



**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:** Yes

**FOLLOWING WERE PRINTED:**

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**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** Yes

"Medicaid may see \$140 cap on low-level visits to ER in N.J. - N.J. bill would cap Medicaid ER visits at\$140 for non-emergencies," Press of Atlantic City, July 3, 2018

§§1,3 -  
C.30:4D-7p &  
30:4D-7q  
§2 - T&E  
§4 - Note

P.L. 2018, CHAPTER 51, *approved July 1, 2018*  
Assembly, No. 4207

1 AN ACT concerning Medicaid reimbursement of certain emergency  
2 services and supplementing Title 30 of the Revised Statutes.

3

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

6

7 1. a. A hospital licensed pursuant to P.L.1971, c.136  
8 (C.26:2H-1 et seq.) providing emergency services to patients  
9 enrolled in the State Medicaid fee-for-service program shall accept  
10 as final payment an emergency room triage reimbursement fee of  
11 \$140.00 when the emergency services provided are for low acuity  
12 emergency room encounters. The Commissioner of Human  
13 Services shall publish a list of diagnostic codes that would be  
14 considered low acuity emergency room encounters for the purpose  
15 of applying this fee.

16 b. As used in this section:

17 "Acuity" means the measurement of the *intensity* of nursing care  
18 required by a patient.

19 "Medicaid" means the Medicaid program established pursuant to  
20 P.L.1968, c.413 (C.30:4D-1 et seq.).

21

22 2. The Commissioner of Human Services shall apply for such  
23 State plan amendments or waivers as may be necessary to  
24 implement the provisions of this act and to secure federal financial  
25 participation for State Medicaid expenditures under the federal  
26 Medicaid program.

27

28 3. The Commissioner of Human Services shall adopt rules and  
29 regulations pursuant to the "Administrative Procedure Act"  
30 P.L.1968, c.410 (C.52:14B-1 et seq.) to effectuate the purposes of  
31 this act.

32

33 4. This act shall take effect on the first day of the fourth month  
34 next following the date of enactment, and shall apply to all services  
35 provided on or after the effective date, except that the  
36 Commissioner of Human Services may take any anticipatory  
37 administrative action in advance as shall be necessary for the  
38 implementation of this act.

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STATEMENT

This bill establishes a Medicaid emergency room triage reimbursement fee for low acuity emergency room encounters of patients enrolled in the State Medicaid fee-for-service program. Under the bill, a hospital in the State providing emergency services to patients enrolled in the State Medicaid fee-for-service program must accept as final payment an emergency room triage reimbursement fee of \$140.00 when the emergency services provided are for low acuity emergency room encounters. As defined by the bill, acuity means the measurement of the *intensity* of nursing care required by a patient. The bill requires the Commissioner of Human Services to publish a list of diagnostic codes that would be considered low acuity emergency room encounters for the purpose of applying this fee.



Establishes Medicaid emergency room triage reimbursement fee for low acuity emergency room encounters.

# ASSEMBLY, No. 4207

## STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JUNE 18, 2018

**Sponsored by:**

**Assemblyman LOUIS D. GREENWALD**

**District 6 (Burlington and Camden)**

**Senator PAUL A. SARLO**

**District 36 (Bergen and Passaic)**

**SYNOPSIS**

Establishes Medicaid emergency room triage reimbursement fee for low acuity emergency room encounters.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 6/22/2018)**

1 AN ACT concerning Medicaid reimbursement of certain emergency  
2 services and supplementing Title 30 of the Revised Statutes.

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38 implementation of this act.

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#### STATEMENT

42

43 This bill establishes a Medicaid emergency room triage  
44 reimbursement fee for low acuity emergency room encounters of  
45 patients enrolled in the State Medicaid fee-for-service program.  
46 Under the bill, a hospital in the State providing emergency services  
47 to patients enrolled in the State Medicaid fee-for-service program  
48 must accept as final payment an emergency room triage

**A4207 GREENWALD**

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1 reimbursement fee of \$140.00 when the emergency services  
2 provided are for low acuity emergency room encounters. As  
3 defined by the bill, acuity means the measurement of the *intensity*  
4 of nursing care required by a patient. The bill requires the  
5 Commissioner of Human Services to publish a list of diagnostic  
6 codes that would be considered low acuity emergency room  
7 encounters for the purpose of applying this fee.

# ASSEMBLY BUDGET COMMITTEE

## STATEMENT TO

### ASSEMBLY, No. 4207

# STATE OF NEW JERSEY

DATED: JUNE 18, 2018

The Assembly Budget Committee reports favorably Assembly Bill No. 4207.

This bill establishes a Medicaid emergency room triage reimbursement fee for low acuity emergency room encounters of patients enrolled in the State Medicaid fee-for-service program. Under the bill, a hospital in the State providing emergency services to patients enrolled in the State Medicaid fee-for-service program must accept as final payment an emergency room triage reimbursement fee of \$140.00 when the emergency services provided are for low acuity emergency room encounters. As defined by the bill, acuity means the measurement of the *intensity* of nursing care required by a patient. The bill requires the Commissioner of Human Services to publish a list of diagnostic codes that would be considered low acuity emergency room encounters for the purpose of applying this fee.

#### FISCAL IMPACT:

The Office of Legislative Services estimates that this bill will result in an indeterminate decrease in expenditures from the General Fund due to cost savings realized within the Medicaid fee-for-service (FFS) program for certain emergency room services, as outlined in the bill. However, without data by the Executive Branch, the OLS cannot quantify this impact.

According to the department, as of March 2018, 5.3 percent of all Medicaid recipients in the State are enrolled in the FFS program. As such, the savings directly provided by this bill will be proportionate to the percentage of recipients that receive Medicaid benefits through the FFS program.

For reference, in FY 17 according to data presented by the Department of Human Services during the FY 2019 Budget process, 148,966 Medicaid FFS consumers made 1,914,011 outpatient claims. The total Medicaid payment for these claims was \$205,987,037, with the average payment amount per claim being \$107.62. It is likely that multiple claims are included in a single encounter; therefore, the total cost of certain encounters was higher than \$107.62. The OLS, however, is unable to determine which outpatient claims were due to emergency department visits, the average cost of those visits, and which of those visits would be defined as low acuity under the bill. According to the most recent National Hospital Ambulatory Medical

Care Survey (2015), 7 percent of Medicaid emergency department visits are classified as “non-urgent” conditions or injuries that could have been handled in other, less expensive settings.

The OLS notes that it is possible that the enactment of this bill would indirectly affect rates within the Medicaid managed care program; however, the certainty and degree to which this may happen is not known. With the majority of Medicaid recipients enrolled in the managed care program, the implementation of an emergency room triage fee of \$140.00, as provided in the bill for the FFS program, would significantly increase the cost savings provided by this bill.

For reference, in FY 17, 596,378 Medicaid managed care consumers made 1,346,514 emergency room - outpatient claims. The total Medicaid payment for these claims was \$392,057,024, with the average payment amount per claim being \$291.16. Again, it is likely that multiple claims are included in a single encounter.

**LEGISLATIVE FISCAL ESTIMATE**  
**ASSEMBLY, No. 4207**  
**STATE OF NEW JERSEY**  
**218th LEGISLATURE**

DATED: JUNE 26, 2018

**SUMMARY**

**Synopsis:** Establishes Medicaid emergency room triage reimbursement fee for low acuity emergency room encounters.

**Type of Impact:** Indeterminate decrease in expenditures; General Fund.

**Agencies Affected:** Division of Medical Assistance and Health Services, Department of Human Services.

**Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b><u>Annual</u></b>
<b>State Expenditures</b>	Indeterminate Decrease

- The Office of Legislative Services (OLS) estimates that this bill will result in an indeterminate decrease in General Fund expenditures by the Division of Medical Assistance and Health Services (DMAHS) within the Department of Human Services due to cost savings realized within the Medicaid fee-for-service (FFS) program for certain emergency room services, as outlined in the bill. However, without data from the Executive Branch, the OLS cannot quantify this impact.
- According to the department, as of March 2018, 5.3 percent of all Medicaid recipients in the State are enrolled in the FFS program, while the remaining recipients are enrolled in the Managed Care program. As such, the savings directly provided by this bill will be proportionate to the percentage of recipients that receive Medicaid benefits through the FFS program. The OLS notes that it is possible that the enactment of this bill may indirectly affect rates within the Medicaid managed care program; however, the certainty and degree to which this may happen is not known.

**BILL DESCRIPTION**

This bill establishes a Medicaid emergency room triage reimbursement fee for low acuity emergency room encounters of patients enrolled in the State Medicaid fee-for-service program. Under the bill, a hospital in the State providing emergency services to patients enrolled in the State Medicaid fee-for-service program must accept as final payment an emergency room triage reimbursement fee of \$140.00 when the emergency services provided are for low acuity

emergency room encounters. As defined by the bill, acuity means the measurement of the intensity of nursing care required by a patient. The bill requires the Commissioner of Human Services to publish a list of diagnostic codes that would be considered low acuity emergency room encounters for the purpose of applying this fee.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS estimates that this bill will result in an indeterminate decrease in General Fund expenditures by the DMAHS within the DHS due to cost savings realized within the Medicaid FFS program for certain emergency room services, as outlined in the bill. However, without data from the Executive Branch, the OLS cannot quantify this impact.

According to the department, as of March 2018, 5.3 percent of all Medicaid recipients in the State are enrolled in the FFS program, while the remaining recipients are enrolled in the Managed Care program. As such, the savings directly provided by this bill will be proportionate to the percentage of recipients that receive Medicaid benefits through the FFS program.

For reference, in FY 17 according to data presented by the DHS during the FY 2019 Budget process, 148,966 Medicaid FFS consumers made 1,914,011 outpatient claims. The total Medicaid payment for these claims was \$205,987,037, with the average payment amount per claim being \$107.62. It is likely that multiple claims are included in a single encounter; therefore, the total cost of certain encounters was higher than \$107.62. The OLS, however, is unable to determine which outpatient claims were due to emergency department visits, the average cost of those visits, and which of those visits would be defined as low acuity under the bill. According to the most recent National Hospital Ambulatory Medical Care Survey (2015), 7 percent of Medicaid emergency department visits are classified as “non-urgent” conditions or injuries that could have been handled in other, less expensive settings.

The OLS notes that it is possible that the enactment of this bill would indirectly affect rates within the Medicaid managed care program; however, the certainty and degree to which this may happen is not known. With the majority of Medicaid recipients enrolled in the managed care program, the implementation of an emergency room triage fee of \$140.00, as provided in the bill for the FFS program, would significantly increase the cost savings provided by this bill.

For reference, in FY 17, 596,378 Medicaid managed care consumers made 1,346,514 emergency room - outpatient claims. The total Medicaid payment for these claims was \$392,057,024, with the average payment amount per claim being \$291.16. Again, it is likely that multiple claims are included in a single encounter.

*Section:* Human Services

*Analyst:* Sarah Schmidt  
Associate Research Analyst

*Approved:* Frank W. Haines III  
Legislative Budget and Finance Officer

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

**SENATE, No. 2657**

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**STATE OF NEW JERSEY**  
**218th LEGISLATURE**

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INTRODUCED JUNE 4, 2018

**Sponsored by:**  
**Senator PAUL A. SARLO**  
**District 36 (Bergen and Passaic)**

**SYNOPSIS**

Establishes Medicaid emergency room triage reimbursement fee for low acuity emergency room encounters.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning Medicaid reimbursement of certain emergency  
2 services and supplementing Title 30 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
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**S2657 SARLO**

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7 encounters for the purpose of applying this fee.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

### SENATE, No. 2657

# STATE OF NEW JERSEY

DATED: JUNE 18, 2018

Senate Budget and Appropriations Committee reports favorably Senate Bill No. 2657.

This bill establishes a Medicaid emergency room triage reimbursement fee for low acuity emergency room encounters of patients enrolled in the State Medicaid fee-for-service program. Under the bill, a hospital in the State providing emergency services to patients enrolled in the State Medicaid fee-for-service program must accept as final payment an emergency room triage reimbursement fee of \$140.00 when the emergency services provided are for low acuity emergency room encounters. As defined by the bill, acuity means the measurement of the intensity of nursing care required by a patient. The bill requires the Commissioner of Human Services to publish a list of diagnostic codes that would be considered low acuity emergency room encounters for the purpose of applying this fee.

#### FISCAL IMPACT:

The Office of Legislative Services estimates that this bill will result in an indeterminate decrease in expenditures from the General Fund due to cost savings realized within the Medicaid fee-for-service (FFS) program for certain emergency room services, as outlined in the bill. However, without data by the Executive Branch, the OLS cannot quantify this impact. Certain reports have indicated the savings between \$29 and \$75 million, but the OLS cannot verify these claims.

According to the department, as of March 2018, 5.3 percent of all Medicaid recipients in the State are enrolled in the FFS program. As such, the savings directly provided by this bill will be proportionate to the percentage of recipients that receive Medicaid benefits through the FFS program.

For reference, in FY 17 according to data presented by the Department of Human Services during the FY 2019 Budget process, 148,966 Medicaid FFS consumers made 1,914,011 outpatient claims. The total Medicaid payment for these claims was \$205,987,037, with the average payment amount per claim being \$107.62. It is likely that multiple claims are included in a single encounter; therefore, the total cost of certain encounters was higher than \$107.62. The OLS, however, is unable to determine which outpatient claims were due to emergency department visits, the average cost of those visits, and

which of those visits would be defined as low acuity under the bill. According to the most recent National Hospital Ambulatory Medical Care Survey (2015), 7 percent of Medicaid emergency department visits are classified as “non-urgent” conditions or injuries that could have been handled in other, less expensive settings.

The OLS notes that it is possible that the enactment of this bill would indirectly affect rates within the Medicaid managed care program; however, the certainty and degree to which this may happen is not known. With the majority of Medicaid recipients enrolled in the managed care program, the implementation of an emergency room triage fee of \$140.00, as provided in the bill for the FFS program, would significantly increase the cost savings provided by this bill. For reference, in FY 17, 596,378 Medicaid managed care consumers made 1,346,514 emergency room - outpatient claims. The total Medicaid payment for these claims was \$392,057,024, with the average payment amount per claim being \$291.16. Again, it is likely that multiple claims are included in a single encounter.

**LEGISLATIVE FISCAL ESTIMATE**  
**SENATE, No. 2657**  
**STATE OF NEW JERSEY**  
**218th LEGISLATURE**

DATED: JUNE 26, 2018

**SUMMARY**

**Synopsis:** Establishes Medicaid emergency room triage reimbursement fee for low acuity emergency room encounters.

**Type of Impact:** Indeterminate decrease in expenditures; General Fund.

**Agencies Affected:** Division of Medical Assistance and Health Services, Department of Human Services.

**Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b><u>Annual</u></b>
<b>State Expenditures</b>	Indeterminate Decrease

- The Office of Legislative Services (OLS) estimates that this bill will result in an indeterminate decrease in General Fund expenditures by the Division of Medical Assistance and Health Services (DMAHS) within the Department of Human Services due to cost savings realized within the Medicaid fee-for-service (FFS) program for certain emergency room services, as outlined in the bill. However, without data from the Executive Branch, the OLS cannot quantify this impact.
- According to the department, as of March 2018, 5.3 percent of all Medicaid recipients in the State are enrolled in the FFS program, while the remaining recipients are enrolled in the Managed Care program. As such, the savings directly provided by this bill will be proportionate to the percentage of recipients that receive Medicaid benefits through the FFS program. The OLS notes that it is possible that the enactment of this bill may indirectly affect rates within the Medicaid managed care program; however, the certainty and degree to which this may happen is not known.

**BILL DESCRIPTION**

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## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS estimates that this bill will result in an indeterminate decrease in General Fund expenditures by the DMAHS within the DHS due to cost savings realized within the Medicaid FFS program for certain emergency room services, as outlined in the bill. However, without data from the Executive Branch, the OLS cannot quantify this impact.

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*Section:* Human Services

*Analyst:* Sarah Schmidt  
Associate Research Analyst

*Approved:* Frank W. Haines III  
Legislative Budget and Finance Officer

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).



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## Newark, N.J.

# Governor Murphy Signs Fiscal Year 2019 Budget into Law

07/1/2018

**TRENTON** - Governor Phil Murphy today conditionally vetoed the following bills and signed them into law after the Legislature concurred with the Governor's recommendations:

**ACS for A-3088wGR/SCS for S-64, 1515, 2407 (Jimenez, Dancer, Mukherji/Turner, Singleton, Ruiz, Pennacchio)** - Increases earned income tax credit; provides credit for child or dependent care expenses; taxes "investment management services  
[Copy of Message on A-3088](#)

**A-3438wGR/SCS for S-1841, 2523 (Karabinchak, Coughlin, DeAngelo/Diegnan, Cryan)** - Requires Director of the Division of Taxation to establish 90-day State tax amnesty period that ends no later than January 15, 2019  
[Copy of Message on A-3438](#)

**ACS for A-4061wGR/S-2767 (Chiaravalloti, Mukherji/Cruz-Perez)** - Imposes surcharge on prearranged rides and increases certain fee associated with motor vehicle violations  
[Copy of Message on A-4061](#)

**A-4202wGR/S-2746 (Pintor Marin/Sweeney)** - Imposes surtax on corporation business tax liability; decouples certain provisions from Internal Revenue Code; imposes tax on certain dividends  
[Copy of Message on A-4202](#)

### Governor Murphy signed the following bills into law:

**A-1753/S-749 (Quijano, Vainieri Huttel, Mukherji, Giblin/Diegnan, Sarlo)** - Imposes State sales and use tax and hotel and motel occupancy fee on transient accommodations; authorizes various municipal taxes and fees on transient accommodations

**A-4132/S-2731 (Pintor Marin, Timberlake, Mukherji/Sarlo)** - Imposes \$0.10 per fluid milliliter tax related to sales of liquid nicotine

**A-4207/S-2657 (Greenwald/Sarlo)** - Establishes Medicaid emergency room triage reimbursement fee for low acuity emergency room encounters

**A-4229/S-2772 (Calabrese, Schaer, Jimenez/Sarlo)** - Applies Meadowlands regional hotel use assessment to all municipalities that participate in Meadowlands tax sharing program

**Governor Murphy signed the following bills into law while exercising his line item veto authority:**

**S-2019/A-4200 (Sarlo/Pintor Marin, Burzichelli)** - LINE ITEM - Appropriates \$36,517,421,000 in State funds and \$16,551,418,698 in federal funds for the State budget for fiscal year 2018-2019

[Line Item Veto of S-2019](#)

[Line Item Veto Message on S-2019](#)

**S-2824/A-4326 (Sarlo/Coughlin)** - LINE ITEM - Amends and supplements various appropriations and language provisions in Fiscal year 2019 annual State appropriations ac

[Line Item Veto of S-2824](#)

[Line Item Veto Message on S-2824](#)

Revenue Certification for Fiscal Year 2019 Budget - <https://nj.gov/governor/news/statements/docs/RevenueCert-S2019.pdf>

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## Governor Phil Murphy

## Statewide

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