

LEGISLATIVE HISTORY CHECKLIST

NJSA: 30:4D-6

(Medicaid - prohibit imposition of copayment on receipts unless required by Federal law)

LAWS OF: 1984

CHAPTER: 56

Bill No: A820

Sponsor(s): Kalik

Date Introduced: January 10, 1984

Committee: Assembly: //////////////

Senate: Institutions, Health and Welfare

Amended during passage: No

Date of Passage: Assembly: January 23, 1984

Senate: May 14, 1984

Date of Approval: June 28, 1984

Following statements are attached if available:

Sponsor statement: Yes (Below)

Committee statement: Assembly No

Senate Yes

Fiscal Note: No

Veto Message: No

Message on Signing: No

Following were printed:

Reports: No

Hearings: No

Sponsor's statement:

This bill would prohibit the ability of the Medicaid program to impose copayment or other forms of cost sharing on individual Medicaid recipients by regulation, unless copayments or other forms of cost sharing are mandated by the federal government.

ASSEMBLY, No. 820

STATE OF NEW JERSEY

INTRODUCED JANUARY 10, 1984

By Assemblywoman KALIK

AN ACT to amend the "New Jersey Medical Assistance and Health Services Act," approved January 15, 1969 (P.L. 1968, c. 413).

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

1 1. Section 6 of P. L. 1968, c. 413 (C. 30:4D-6) is amended to
2 read as follows:

3 6. a. Subject to the requirements of Title XIX of the federal
4 Social Security Act, the limitations imposed by this act and by the
5 rules and regulations promulgated pursuant thereto, the depart-
6 ment shall provide medical assistance to qualified applicants
7 including authorized services within each of the following classifi-
8 cations:

- 9 (1) Inpatient hospital services;
10 (2) Outpatient hospital services;
11 (3) Other laboratory and X-ray services;
12 (4) (a) Skilled nursing or intermediate care facility services;
13 (b) Such early and periodic screening and diagnosis of individ-
14 uals who are eligible under the program and are under age 21 to
15 ascertain their physical or mental defects and such health care,
16 treatment, and other measures to correct or ameliorate defects and
17 chronic conditions discovered thereby, as may be provided in regu-
18 lations of the Secretary of the federal Department of Health,
19 Education and Welfare] *and Human Services* and approved by the
20 commissioner;
21 (5) Physicians' services furnished in the office, the patient's
22 home, a hospital, a skilled nursing or intermediate care facility or
23 elsewhere.

24 b. Subject to the limitations imposed by federal law, by this 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 printed in italics *thus* is new matter.

25 and by the rules and regulations promulgated pursuant thereto, the
26 medical assistance program may be expanded to include authorized
27 services within each of the following classifications:

- 28 (1) Medical care not included in subsection a. (5) above, or any
29 other type of remedial care recognized under State law, furnished
30 by licensed practitioners within the scope of their practice as de-
31 fined by State law;
- 32 (2) Home health care services;
- 33 (3) Clinic services;
- 34 (4) Dental services;
- 35 (5) Physical therapy and related services;
- 36 (6) Prescribed drugs, dentures, and prosthetic devices; and eye-
37 glasses prescribed by a physician skilled in diseases of the eye or
38 by an optometrist, whichever the individual may select;
- 39 (7) Optometric services;
- 40 (8) Podiatric services;
- 41 (9) Chiropractic services;
- 42 (10) Psychological services;
- 43 (11) Inpatient psychiatric hospital services for individuals
44 under 21 years of age, or under age 22 if they are receiving such
45 services immediately before attaining age 21;
- 46 (12) Other diagnostic, screening, preventive, and rehabilitative
47 services, and other remedial care;
- 48 (13) Inpatient hospital services, skilled nursing facility services
49 and intermediate care facility services for individuals 65 years of
50 age or over in an institution for mental diseases;
- 51 (14) Intermediate care facility services;
- 52 (15) Transportation services;
- 53 (16) Any other medical care and any other type of remedial care
54 recognized under State law, specified by the Secretary of the fed-
55 eral Department of Health, Education and Welfare] *Human Ser-*
56 *vices*, and approved by the commissioner.

57 c. Payments for the foregoing services, goods and supplies fur-
58 nished pursuant to this act shall be made to the extent authorized
59 by this act, the rules and regulations promulgated pursuant thereto
60 and, where applicable, subject to the agreement of insurance pro-
61 vided for under this act. Said payments shall constitute payment
62 in full to the provider on behalf of the recipient. Every provider
63 making a claim for payment pursuant to this act shall certify in
64 writing on the claim submitted that no additional amount will be
65 charged to the recipient, his family, his representative or others on
66 his behalf for the services, goods and supplies furnished pursuant
67 to this act.

68 No provider whose claim for payment pursuant to this act has

69 been denied because the services, goods or supplies were deter-
70 mined to be medically unnecessary shall seek reimbursement from
71 the recipient, his family, his representative or others on his behalf
72 for such services, goods and supplies provided pursuant to this act;
73 provided, however, a provider may seek reimbursement from a
74 recipient for services, goods or supplies not authorized by this act,
75 if the recipient elected to receive the services, goods or supplies
76 with the knowledge that they were not authorized.

77 d. Any individual eligible for medical assistance (including
78 drugs) may obtain such assistance from any person qualified to
79 perform the service or services required (including an organiza-
80 tion which provides such services, or arranges for their avail-
81 ability on a prepayment basis), who undertakes to provide him
82 such services.

83 *No copayment or other form of cost sharing shall be imposed on*
84 *any individual eligible for medical assistance except as mandated*
85 *by federal law as a condition of federal financial participation.*

86 e. Anything in this act to the contrary notwithstanding, no pay-
87 ments for medical assistance shall be made under this act with
88 respect to care or services for any individual who:

89 (1) Is an inmate of a public institution (except as a patient in a
90 medical institution); provided, however, that an individual who is
91 otherwise eligible may continue to receive services for the month
92 in which he becomes an inmate, should the commissioner determine
93 to expand the scope of Medicaid eligibility to include such an
94 individual subject to the limitations imposed by federal law and
95 regulations, or

96 (2) Has not attained 65 years of age and who is a patient in an
97 institution for mental diseases, or

98 (3) Is over 21 years of age and who is receiving inpatient
99 psychiatric hospital services in a psychiatric facility; provided,
100 however, that an individual who was receiving such services
101 immediately prior to attaining age 21 may continue to receive such
102 services until he reaches age 22. Nothing in this subsection shall
103 prohibit the commissioner from extending medical assistance to all
104 eligible persons receiving inpatient psychiatric services provided
105 that there is federal financial participation available.

106 f. Any provision in a contract of insurance, will, trust agreement
107 or other instrument which reduces or excludes coverage or pay-
108 ment for goods and services to an individual because of that
109 individual's eligibility for or receipt of Medicaid benefits shall be
110 null and void, and no payments shall be made under this act as a
111 result of any such provision.

1 2. This act shall take effect immediately.

STATEMENT

This bill would prohibit the ability of the Medicaid program to impose copayment or other forms of cost sharing on individual Medicaid recipients by regulation, unless copayments or other forms of cost sharing are mandated by the federal government.

SENATE INSTITUTIONS, HEALTH AND WELFARE
COMMITTEE

STATEMENT TO

ASSEMBLY, No. 820

STATE OF NEW JERSEY

DATED: FEBRUARY 27, 1984

This bill prohibits the State from imposing copayments or other forms of cost sharing on Medicaid recipients unless the copayments are required by federal law as a condition of receiving federal financial participation.

A prohibition on copayments for Medicaid recipients presently is included in the FY 84 appropriations act (P. L. 1983, c. 240) and will expire at the end of this fiscal year. This bill will make the prohibition on copayments permanent.