public,
3 private or governmental entity who is or may be liable in contract,
4 tort, or otherwise by law or equity to pay all or part of the medical
5 cost of injury, disease or disability of an applicant for or recipient
6 of medical assistance payable under P.L.1968, c.413.

7 n. "Governmental peer grouping system" means a separate
8 class of skilled nursing and intermediate care facilities administered
9 by the State or county governments, established for the purpose of
10 screening their reported costs and setting reimbursement rates under
11 the Medicaid program that are reasonable and adequate to meet the
12 costs that must be incurred by efficiently and economically operated
13 State or county skilled nursing and intermediate care facilities.

14 o. "Comprehensive maternity or pediatric care provider" means
15 any person or public or private health care facility that is a provider
16 and that is approved by the commissioner to provide comprehensive
17 maternity care or comprehensive pediatric care as defined in
18 subsection b. (18) and (19) of section 6 of P.L.1968, c.413
19 (C.30:4D-6).

20 p. "Poverty level" means the official poverty level based on
21 family size established and adjusted under Section 673(2) of
22 Subtitle B, the "Community Services Block Grant Act," of
23 Pub.L.97-35 (42 U.S.C. s.9902(2)).

24 q. "Eligible alien" means one of the following:

25 (1) an alien present in the United States prior to August 22,
26 1996, who is:

27 (a) a lawful permanent resident;

28 (b) a refugee pursuant to section 207 of the federal "Immigration
29 and Nationality Act" (8 U.S.C. s.1157);

30 (c) an asylee pursuant to section 208 of the federal
31 "Immigration and Nationality Act" (8 U.S.C. s.1158);

32 (d) an alien who has had deportation withheld pursuant to
33 section 243(h) of the federal "Immigration and Nationality Act" (8
34 U.S.C. s.1253 (h));

35 (e) an alien who has been granted parole for less than one year
36 by the U.S. Citizenship and Immigration Services pursuant to
37 section 212(d)(5) of the federal "Immigration and Nationality Act"
38 (8 U.S.C. s.1182(d)(5));

39 (f) an alien granted conditional entry pursuant to section
40 203(a)(7) of the federal "Immigration and Nationality Act" (8
41 U.S.C. s.1153(a)(7)) in effect prior to April 1, 1980; or

42 (g) an alien who is honorably discharged from or on active duty
43 in the United States armed forces and the alien's spouse and
44 unmarried dependent child.

45 (2) An alien who entered the United States on or after August
46 22, 1996, who is:

47 (a) an alien as described in paragraph (1)(b), (c), (d) or (g) of
48 this subsection; or

1 (b) an alien as described in paragraph (1)(a), (e) or (f) of this
2 subsection who entered the United States at least five years ago.

3 (3) A legal alien who is a victim of domestic violence in
4 accordance with criteria specified for eligibility for public benefits
5 as provided in Title V of the federal "Illegal Immigration Reform
6 and Immigrant Responsibility Act of 1996" (8 U.S.C. s.1641).
7 (cf: P.L.2021, c.344, s.1)

8

9 2. This act shall take effect immediately.

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11

12

STATEMENT

13

14 This bill codifies Medicaid coverage for eligible pregnant women
15 for a 365-day period beginning on the last day of a woman's
16 pregnancy. The Division of Medical Assistance and Health Services
17 in the Department of Human Services has been mandated to provide
18 this benefit, via budget language included in the State's Annual
19 Appropriations Act, since FY 2022. Moreover, the division has
20 included this policy in the NJ FamilyCare 1115 Comprehensive
21 Demonstration, which governs the operations of significant
22 components of New Jersey's Medicaid program. The current
23 demonstration is effective through June 30, 2028.

24 The State's efforts regarding Medicaid coverage for pregnant
25 individuals are aligned with changes at the federal level. For example,
26 a provision in the "American Rescue Plan Act of 2021" gave states a
27 new option to extend Medicaid postpartum coverage to 12 months,
28 instead of 60 days, via a state plan amendment for the purposes of
29 improving maternal health and coverage stability, and addressing
30 racial disparities in maternal health. This new option took effect on
31 April 1, 2022 and was originally available for five years; however, the
32 option was made permanent by the "Consolidated Appropriations Act
33 2023."

34 This bill also clarifies that the State's existing coverage of
35 Medicaid services for pregnant individuals is extended to those
36 individuals whose income does not exceed the highest income
37 eligibility level established for pregnant women under the State
38 Medicaid plan.