

S2081

SPONSOR'S STATEMENT: (Begins on page 7 of introduced bill) Yes

COMMITTEE STATEMENT:

ASSEMBLY: No

SENATE: Yes Health, Human
Services &
Senior Citizens
Budget & Appropri.

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT:

No

LEGISLATIVE FISCAL ESTIMATE:

Yes 11/12/2019
1/15/2020

VETO MESSAGE:

No

GOVERNOR'S PRESS RELEASE ON SIGNING:

Yes

FOLLOWING WERE PRINTED:

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REPORTS:

No

HEARINGS:

No

NEWSPAPER ARTICLES:

No

Rwh/cl

P.L. 2019, CHAPTER 473, *approved January 21, 2020*
Assembly Committee Substitute (*First Reprint*) for
Assembly, Nos. 2444 and 2656

1 AN ACT concerning Medicaid coverage of tobacco cessation
2 benefits and 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 6 of P.L.1968, c.413 (C.30:4D-6) is amended to read
8 as follows:

9 6. a. Subject to the requirements of Title XIX of the federal
10 Social Security Act, the limitations imposed by this act and by the
11 rules and regulations promulgated pursuant thereto, the department
12 shall provide medical assistance to qualified applicants, including
13 authorized services within each of the following classifications:

14 (1) Inpatient hospital services;

15 (2) Outpatient hospital services;

16 (3) Other laboratory and X-ray services;

17 (4) (a) Skilled nursing or intermediate care facility services;

18 (b) Early and periodic screening and diagnosis of individuals
19 who are eligible under the program and are under age 21, to
20 ascertain their physical or mental health status and the health care,
21 treatment, and other measures to correct or ameliorate defects and
22 chronic conditions discovered thereby, as may be provided in
23 regulations of the Secretary of the federal Department of Health and
24 Human Services and approved by the commissioner;

25 (5) Physician's services furnished in the office, the patient's
26 home, a hospital, a skilled nursing, or intermediate care facility or
27 elsewhere.

28 As used in this subsection, "laboratory and X-ray services"
29 includes HIV drug resistance testing, including, but not limited to,
30 genotype assays that have been cleared or approved by the federal
31 Food and Drug Administration, laboratory developed genotype
32 assays, phenotype assays, and other assays using phenotype
33 prediction with genotype comparison, for persons diagnosed with
34 HIV infection or AIDS.

35 b. Subject to the limitations imposed by federal law, by this
36 act, and by the rules and regulations promulgated pursuant thereto,
37 the medical assistance program may be expanded to include
38 authorized services within each of the following classifications:

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:

¹Assembly AAP committee amendments adopted December 12, 2019.

- 1 (1) Medical care not included in subsection a.(5) above, or any
2 other type of remedial care recognized under State law, furnished
3 by licensed practitioners within the scope of their practice, as
4 defined by State law;
- 5 (2) Home health care services;
- 6 (3) Clinic services;
- 7 (4) Dental services;
- 8 (5) Physical therapy and related services;
- 9 (6) Prescribed drugs, dentures, and prosthetic devices; and
10 eyeglasses prescribed by a physician skilled in diseases of the eye
11 or by an optometrist, whichever the individual may select;
- 12 (7) Optometric services;
- 13 (8) Podiatric services;
- 14 (9) Chiropractic services;
- 15 (10) Psychological services;
- 16 (11) Inpatient psychiatric hospital services for individuals under
17 21 years of age, or under age 22 if they are receiving such services
18 immediately before attaining age 21;
- 19 (12) Other diagnostic, screening, preventive, and rehabilitative
20 services, and other remedial care;
- 21 (13) Inpatient hospital services, nursing facility services, and
22 intermediate care facility services for individuals 65 years of age or
23 over in an institution for mental diseases;
- 24 (14) Intermediate care facility services;
- 25 (15) Transportation services;
- 26 (16) Services in connection with the inpatient or outpatient
27 treatment or care of substance use disorder, when the treatment is
28 prescribed by a physician and provided in a licensed hospital or in a
29 narcotic and substance use disorder treatment center approved by
30 the Department of Health pursuant to P.L.1970, c.334 (C.26:2G-21
31 et seq.) and whose staff includes a medical director, and limited to
32 those services eligible for federal financial participation under Title
33 XIX of the federal Social Security Act;
- 34 (17) Any other medical care and any other type of remedial care
35 recognized under State law, specified by the Secretary of the federal
36 Department of Health and Human Services, and approved by the
37 commissioner;
- 38 (18) Comprehensive maternity care, which may include: the
39 basic number of prenatal and postpartum visits recommended by the
40 American College of **【Obstetrics and Gynecology】** Obstetricians
41 and Gynecologists; additional prenatal and postpartum visits that
42 are medically necessary; necessary laboratory, nutritional
43 assessment and counseling, health education, personal counseling,
44 managed care, outreach, and follow-up services; treatment of
45 conditions which may complicate pregnancy; and physician or
46 certified nurse-midwife delivery services;

1 (19) Comprehensive pediatric care, which may include:
2 ambulatory, preventive, and primary care health services. The
3 preventive services shall include, at a minimum, the basic number
4 of preventive visits recommended by the American Academy of
5 Pediatrics;

6 (20) Services provided by a hospice which is participating in the
7 Medicare program established pursuant to Title XVIII of the Social
8 Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). Hospice
9 services shall be provided subject to approval of the Secretary of
10 the federal Department of Health and Human Services for federal
11 reimbursement;

12 (21) Mammograms, subject to approval of the Secretary of the
13 federal Department of Health and Human Services for federal
14 reimbursement, including one baseline mammogram for women
15 who are at least 35 but less than 40 years of age; one mammogram
16 examination every two years or more frequently, if recommended
17 by a physician, for women who are at least 40 but less than 50 years
18 of age; and one mammogram examination every year for women
19 age 50 and over;

20 (22) Upon referral by a physician, advanced practice nurse, or
21 physician assistant of a person who has been diagnosed with
22 diabetes, gestational diabetes, or pre-diabetes, in accordance with
23 standards adopted by the American Diabetes Association:

24 (a) Expenses for diabetes self-management education or training
25 to ensure that a person with diabetes, gestational diabetes, or pre-
26 diabetes can optimize metabolic control, prevent and manage
27 complications, and maximize quality of life. Diabetes self-
28 management education shall be provided by an in-State provider
29 who is:

30 (i) a licensed, registered, or certified health care professional
31 who is certified by the National Certification Board of Diabetes
32 Educators as a Certified Diabetes Educator, or certified by the
33 American Association of Diabetes Educators with a Board
34 Certified-Advanced Diabetes Management credential, including, but
35 not limited to: a physician, an advanced practice or registered nurse,
36 a physician assistant, a pharmacist, a chiropractor, a dietitian
37 registered by a nationally recognized professional association of
38 dietitians, or a nutritionist holding a certified nutritionist specialist
39 (CNS) credential from the Board for Certification of Nutrition
40 Specialists; or

41 (ii) an entity meeting the National Standards for Diabetes Self-
42 Management Education and Support, as evidenced by a recognition
43 by the American Diabetes Association or accreditation by the
44 American Association of Diabetes Educators;

45 (b) Expenses for medical nutrition therapy as an effective
46 component of the person's overall treatment plan upon a: diagnosis
47 of diabetes, gestational diabetes, or pre-diabetes; change in the

1 beneficiary's medical condition, treatment, or diagnosis; or
2 determination of a physician, advanced practice nurse, or physician
3 assistant that reeducation or refresher education is necessary.
4 Medical nutrition therapy shall be provided by an in-State provider
5 who is a dietitian registered by a nationally-recognized professional
6 association of dietitians, or a nutritionist holding a certified
7 nutritionist specialist (CNS) credential from the Board for
8 Certification of Nutrition Specialists, who is familiar with the
9 components of diabetes medical nutrition therapy;

10 (c) For a person diagnosed with pre-diabetes, items and services
11 furnished under an in-State diabetes prevention program that meets
12 the standards of the National Diabetes Prevention Program, as
13 established by the federal Centers for Disease Control and
14 Prevention; and

15 (d) Expenses for any medically appropriate and necessary
16 supplies and equipment recommended or prescribed by a physician,
17 advanced practice nurse, or physician assistant for the management
18 and treatment of diabetes, gestational diabetes, or pre-diabetes,
19 including, but not limited to: equipment and supplies for self-
20 management of blood glucose; insulin pens; insulin pumps and
21 related supplies; and other insulin delivery devices; and

22 (23) Comprehensive tobacco cessation benefits to an individual
23 who is 18 years of age or older, or who is pregnant. Coverage shall
24 include: brief and high intensity individual counseling, brief and
25 high intensity group counseling, and ¹【phone counseling】
26 telemedicine as defined by section 1 of P.L.2017, c.117 (C.45:1-
27 61)¹; all medications approved for tobacco cessation by the U.S.
28 Food and Drug Administration; and other tobacco cessation
29 counseling recommended by the Treating Tobacco Use and
30 Dependence Clinical Practice Guideline issued by the U.S. Public
31 Health Service. Notwithstanding the provisions of any other law,
32 rule, or regulation to the contrary, and except as otherwise provided
33 in this section:

34 (a) Information regarding the availability of the tobacco
35 cessation services described in this paragraph shall be provided to
36 all individuals authorized to receive the tobacco cessation services
37 pursuant to this paragraph at the following times: no later than
38 ¹【30】 90¹ days after the effective date of P.L. , c. (C.)
39 (pending before the Legislature as this bill); upon the establishment
40 of an individual's eligibility for medical assistance; and upon the
41 redetermination of an individual's eligibility for medical assistance;

42 (b) The following conditions shall not be imposed on any
43 tobacco cessation services provided pursuant to this paragraph:
44 copayments or any other forms of cost-sharing, including
45 deductibles; counseling requirements for medication; stepped care
46 therapy or similar restrictions requiring the use of one service prior
47 to another; limits on the duration of services; or annual or lifetime

1 limits on the amount, frequency, or cost of services, including, but
2 not limited to, annual or lifetime limits on the number of covered
3 attempts to quit; and

4 (c) Prior authorization requirements shall not be imposed on any
5 tobacco cessation services provided pursuant to this paragraph
6 except in the following circumstances where prior authorization
7 may be required: for a treatment that exceeds the duration
8 recommended by the most recently published United States Public
9 Health Service clinical practice guidelines on treating tobacco use
10 and dependence; or for services associated with more than two
11 attempts to quit within a 12-month period.

12 c. Payments for the foregoing services, goods, and supplies
13 furnished pursuant to this act shall be made to the extent authorized
14 by this act, the rules and regulations promulgated pursuant thereto
15 and, where applicable, subject to the agreement of insurance
16 provided for under this act. The payments shall constitute payment
17 in full to the provider on behalf of the recipient. Every provider
18 making a claim for payment pursuant to this act shall certify in
19 writing on the claim submitted that no additional amount will be
20 charged to the recipient, the recipient's family, the recipient's
21 representative or others on the recipient's behalf for the services,
22 goods, and supplies furnished pursuant to this act.

23 No provider whose claim for payment pursuant to this act has
24 been denied because the services, goods, or supplies were
25 determined to be medically unnecessary shall seek reimbursement
26 from the recipient, his family, his representative or others on his
27 behalf for such services, goods, and supplies provided pursuant to
28 this act; provided, however, a provider may seek reimbursement
29 from a recipient for services, goods, or supplies not authorized by
30 this act, if the recipient elected to receive the services, goods or
31 supplies with the knowledge that they were not authorized.

32 d. Any individual eligible for medical assistance (including
33 drugs) may obtain such assistance from any person qualified to
34 perform the service or services required (including an organization
35 which provides such services, or arranges for their availability on a
36 prepayment basis), who undertakes to provide the individual such
37 services.

38 No copayment or other form of cost-sharing shall be imposed on
39 any individual eligible for medical assistance, except as mandated
40 by federal law as a condition of federal financial participation.

41 e. Anything in this act to the contrary notwithstanding, no
42 payments for medical assistance shall be made under this act with
43 respect to care or services for any individual who:

44 (1) Is an inmate of a public institution (except as a patient in a
45 medical institution); provided, however, that an individual who is
46 otherwise eligible may continue to receive services for the month in
47 which he becomes an inmate, should the commissioner determine to

1 expand the scope of Medicaid eligibility to include such an
2 individual, subject to the limitations imposed by federal law and
3 regulations, or

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

6 (3) Is over 21 years of age and who is receiving inpatient
7 psychiatric hospital services in a psychiatric facility; provided,
8 however, that an individual who was receiving such services
9 immediately prior to attaining age 21 may continue to receive such
10 services until the individual reaches age 22. Nothing in this
11 subsection shall prohibit the commissioner from extending medical
12 assistance to all eligible persons receiving inpatient psychiatric
13 services; provided that there is federal financial participation
14 available.

15 f. (1) A third party as defined in section 3 of P.L.1968, c.413
16 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in
17 this or another state when determining the person's eligibility for
18 enrollment or the provision of benefits by that third party.

19 (2) In addition, any provision in a contract of insurance, health
20 benefits plan, or other health care coverage document, will, trust,
21 agreement, court order, or other instrument which reduces or
22 excludes coverage or payment for health care-related goods and
23 services to or for an individual because of that individual's actual or
24 potential eligibility for or receipt of Medicaid benefits shall be null
25 and void, and no payments shall be made under this act as a result
26 of any such provision.

27 (3) Notwithstanding any provision of law to the contrary, the
28 provisions of paragraph (2) of this subsection shall not apply to a
29 trust agreement that is established pursuant to 42 U.S.C.
30 s.1396p(d)(4)(A) or (C) to supplement and augment assistance
31 provided by government entities to a person who is disabled as
32 defined in section 1614(a)(3) of the federal Social Security Act (42
33 U.S.C. s.1382c (a)(3)).

34 g. The following services shall be provided to eligible
35 medically needy individuals as follows:

36 (1) Pregnant women shall be provided prenatal care and delivery
37 services and postpartum care, including the services cited in
38 subsection a.(1), (3), and (5) of this section and subsection b.(1)-
39 (10), (12), (15), and (17) of this section, and nursing facility
40 services cited in subsection b.(13) of this section.

41 (2) Dependent children shall be provided with services cited in
42 subsection a.(3) and (5) of this section and subsection b.(1), (2), (3),
43 (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and
44 nursing facility services cited in subsection b.(13) of this section.

45 (3) Individuals who are 65 years of age or older shall be
46 provided with services cited in subsection a.(3) and (5) of this
47 section and subsection b.(1)-(5), (6) excluding prescribed drugs, (7),

1 (8), (10), (12), (15), and (17) of this section, and nursing facility
2 services cited in subsection b.(13) of this section.

3 (4) Individuals who are blind or disabled shall be provided with
4 services cited in subsection a.(3) and (5) of this section and
5 subsection b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10),
6 (12), (15), and (17) of this section, and nursing facility services
7 cited in subsection b.(13) of this section.

8 (5) (a) Inpatient hospital services, subsection a.(1) of this
9 section, shall only be provided to eligible medically needy
10 individuals, other than pregnant women, if the federal Department
11 of Health and Human Services discontinues the State's waiver to
12 establish inpatient hospital reimbursement rates for the Medicare
13 and Medicaid programs under the authority of section 601(c)(3) of
14 the Social Security Act Amendments of 1983, Pub.L.98-21 (42
15 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be
16 extended to other eligible medically needy individuals if the federal
17 Department of Health and Human Services directs that these
18 services be included.

19 (b) Outpatient hospital services, subsection a.(2) of this section,
20 shall only be provided to eligible medically needy individuals if the
21 federal Department of Health and Human Services discontinues the
22 State's waiver to establish outpatient hospital reimbursement rates
23 for the Medicare and Medicaid programs under the authority of
24 section 601(c)(3) of the Social Security Amendments of 1983,
25 Pub.L.98-21 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital
26 services may be extended to all or to certain medically needy
27 individuals if the federal Department of Health and Human Services
28 directs that these services be included. However, the use of
29 outpatient hospital services shall be limited to clinic services and to
30 emergency room services for injuries and significant acute medical
31 conditions.

32 (c) The division shall monitor the use of inpatient and outpatient
33 hospital services by medically needy persons.

34 h. In the case of a qualified disabled and working individual
35 pursuant to section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d), the
36 only medical assistance provided under this act shall be the
37 payment of premiums for Medicare part A under 42 U.S.C.
38 ss.1395i-2 and 1395r.

39 i. In the case of a specified low-income Medicare beneficiary
40 pursuant to 42 U.S.C. s.1396a(a)10(E)iii, the only medical
41 assistance provided under this act shall be the payment of premiums
42 for Medicare part B under 42 U.S.C. s.1395r as provided for in 42
43 U.S.C. s.1396d(p)(3)(A)(ii).

44 j. In the case of a qualified individual pursuant to 42 U.S.C.
45 s.1396a(aa), the only medical assistance provided under this act
46 shall be payment for authorized services provided during the period

1 in which the individual requires treatment for breast or cervical
2 cancer, in accordance with criteria established by the commissioner.

3 k. In the case of a qualified individual pursuant to 42 U.S.C.
4 s.1396a(ii), the only medical assistance provided under this act shall
5 be payment for family planning services and supplies as described
6 at 42 U.S.C. s.1396d(a)(4)(C), including medical diagnosis and
7 treatment services that are provided pursuant to a family planning
8 service in a family planning setting.

9 (cf: P.L.2018, c.1, s.2)

10

11 2. (New section) The Commissioner of Human Services shall
12 apply for such State plan amendments or waivers as may be
13 necessary to implement the provisions of this act and to secure
14 federal financial participation for State Medicaid expenditures
15 under the federal Medicaid program.

16

17 3. (New section) The Commissioner of Human Services shall
18 adopt rules and regulations pursuant to the "Administrative
19 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to effectuate
20 the purposes of this act; except that, notwithstanding any provision
21 of P.L.1968, c.410 (C.52:14B-1 et seq.) to the contrary, the
22 commissioner shall adopt, immediately upon filing with the Office
23 of Administrative Law, such regulations as the commissioner deems
24 necessary to implement the provisions of this act, which shall be
25 effective for a period not to exceed six months and shall thereafter
26 be amended, adopted, or readopted by the commissioner in
27 accordance with the requirements of P.L.1968, c.410 (C.52:14B-
28 1 et seq.).

29

30 4. This act shall take effect immediately.

31

32

33

34

35 _____
36 Provides for coverage of comprehensive tobacco cessation
benefits in Medicaid.

ASSEMBLY, No. 2444

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED FEBRUARY 1, 2018

Sponsored by:

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblywoman NANCY J. PINKIN

District 18 (Middlesex)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Co-Sponsored by:

Assemblywoman Lampitt and Assemblyman Holley

SYNOPSIS

Provides for coverage of comprehensive tobacco cessation benefits in Medicaid.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/8/2018)

1 AN ACT concerning Medicaid coverage of tobacco cessation
2 benefits and amending P.L.1968, c.413.

3

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

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

9 6. a. Subject to the requirements of Title XIX of the federal
10 Social Security Act, the limitations imposed by this act and by the
11 rules and regulations promulgated pursuant thereto, the department
12 shall provide medical assistance to qualified applicants, including
13 authorized services within each of the following classifications:

14 (1) Inpatient hospital services;

15 (2) Outpatient hospital services;

16 (3) Other laboratory and X-ray services;

17 (4) (a) Skilled nursing or intermediate care facility services;

18 (b) Early and periodic screening and diagnosis of individuals
19 who are eligible under the program and are under age 21, to
20 ascertain their physical or mental defects and the health care,
21 treatment, and other measures to correct or ameliorate defects and
22 chronic conditions discovered thereby, as may be provided in
23 regulations of the Secretary of the federal Department of Health and
24 Human Services and approved by the commissioner;

25 (5) Physician's services furnished in the office, the patient's
26 home, a hospital, a skilled nursing, or intermediate care facility or
27 elsewhere.

28 As used in this subsection, "laboratory and X-ray services"
29 includes HIV drug resistance testing, including, but not limited to,
30 genotype assays that have been cleared or approved by the federal
31 Food and Drug Administration, laboratory developed genotype
32 assays, phenotype assays, and other assays using phenotype
33 prediction with genotype comparison, for persons diagnosed with
34 HIV infection or AIDS.

35 b. Subject to the limitations imposed by federal law, by this
36 act, and by the rules and regulations promulgated pursuant thereto,
37 the medical assistance program may be expanded to include
38 authorized services within each of the following classifications:

39 (1) Medical care not included in subsection a.(5) above, or any
40 other type of remedial care recognized under State law, furnished
41 by licensed practitioners within the scope of their practice, as
42 defined by State law;

43 (2) Home health care services;

44 (3) Clinic services;

45 (4) Dental services;

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 (5) Physical therapy and related services;
- 2 (6) Prescribed drugs, dentures, and prosthetic devices; and
3 eyeglasses prescribed by a physician skilled in diseases of the eye
4 or by an optometrist, whichever the individual may select;
- 5 (7) Optometric services;
- 6 (8) Podiatric services;
- 7 (9) Chiropractic services;
- 8 (10) Psychological services;
- 9 (11) Inpatient psychiatric hospital services for individuals under
10 21 years of age, or under age 22 if they are receiving such services
11 immediately before attaining age 21;
- 12 (12) Other diagnostic, screening, preventive, and rehabilitative
13 services, and other remedial care;
- 14 (13) Inpatient hospital services, nursing facility services, and
15 intermediate care facility services for individuals 65 years of age or
16 over in an institution for mental diseases;
- 17 (14) Intermediate care facility services;
- 18 (15) Transportation services;
- 19 (16) Services in connection with the inpatient or outpatient
20 treatment or care of drug abuse, when the treatment is prescribed by
21 a physician and provided in a licensed hospital or in a narcotic and
22 drug abuse treatment center approved by the Department of Health
23 pursuant to P.L.1970, c.334 (C.26:2G-21 et seq.) and whose staff
24 includes a medical director, and limited to those services eligible
25 for federal financial participation under Title XIX of the federal
26 Social Security Act;
- 27 (17) Any other medical care and any other type of remedial care
28 recognized under State law, specified by the Secretary of the federal
29 Department of Health and Human Services, and approved by the
30 commissioner;
- 31 (18) Comprehensive maternity care, which may include: the
32 basic number of prenatal and postpartum visits recommended by the
33 American College of **【Obstetrics and Gynecology】** Obstetricians
34 and Gynecologists ; additional prenatal and postpartum visits that
35 are medically necessary; necessary laboratory, nutritional
36 assessment and counseling, health education, personal counseling,
37 managed care, outreach, and follow-up services; treatment of
38 conditions which may complicate pregnancy; and physician or
39 certified nurse-midwife delivery services;
- 40 (19) Comprehensive pediatric care, which may include:
41 ambulatory, preventive, and primary care health services. The
42 preventive services shall include, at a minimum, the basic number
43 of preventive visits recommended by the American Academy of
44 Pediatrics;
- 45 (20) Services provided by a hospice which is participating in the
46 Medicare program established pursuant to Title XVIII of the Social
47 Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). Hospice
48 services shall be provided subject to approval of the Secretary of

1 the federal Department of Health and Human Services for federal
2 reimbursement;

3 (21) Mammograms, subject to approval of the Secretary of the
4 federal Department of Health and Human Services for federal
5 reimbursement, including one baseline mammogram for women
6 who are at least 35 but less than 40 years of age; one mammogram
7 examination every two years or more frequently, if recommended
8 by a physician, for women who are at least 40 but less than 50 years
9 of age; and one mammogram examination every year for women
10 age 50 and over; and

11 (22) Comprehensive tobacco cessation benefits to an individual
12 who is 18 years of age or older, or who is pregnant. Coverage shall
13 include: brief and high intensity individual counseling, brief and
14 high intensity group counseling, and phone counseling; all
15 medications approved for tobacco cessation by the U.S. Food and
16 Drug Administration; and other tobacco cessation counseling
17 recommended by the Treating Tobacco Use and Dependence
18 Clinical Practice Guideline issued by the U.S. Public Health
19 Service. The following conditions shall not be imposed on any
20 tobacco cessation services provided pursuant to this paragraph:
21 copayments, deductibles, or any other out-of-pocket cost-sharing;
22 annual or lifetime dollar limits imposed on quit attempts; or
23 counseling requirements for medication.

24 c. Payments for the foregoing services, goods, and supplies
25 furnished pursuant to this act shall be made to the extent authorized
26 by this act, the rules and regulations promulgated pursuant thereto
27 and, where applicable, subject to the agreement of insurance
28 provided for under this act. The payments shall constitute payment
29 in full to the provider on behalf of the recipient. Every provider
30 making a claim for payment pursuant to this act shall certify in
31 writing on the claim submitted that no additional amount will be
32 charged to the recipient, the recipient's family, the recipient's
33 representative or others on the recipient's behalf for the services,
34 goods, and supplies furnished pursuant to this act.

35 No provider whose claim for payment pursuant to this act has
36 been denied because the services, goods, or supplies were
37 determined to be medically unnecessary shall seek reimbursement
38 from the recipient, his family, his representative or others on his
39 behalf for such services, goods, and supplies provided pursuant to
40 this act; provided, however, a provider may seek reimbursement
41 from a recipient for services, goods, or supplies not authorized by
42 this act, if the recipient elected to receive the services, goods or
43 supplies with the knowledge that they were not authorized.

44 d. Any individual eligible for medical assistance (including
45 drugs) may obtain such assistance from any person qualified to
46 perform the service or services required (including an organization
47 which provides such services, or arranges for their availability on a

1 prepayment basis), who undertakes to provide the individual such
2 services.

3 No copayment or other form of cost-sharing shall be imposed on
4 any individual eligible for medical assistance, except as mandated
5 by federal law as a condition of federal financial participation.

6 e. Anything in this act to the contrary notwithstanding, no
7 payments for medical assistance shall be made under this act with
8 respect to care or services for any individual who:

9 (1) Is an inmate of a public institution (except as a patient in a
10 medical institution); provided, however, that an individual who is
11 otherwise eligible may continue to receive services for the month in
12 which he becomes an inmate, should the commissioner determine to
13 expand the scope of Medicaid eligibility to include such an
14 individual, subject to the limitations imposed by federal law and
15 regulations, or

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

18 (3) Is over 21 years of age and who is receiving inpatient
19 psychiatric hospital services in a psychiatric facility; provided,
20 however, that an individual who was receiving such services
21 immediately prior to attaining age 21 may continue to receive such
22 services until the individual reaches age 22. Nothing in this
23 subsection shall prohibit the commissioner from extending medical
24 assistance to all eligible persons receiving inpatient psychiatric
25 services; provided that there is federal financial participation
26 available.

27 f. (1) A third party as defined in section 3 of P.L.1968, c.413
28 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in
29 this or another state when determining the person's eligibility for
30 enrollment or the provision of benefits by that third party.

31 (2) In addition, any provision in a contract of insurance, health
32 benefits plan, or other health care coverage document, will, trust,
33 agreement, court order, or other instrument which reduces or
34 excludes coverage or payment for health care-related goods and
35 services to or for an individual because of that individual's actual or
36 potential eligibility for or receipt of Medicaid benefits shall be null
37 and void, and no payments shall be made under this act as a result
38 of any such provision.

39 (3) Notwithstanding any provision of law to the contrary, the
40 provisions of paragraph (2) of this subsection shall not apply to a
41 trust agreement that is established pursuant to 42 U.S.C.
42 s.1396p(d)(4)(A) or (C) to supplement and augment assistance
43 provided by government entities to a person who is disabled as
44 defined in section 1614(a)(3) of the federal Social Security Act (42
45 U.S.C. s.1382c (a)(3)).

46 g. The following services shall be provided to eligible
47 medically needy individuals as follows:

1 (1) Pregnant women shall be provided prenatal care and delivery
2 services and postpartum care, including the services cited in
3 subsection a.(1), (3), and (5) of this section and subsection b.(1)-
4 (10), (12), (15), and (17) of this section, and nursing facility
5 services cited in subsection b.(13) of this section.

6 (2) Dependent children shall be provided with services cited in
7 subsection a.(3) and (5) of this section and subsection b.(1), (2), (3),
8 (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and
9 nursing facility services cited in subsection b.(13) of this section.

10 (3) Individuals who are 65 years of age or older shall be
11 provided with services cited in subsection a.(3) and (5) of this
12 section and subsection b.(1)-(5), (6) excluding prescribed drugs, (7),
13 (8), (10), (12), (15), and (17) of this section, and nursing facility
14 services cited in subsection b.(13) of this section.

15 (4) Individuals who are blind or disabled shall be provided with
16 services cited in subsection a.(3) and (5) of this section and
17 subsection b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10),
18 (12), (15), and (17) of this section, and nursing facility services
19 cited in subsection b.(13) of this section.

20 (5) (a) Inpatient hospital services, subsection a.(1) of this
21 section, shall only be provided to eligible medically needy
22 individuals, other than pregnant women, if the federal Department
23 of Health and Human Services discontinues the State's waiver to
24 establish inpatient hospital reimbursement rates for the Medicare
25 and Medicaid programs under the authority of section 601(c)(3) of
26 the Social Security Act Amendments of 1983, Pub.L.98-21 (42
27 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be
28 extended to other eligible medically needy individuals if the federal
29 Department of Health and Human Services directs that these
30 services be included.

31 (b) Outpatient hospital services, subsection a.(2) of this section,
32 shall only be provided to eligible medically needy individuals if the
33 federal Department of Health and Human Services discontinues the
34 State's waiver to establish outpatient hospital reimbursement rates
35 for the Medicare and Medicaid programs under the authority of
36 section 601(c)(3) of the Social Security Amendments of 1983,
37 Pub.L.98-21 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital
38 services may be extended to all or to certain medically needy
39 individuals if the federal Department of Health and Human Services
40 directs that these services be included. However, the use of
41 outpatient hospital services shall be limited to clinic services and to
42 emergency room services for injuries and significant acute medical
43 conditions.

44 (c) The division shall monitor the use of inpatient and outpatient
45 hospital services by medically needy persons.

46 h. In the case of a qualified disabled and working individual
47 pursuant to section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d), the
48 only medical assistance provided under this act shall be the

1 payment of premiums for Medicare part A under 42 U.S.C.
2 ss.1395i-2 and 1395r.

3 i. In the case of a specified low-income Medicare beneficiary
4 pursuant to 42 U.S.C. s.1396a(a)10(E)iii, the only medical
5 assistance provided under this act shall be the payment of premiums
6 for Medicare part B under 42 U.S.C. s.1395r as provided for in 42
7 U.S.C. s.1396d(p)(3)(A)(ii).

8 j. In the case of a qualified individual pursuant to 42 U.S.C.
9 s.1396a(aa), the only medical assistance provided under this act
10 shall be payment for authorized services provided during the period
11 in which the individual requires treatment for breast or cervical
12 cancer, in accordance with criteria established by the commissioner.
13 (cf: P.L.2012, c.17, s.359)

14

15 2. (New section) The Commissioner of Human Services shall
16 apply for such State plan amendments or waivers as may be
17 necessary to implement the provisions of this act and to secure
18 federal financial participation for State Medicaid expenditures
19 under the federal Medicaid program.

20

21 3. (New section) The Commissioner of Human Services shall
22 adopt rules and regulations pursuant to the "Administrative
23 Procedure Act" P.L.1968, c.410 (C.52:14B-1 et seq.) to effectuate
24 the purposes of this act; except that, notwithstanding any provision
25 of P.L.1968, c.410 to the contrary, the commissioner shall adopt,
26 immediately upon filing with the Office of Administrative Law,
27 such regulations as the commissioner deems necessary to
28 implement the provisions of this act, which shall be effective for a
29 period not to exceed six months and shall thereafter be amended,
30 adopted, or readopted by the commissioner in accordance with the
31 requirements of P.L.1968, c.410.

32

33 4. This act shall take effect immediately.

34

35

36

STATEMENT

37

38 This bill provides for the expansion of the State Medicaid
39 program to include coverage for comprehensive tobacco cessation
40 benefits, for individuals who are 18 years of age or older or who are
41 pregnant.

42 The covered benefits required under the bill include: brief and
43 high intensity individual and group counseling, and phone
44 counseling; all medications approved for tobacco cessation by the
45 U.S. Food and Drug Administration; and other tobacco cessation
46 counseling recommended by the Treating Tobacco Use and
47 Dependence Clinical Practice Guideline issued by the U.S. Public
48 Health Service. The bill prohibits certain conditions from being

1 imposed on any tobacco cessation services: copayments,
2 deductibles, or any other out-of-pocket cost-sharing, annual or
3 lifetime dollar limits imposed on quit attempts; or counseling
4 requirements for medication.

5 To obtain the federal approval, the Commissioner of Human
6 Services is to apply for such State plan amendments or waivers as
7 may be necessary to implement the provisions of the bill and to
8 secure federal financial participation for State Medicaid
9 expenditures under the federal Medicaid program.

10 Presently, New Jersey provides only partial coverage for
11 medications used for tobacco cessation, and does not cover any
12 form of counseling specifically for tobacco cessation.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, Nos. 2444 and 2656

STATE OF NEW JERSEY

DATED: MAY 17, 2018

The Assembly Health and Senior Services Committee reports favorably an Assembly Committee Substitute for Assembly Bill Nos. 2444 and 2656.

This substitute provides for the expansion of the State Medicaid program to include coverage for comprehensive tobacco cessation benefits for individuals who are 18 years of age or older or who are pregnant. The covered benefits required under the substitute bill include: brief and high intensity individual and group counseling, and phone counseling; all medications approved for tobacco cessation by the U.S. Food and Drug Administration; and other tobacco cessation counseling recommended by the Treating Tobacco Use and Dependence Clinical Practice Guideline issued by the U.S. Public Health Service.

The substitute prohibits the following conditions from being imposed on the Medicaid tobacco cessation services: copayments or any other forms of cost-sharing, including deductibles; counseling requirements for medication; stepped care therapy or similar restrictions requiring the use of one service prior to another; limits on the duration of services; or annual or lifetime limits on the amount, frequency, or cost of services, including, but not limited to, annual or lifetime limits on the number of covered attempts to quit. The substitute bill also prohibits prior authorization requirements from being imposed on these services, except for: treatments that exceed the duration recommended by the U.S. Public Health Service clinical practice guidelines; or services associated with more than two attempts to quit within a 12-month period.

The substitute requires that information regarding the availability of the Medicaid tobacco cessation services be provided to all individuals authorized to receive these services at the following times: no later than 30 days after the bill's effective date; upon the establishment of an individual's eligibility for Medicaid; and upon the redetermination of an individual's eligibility for Medicaid.

The substitute requires the Commissioner of Human Services to apply for any necessary Medicaid State plan amendments or waivers to provide coverage for the tobacco cessation services and to secure

federal financial participation for associated State Medicaid expenditures under the federal Medicaid program.

Presently, New Jersey provides only partial coverage for medications used for tobacco cessation, and does not cover any form of counseling specifically for tobacco cessation.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR **ASSEMBLY, Nos. 2444 and 2656**

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 12, 2019

The Assembly Appropriations Committee reports favorably Assembly Bill Nos. 2444 and 2656 ACS, with committee amendments.

As amended, this bill provides for the expansion of the State Medicaid program to include coverage for comprehensive tobacco cessation benefits for individuals who are 18 years of age or older or who are pregnant. The covered benefits required under the substitute bill include: brief and high intensity individual and group counseling, and telemedicine as defined by existing law; all medications approved for tobacco cessation by the U.S. Food and Drug Administration; and other tobacco cessation counseling recommended by the Treating Tobacco Use and Dependence Clinical Practice Guideline issued by the U.S. Public Health Service.

The bill prohibits the following conditions from being imposed on the Medicaid tobacco cessation services: copayments or any other forms of cost-sharing, including deductibles; counseling requirements for medication; stepped care therapy or similar restrictions requiring the use of one service prior to another; limits on the duration of services; or annual or lifetime limits on the amount, frequency, or cost of services, including, but not limited to, annual or lifetime limits on the number of covered attempts to quit. The bill also prohibits prior authorization requirements from being imposed on these services, except for: treatments that exceed the duration recommended by the U.S. Public Health Service clinical practice guidelines; or services associated with more than two attempts to quit within a 12-month period.

The bill requires that information regarding the availability of the Medicaid tobacco cessation services be provided to all individuals authorized to receive these services at the following times: no later than 90 days after the bill's effective date; upon the establishment of an individual's eligibility for Medicaid; and upon the redetermination of an individual's eligibility for Medicaid. ‘

The bill requires the Commissioner of Human Services to apply for any necessary Medicaid State plan amendments or waivers to provide

coverage for the tobacco cessation services and to secure federal financial participation for associated State Medicaid expenditures under the federal Medicaid program.

Presently, New Jersey provides only partial coverage for medications used for tobacco cessation, and does not cover any form of counseling specifically for tobacco cessation.

COMMITTEE AMENDMENTS:

The committee amended the substitute bill to provide for coverage of telemedicine, as defined by section 1 of P.L.2017, c.117 (C.45:1-61), as opposed to providing coverage for phone counseling; and to extend from 30 to 90 days the timeframe under which tobacco cessation information is to be provided to Medicaid recipients.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that this bill may cause the State to incur annual additional costs to: 1) provide information regarding the availability of tobacco cessation services to Medicaid beneficiaries; and 2) cover certain tobacco cessation benefits for Medicaid beneficiaries.

The OLS cannot quantify with any certainty the overall additional costs due to a lack of information regarding existing Medicaid tobacco cessation benefits and the current cost of providing such benefits. Furthermore, the number of individuals who will receive these services is unpredictable. Because the State currently provides Medicaid coverage for many of the tobacco cessation benefits outlined in the bill, the cost to the State will be significantly less than if the bill implemented all new benefits.

The Department of Human Services may be able to absorb the cost to provide information regarding the availability of the tobacco cessation services to Medicaid beneficiaries into its operating budget by distributing that information via existing communications to Medicaid beneficiaries.

To the extent that State Medicaid expenditures are matched by federal Medicaid funds, State revenues will also increase under this bill. Moreover, expanding tobacco cessation benefits and increasing communications with Medicaid beneficiaries regarding covered tobacco cessation benefits may result in a decrease in medical costs associated with the positive long-term health outcomes of smoking cessation; however, the OLS cannot quantify with any certainty the savings attributed to any new benefits covered or the outreach required under the bill.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, Nos. 2444 and 2656

STATE OF NEW JERSEY

DATED: JANUARY 6, 2020

The Senate Budget and Appropriations Committee reports favorably Assembly Bill Nos. 2444 and 2656 (1R) ACS.

This bill provides for the expansion of the State Medicaid program to include coverage for comprehensive tobacco cessation benefits for individuals who are 18 years of age or older or who are pregnant. The covered benefits required under the substitute bill include: brief and high intensity individual and group counseling, and telemedicine as defined by existing law; all medications approved for tobacco cessation by the U.S. Food and Drug Administration; and other tobacco cessation counseling recommended by the Treating Tobacco Use and Dependence Clinical Practice Guideline issued by the U.S. Public Health Service.

The bill prohibits the following conditions from being imposed on the Medicaid tobacco cessation services: copayments or any other forms of cost-sharing, including deductibles; counseling requirements for medication; stepped care therapy or similar restrictions requiring the use of one service prior to another; limits on the duration of services; or annual or lifetime limits on the amount, frequency, or cost of services, including, but not limited to, annual or lifetime limits on the number of covered attempts to quit. The bill also prohibits prior authorization requirements from being imposed on these services, except for: treatments that exceed the duration recommended by the U.S. Public Health Service clinical practice guidelines; or services associated with more than two attempts to quit within a 12-month period.

The bill requires that information regarding the availability of the Medicaid tobacco cessation services be provided to all individuals authorized to receive these services at the following times: no later than 90 days after the bill's effective date; upon the establishment of an individual's eligibility for Medicaid; and upon the redetermination of an individual's eligibility for Medicaid. ‘

The bill requires the Commissioner of Human Services to apply for any necessary Medicaid State plan amendments or waivers to provide coverage for the tobacco cessation services and to secure federal

financial participation for associated State Medicaid expenditures under the federal Medicaid program.

Presently, New Jersey provides only partial coverage for medications used for tobacco cessation, and does not cover any form of counseling specifically for tobacco cessation.

As reported by the committee, Assembly Bill No. 2444/2656 (ACS/1R) is identical to Senate Bill No. 2081 (1R), which was amended and reported by the committee on this date.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that this bill may cause the State to incur annual additional costs to: 1) provide information regarding the availability of tobacco cessation services to Medicaid beneficiaries; and 2) cover certain tobacco cessation benefits for Medicaid beneficiaries.

The OLS cannot quantify with any certainty the overall additional costs due to a lack of information regarding existing Medicaid tobacco cessation benefits and the current cost of providing such benefits. Furthermore, the number of individuals who will receive these services is unpredictable. Because the State currently provides Medicaid coverage for many of the tobacco cessation benefits outlined in the bill, the cost to the State will be significantly less than if the bill implemented all new benefits.

The Department of Human Services may be able to absorb the cost to provide information regarding the availability of the tobacco cessation services to Medicaid beneficiaries into its operating budget by distributing that information via existing communications to Medicaid beneficiaries.

To the extent that State Medicaid expenditures are matched by federal Medicaid funds, State revenues will also increase under this bill. Moreover, expanding tobacco cessation benefits and increasing communications with Medicaid beneficiaries regarding covered tobacco cessation benefits may result in a decrease in medical costs associated with the positive long-term health outcomes of smoking cessation; however, the OLS cannot quantify with any certainty the savings attributed to any new benefits covered or the outreach required under the bill.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, Nos. 2444 and 2656

STATE OF NEW JERSEY
218th LEGISLATURE

DATED: DECEMBER 13, 2019

SUMMARY

- Synopsis:** Provides for coverage of comprehensive tobacco cessation benefits in Medicaid.
- Type of Impact:** Annual State revenue and expenditure increases.
- Agencies Affected:** Department of Human Services, Division of Medical Assistance and Health Services.

Fiscal Impact	<u>Annual</u>
State Expenditure Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that this bill may cause the State to incur annual additional costs to: 1) provide information regarding the availability of tobacco cessation services to Medicaid beneficiaries; and 2) cover certain tobacco cessation benefits for Medicaid beneficiaries.
- The OLS cannot quantify with any certainty the overall additional costs due to a lack of information regarding existing Medicaid tobacco cessation benefits and the current cost of providing such benefits. Furthermore, the number of individuals who will receive these services is unpredictable. Because the State currently provides Medicaid coverage for many of the tobacco cessation benefits outlined in the bill, the cost to the State will be significantly less than if the bill implemented all new benefits.
- The Department of Human Services (DHS) may be able to absorb the cost to provide information regarding the availability of the tobacco cessation services to Medicaid beneficiaries into its operating budget by distributing that information via existing communications to Medicaid beneficiaries.

- To the extent that State Medicaid expenditures are matched by federal Medicaid funds, State revenues will also increase under this bill. Moreover, expanding tobacco cessation benefits and increasing communications with Medicaid beneficiaries regarding covered tobacco cessation benefits may result in a decrease in medical costs associated with the positive long-term health outcomes of smoking cessation; however, the OLS cannot quantify with any certainty the savings attributed to any new benefits covered or the outreach required under the bill.

BILL DESCRIPTION

This bill provides for the expansion of the State Medicaid program to include coverage for comprehensive tobacco cessation benefits for individuals who are 18 years of age or older or who are pregnant. The covered benefits are to include: brief and high intensity individual and group counseling, phone counseling, all medications approved for tobacco cessation by the U.S. Food and Drug Administration (FDA), and other tobacco cessation counseling recommended by the Treating Tobacco Use and Dependence Clinical Practice Guideline issued by the U.S. Public Health Service (PHS). Currently, this PHS guidance mirrors the provisions in the bill.

Additionally, the bill prohibits the imposition of any cost-sharing, annual or lifetime limits, stepped therapy, or durational limits on the tobacco cessation benefits provided, and specifies that prior authorization for these benefits may be required only when a treatment exceeds the duration recommended by the clinical practice guidelines of the PHS, or for services associated with more than two attempts to quit within a 12-month period. The bill also requires that information regarding the availability of the Medicaid tobacco cessation services be provided to eligible individuals at certain specified times.

To obtain the requisite federal approval for this expansion of the State's Medicaid benefits, the Commissioner of Human Services is to apply for such Medicaid State plan amendments or waivers as may be necessary to implement the provisions of the bill and to secure federal financial participation for associated State Medicaid expenditures under the federal Medicaid program.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that this bill may cause the State to incur annual additional costs to: 1) provide information regarding the availability of tobacco cessation services to Medicaid beneficiaries; and 2) cover certain tobacco cessation benefits for Medicaid beneficiaries.

The OLS notes that the State's Medicaid program currently covers certain tobacco cessation benefits provided under the bill via existing policies. As such, no costs would be incurred by the State under the bill for the provision of those benefits.

For example, according to a Medicaid newsletter published by the Division of Medical Assistance and Health Services (DMAHS) in the DHS, the Medicaid program currently covers all

seven medications approved for tobacco cessation by the FDA: nicotine gum, nicotine lozenge, nicotine patch, nicotine nasal spray, nicotine oral inhaler, varenicline, and bupropion. Furthermore, all of these benefits are required to be covered without imposing any prior authorization requirements. In addition, Medicaid covers at least four tobacco related counseling sessions per quit attempt, with a minimum of two quit attempts per year, and tobacco cessation services are to be available to Medicaid beneficiaries at no cost. Finally, a 2018 DHS press release indicated that tobacco-related group counseling benefits would be covered under Medicaid starting January 2019¹; however, the DMAHS has yet to issue a newsletter regarding the benefit.

In addition, the preventative services requirement of the federal Affordable Care Act requires the Medicaid program to cover a 90-day course of all FDA-approved tobacco cessation medications and at least four sessions of individual, group, and phone cessation counseling for beneficiaries within the Medicaid expansion population. Medications and counseling are to be covered with no cost-sharing and no prior authorization requirements. Currently, 511,105 (or 30.3 percent) of the State's 1.7 million Medicaid beneficiaries are in the expansion population.

The OLS also notes that the NJ Quitline currently provides free telephone-counseling services for smokers, which may fulfill the bill's provision for Medicaid coverage of phone counseling services. However, as permitted under federal guidelines, the DMAHS may use Medicaid administrative funding to enhance an existing State quitline.

The OLS cannot determine if certain barriers to treatment prohibited under the bill, such as cost-sharing, counseling requirements for medication, lifetime limits, and stepped care therapy, are currently prohibited with any uniformity across the Medicaid fee-for-service and managed care delivery system for all Medicaid populations and for both tobacco cessation services and medications. To the extent that these barriers are currently allowed, the State would incur additional costs under the bill.

The OLS cannot quantify with any certainty the overall cost to provide the Medicaid comprehensive tobacco cessation benefits outlined under the bill due to a lack of certain information regarding existing Medicaid tobacco cessation benefits, as referenced above, and the current cost of providing such benefits. Furthermore, the number of individuals who will receive these services is unpredictable. Because the State does provide Medicaid coverage for numerous of the tobacco cessation benefits outlined in the bill, the cost to the State will be significantly less than if the bill implemented all new benefits.

Furthermore, the DHS may be able to absorb the cost of providing information regarding the availability of tobacco cessation services to Medicaid beneficiaries into its operating budget by distributing that information via existing communications to Medicaid beneficiaries.

The OLS notes that annual State revenues will increase from the receipt of federal matching funds for Medicaid eligible expenditures. Furthermore, expanding the tobacco cessation benefits under the Medicaid program, as well as increasing communications with Medicaid beneficiaries regarding covered tobacco cessation benefits, may result in a decrease in medical costs associated with the positive long-term health outcomes of smoking cessation; however, the OLS cannot quantify with any certainty the savings attributable to any new benefits covered or the outreach required under the bill. According to the Centers for Medicare & Medicaid Services, tobacco treatment is one of the most cost-effective preventive services, with as much as a \$2 to \$3 return on every dollar invested. A study published in 2012 shows that tobacco cessation treatment in the outpatient setting lowers health care costs within 18 months of quitting. The study found that 18 months after their quit date, continuous sustained quitters cost \$541 less per quarter than those who continued smoking.²

¹ <https://www.state.nj.us/humanservices/news/press/2018/approved/20180716.html>

² <https://www.ncbi.nlm.nih.gov/pubmed/22608375>

FE to ACS for A2444

4

Section: Human Services

*Analyst: Anne Cappabianca
Assistant Fiscal Analyst*

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

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

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

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY COMMITTEE SUBSTITUTE FOR
 [First Reprint]
ASSEMBLY, Nos. 2444 and 2656
STATE OF NEW JERSEY
218th LEGISLATURE

DATED: DECEMBER 18, 2019

SUMMARY

- Synopsis:** Provides for coverage of comprehensive tobacco cessation benefits in Medicaid.
- Type of Impact:** Annual State revenue and expenditure increases.
- Agencies Affected:** Department of Human Services, Division of Medical Assistance and Health Services.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Expenditure Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that this bill may cause the State to incur annual additional costs to: 1) provide information regarding the availability of tobacco cessation services to Medicaid beneficiaries; and 2) cover certain tobacco cessation benefits for Medicaid beneficiaries.
- The OLS cannot quantify with any certainty the overall additional costs due to a lack of information regarding existing Medicaid tobacco cessation benefits and the current cost of providing such benefits. Furthermore, the number of individuals who will receive these services is unpredictable. Because the State currently provides Medicaid coverage for many of the tobacco cessation benefits outlined in the bill, the cost to the State will be significantly less than if the bill implemented all new benefits.
- The Department of Human Services (DHS) may be able to absorb the cost to provide information regarding the availability of the tobacco cessation services to Medicaid beneficiaries into its operating budget by distributing that information via existing communications to Medicaid beneficiaries.

- To the extent that State Medicaid expenditures are matched by federal Medicaid funds, State revenues will also increase under this bill. Moreover, expanding tobacco cessation benefits and increasing communications with Medicaid beneficiaries regarding covered tobacco cessation benefits may result in a decrease in medical costs associated with the positive long-term health outcomes of smoking cessation; however, the OLS cannot quantify with any certainty the savings attributed to any new benefits covered or the outreach required under the bill.

BILL DESCRIPTION

This bill provides for the expansion of the State Medicaid program to include coverage for comprehensive tobacco cessation benefits for individuals who are 18 years of age or older or who are pregnant. The covered benefits required under the substitute bill include: brief and high intensity individual and group counseling, and counseling via telemedicine, as defined by section 1 of P.L.2017, c.117 (C.45:1-61) to include the use of telephones, remote patient monitoring devices or other electronic means to support health care services; all medications approved for tobacco cessation by the U.S. Food and Drug Administration; and other tobacco cessation counseling recommended by the Treating Tobacco Use and Dependence Clinical Practice Guideline issued by the U.S. Public Health Service.

Additionally, the bill prohibits the imposition of any cost-sharing, annual or lifetime limits, stepped therapy, or durational limits on the tobacco cessation benefits provided, and specifies that prior authorization for these benefits may be required only when a treatment exceeds the duration recommended by the U.S. Public Health Service's clinical practice guidelines; or for services associated with more than two attempts to quit within a 12-month period. The bill also requires that information regarding the availability of the Medicaid tobacco cessation services be provided to eligible individuals at certain specified times.

To obtain the requisite federal approval for this expansion of the State's Medicaid benefits, the Commissioner of Human Services is to apply for such Medicaid State plan amendments or waivers as may be necessary to implement the provisions of the bill and to secure federal financial participation for associated State Medicaid expenditures under the federal Medicaid program.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that this bill may cause the State to incur annual additional costs to: 1) provide information regarding the availability of tobacco cessation services to Medicaid beneficiaries; and 2) cover certain tobacco cessation benefits for Medicaid beneficiaries.

The OLS notes that the State's Medicaid program currently covers certain tobacco cessation benefits provided under the bill via existing policies. As such, no costs would be incurred by the State under the bill for the provision of those benefits.

For example, according to a Medicaid newsletter published by the Division of Medical Assistance and Health Services (DMAHS) in the DHS, the Medicaid program currently covers all seven medications approved for tobacco cessation by the FDA: nicotine gum, nicotine lozenge,

nicotine patch, nicotine nasal spray, nicotine oral inhaler, varenicline, and bupropion. Furthermore, all of these benefits are required to be covered without imposing any prior authorization requirements. In addition, Medicaid covers at least four tobacco related counseling sessions per quit attempt, with a minimum of two quit attempts per year, and tobacco cessation services are to be available to Medicaid beneficiaries at no cost. Finally, a 2018 DHS press release indicated that tobacco-related group counseling benefits would be covered under Medicaid starting January 2019¹; however, the DMAHS has yet to issue a newsletter regarding the benefit.

In addition, the preventative services requirement of the federal Affordable Care Act requires the Medicaid program to cover a 90-day course of all FDA-approved tobacco cessation medications and at least four sessions of individual, group, and phone cessation counseling for beneficiaries within the Medicaid expansion population. Medications and counseling are to be covered with no cost-sharing and no prior authorization requirements. Currently, 511,105 (or 30.3 percent) of the State's 1.7 million Medicaid beneficiaries are in the expansion population.

The OLS also notes that the NJ Quitline currently provides free telephone-counseling services for smokers, which may in part fulfill the bill's provision for Medicaid coverage of telemedicine counseling since, as defined under the law, telemedicine includes the use of telephones. However, as permitted under federal guidelines, the DMAHS may use Medicaid administrative funding to enhance an existing State quitline. In addition, further State resources may be needed to fulfill the bill's telemedicine provision to the extent that other electronic means are utilized.

The OLS cannot determine if certain barriers to treatment prohibited under the bill, such as cost-sharing, counseling requirements for medication, lifetime limits, and stepped care therapy, are currently prohibited with any uniformity across the Medicaid fee-for-service and managed care delivery system for all Medicaid populations and for both tobacco cessation services and medications. To the extent that these barriers are currently allowed, the State would incur additional costs under the bill.

The OLS cannot quantify with any certainty the overall cost to provide the Medicaid comprehensive tobacco cessation benefits outlined under the bill due to a lack of certain information regarding existing Medicaid tobacco cessation benefits, as referenced above, and the current cost of providing such benefits. Furthermore, the number of individuals who will receive these services is unpredictable. Because the State does provide Medicaid coverage for numerous of the tobacco cessation benefits outlined in the bill, the cost to the State will be significantly less than if the bill implemented all new benefits.

Furthermore, the DHS may be able to absorb the cost of providing information regarding the availability of tobacco cessation services to Medicaid beneficiaries into its operating budget by distributing that information via existing communications to Medicaid beneficiaries.

The OLS notes that annual State revenues will increase from the receipt of federal matching funds for Medicaid eligible expenditures. Furthermore, expanding the tobacco cessation benefits under the Medicaid program, as well as increasing communications with Medicaid beneficiaries regarding covered tobacco cessation benefits, may result in a decrease in medical costs associated with the positive long-term health outcomes of smoking cessation; however, the OLS cannot quantify with any certainty the savings attributable to any new benefits covered or the outreach required under the bill. According to the Centers for Medicare & Medicaid Services, tobacco treatment is one of the most cost-effective preventive services, with as much as a \$2 to \$3 return on every dollar invested. A study published in 2012 shows that tobacco cessation treatment in the outpatient setting lowers health care costs within 18 months of quitting. The study found that 18

¹ <https://www.state.nj.us/humanservices/news/press/2018/approved/20180716.html>

months after their quit date, continuous sustained quitters cost \$541 less per quarter than those who continued smoking.²

Section: Human Services

*Analyst: Anne Cappabianca
Assistant Fiscal Analyst*

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

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

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

² <https://www.ncbi.nlm.nih.gov/pubmed/22608375>

SENATE, No. 2081

STATE OF NEW JERSEY
218th LEGISLATURE

INTRODUCED MARCH 5, 2018

Sponsored by:

Senator SHIRLEY K. TURNER

District 15 (Hunterdon and Mercer)

SYNOPSIS

Provides for coverage of comprehensive tobacco cessation benefits in Medicaid.

CURRENT VERSION OF TEXT

As introduced.



S2081 TURNER

2

1 AN ACT concerning Medicaid coverage of tobacco cessation
2 benefits and 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 6 of P.L.1968, c.413 (C.30:4D-6) is amended to read
8 as follows:

9 6. a. Subject to the requirements of Title XIX of the federal
10 Social Security Act, the limitations imposed by this act and by the
11 rules and regulations promulgated pursuant thereto, the department
12 shall provide medical assistance to qualified applicants, including
13 authorized services within each of the following classifications:

14 (1) Inpatient hospital services;

15 (2) Outpatient hospital services;

16 (3) Other laboratory and X-ray services;

17 (4) (a) Skilled nursing or intermediate care facility services;

18 (b) Early and periodic screening and diagnosis of individuals
19 who are eligible under the program and are under age 21, to
20 ascertain their physical or mental health status and the health care,
21 treatment, and other measures to correct or ameliorate defects and
22 chronic conditions discovered thereby, as may be provided in
23 regulations of the Secretary of the federal Department of Health and
24 Human Services and approved by the commissioner;

25 (5) Physician's services furnished in the office, the patient's
26 home, a hospital, a skilled nursing, or intermediate care facility or
27 elsewhere.

28 As used in this subsection, "laboratory and X-ray services"
29 includes HIV drug resistance testing, including, but not limited to,
30 genotype assays that have been cleared or approved by the federal
31 Food and Drug Administration, laboratory developed genotype
32 assays, phenotype assays, and other assays using phenotype
33 prediction with genotype comparison, for persons diagnosed with
34 HIV infection or AIDS.

35 b. Subject to the limitations imposed by federal law, by this
36 act, and by the rules and regulations promulgated pursuant thereto,
37 the medical assistance program may be expanded to include
38 authorized services within each of the following classifications:

39 (1) Medical care not included in subsection a.(5) above, or any
40 other type of remedial care recognized under State law, furnished
41 by licensed practitioners within the scope of their practice, as
42 defined by State law;

43 (2) Home health care services;

44 (3) Clinic services;

45 (4) Dental services;

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.

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- 1 (5) Physical therapy and related services;
- 2 (6) Prescribed drugs, dentures, and prosthetic devices; and
3 eyeglasses prescribed by a physician skilled in diseases of the eye
4 or by an optometrist, whichever the individual may select;
- 5 (7) Optometric services;
- 6 (8) Podiatric services;
- 7 (9) Chiropractic services;
- 8 (10) Psychological services;
- 9 (11) Inpatient psychiatric hospital services for individuals under
10 21 years of age, or under age 22 if they are receiving such services
11 immediately before attaining age 21;
- 12 (12) Other diagnostic, screening, preventive, and rehabilitative
13 services, and other remedial care;
- 14 (13) Inpatient hospital services, nursing facility services, and
15 intermediate care facility services for individuals 65 years of age or
16 over in an institution for mental diseases;
- 17 (14) Intermediate care facility services;
- 18 (15) Transportation services;
- 19 (16) Services in connection with the inpatient or outpatient
20 treatment or care of substance use disorder, when the treatment is
21 prescribed by a physician and provided in a licensed hospital or in a
22 narcotic and substance use disorder treatment center approved by
23 the Department of Health pursuant to P.L.1970, c.334 (C.26:2G-21
24 et seq.) and whose staff includes a medical director, and limited to
25 those services eligible for federal financial participation under Title
26 XIX of the federal Social Security Act;
- 27 (17) Any other medical care and any other type of remedial care
28 recognized under State law, specified by the Secretary of the federal
29 Department of Health and Human Services, and approved by the
30 commissioner;
- 31 (18) Comprehensive maternity care, which may include: the
32 basic number of prenatal and postpartum visits recommended by the
33 American College of Obstetrics and Gynecology; additional
34 prenatal and postpartum visits that are medically necessary;
35 necessary laboratory, nutritional assessment and counseling, health
36 education, personal counseling, managed care, outreach, and
37 follow-up services; treatment of conditions which may complicate
38 pregnancy; and physician or certified nurse-midwife delivery
39 services;
- 40 (19) Comprehensive pediatric care, which may include:
41 ambulatory, preventive, and primary care health services. The
42 preventive services shall include, at a minimum, the basic number
43 of preventive visits recommended by the American Academy of
44 Pediatrics;
- 45 (20) Services provided by a hospice which is participating in the
46 Medicare program established pursuant to Title XVIII of the Social
47 Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). Hospice
48 services shall be provided subject to approval of the Secretary of

1 the federal Department of Health and Human Services for federal
2 reimbursement;

3 (21) Mammograms, subject to approval of the Secretary of the
4 federal Department of Health and Human Services for federal
5 reimbursement, including one baseline mammogram for women
6 who are at least 35 but less than 40 years of age; one mammogram
7 examination every two years or more frequently, if recommended
8 by a physician, for women who are at least 40 but less than 50 years
9 of age; and one mammogram examination every year for women
10 age 50 and over;

11 (22) Upon referral by a physician, advanced practice nurse, or
12 physician assistant of a person who has been diagnosed with
13 diabetes, gestational diabetes, or pre-diabetes, in accordance with
14 standards adopted by the American Diabetes Association:

15 (a) Expenses for diabetes self-management education or training
16 to ensure that a person with diabetes, gestational diabetes, or pre-
17 diabetes can optimize metabolic control, prevent and manage
18 complications, and maximize quality of life. Diabetes self-
19 management education shall be provided by an in-State provider
20 who is:

21 (i) a licensed, registered, or certified health care professional
22 who is certified by the National Certification Board of Diabetes
23 Educators as a Certified Diabetes Educator, or certified by the
24 American Association of Diabetes Educators with a Board
25 Certified-Advanced Diabetes Management credential, including, but
26 not limited to: a physician, an advanced practice or registered nurse,
27 a physician assistant, a pharmacist, a chiropractor, a dietitian
28 registered by a nationally recognized professional association of
29 dietitians, or a nutritionist holding a certified nutritionist specialist
30 (CNS) credential from the Board for Certification of Nutrition
31 Specialists ; or

32 (ii) an entity meeting the National Standards for Diabetes Self-
33 Management Education and Support, as evidenced by a recognition
34 by the American Diabetes Association or accreditation by the
35 American Association of Diabetes Educators;

36 (b) Expenses for medical nutrition therapy as an effective
37 component of the person's overall treatment plan upon a: diagnosis
38 of diabetes, gestational diabetes, or pre-diabetes; change in the
39 beneficiary's medical condition, treatment, or diagnosis; or
40 determination of a physician, advanced practice nurse, or physician
41 assistant that reeducation or refresher education is necessary.
42 Medical nutrition therapy shall be provided by an in-State provider
43 who is a dietitian registered by a nationally-recognized professional
44 association of dietitians, or a nutritionist holding a certified
45 nutritionist specialist (CNS) credential from the Board for
46 Certification of Nutrition Specialists, who is familiar with the
47 components of diabetes medical nutrition therapy;

1 (c) For a person diagnosed with pre-diabetes, items and services
2 furnished under an in-State diabetes prevention program that meets
3 the standards of the National Diabetes Prevention Program, as
4 established by the federal Centers for Disease Control and
5 Prevention; and

6 (d) Expenses for any medically appropriate and necessary
7 supplies and equipment recommended or prescribed by a physician,
8 advanced practice nurse, or physician assistant for the management
9 and treatment of diabetes, gestational diabetes, or pre-diabetes,
10 including, but not limited to: equipment and supplies for self-
11 management of blood glucose; insulin pens; insulin pumps and
12 related supplies; and other insulin delivery devices; and

13 (23) Comprehensive tobacco cessation benefits, which shall
14 include individual, group, and phone counseling; nicotine gum,
15 patches, lozenges, nasal sprays, and inhalers; bupropion;
16 varenicline; and any other benefits recommended by the American
17 Lung Association.

18 c. Payments for the foregoing services, goods, and supplies
19 furnished pursuant to this act shall be made to the extent authorized
20 by this act, the rules and regulations promulgated pursuant thereto
21 and, where applicable, subject to the agreement of insurance
22 provided for under this act. The payments shall constitute payment
23 in full to the provider on behalf of the recipient. Every provider
24 making a claim for payment pursuant to this act shall certify in
25 writing on the claim submitted that no additional amount will be
26 charged to the recipient, the recipient's family, the recipient's
27 representative or others on the recipient's behalf for the services,
28 goods, and supplies furnished pursuant to this act.

29 No provider whose claim for payment pursuant to this act has
30 been denied because the services, goods, or supplies were
31 determined to be medically unnecessary shall seek reimbursement
32 from the recipient, his family, his representative or others on his
33 behalf for such services, goods, and supplies provided pursuant to
34 this act; provided, however, a provider may seek reimbursement
35 from a recipient for services, goods, or supplies not authorized by
36 this act, if the recipient elected to receive the services, goods or
37 supplies with the knowledge that they were not authorized.

38 d. Any individual eligible for medical assistance (including
39 drugs) may obtain such assistance from any person qualified to
40 perform the service or services required (including an organization
41 which provides such services, or arranges for their availability on a
42 prepayment basis), who undertakes to provide the individual such
43 services.

44 No copayment or other form of cost-sharing shall be imposed on
45 any individual eligible for medical assistance, except as mandated
46 by federal law as a condition of federal financial participation.

1 e. Anything in this act to the contrary notwithstanding, no
2 payments for medical assistance shall be made under this act with
3 respect to care or services for any individual who:

4 (1) Is an inmate of a public institution (except as a patient in a
5 medical institution); provided, however, that an individual who is
6 otherwise eligible may continue to receive services for the month in
7 which he becomes an inmate, should the commissioner determine to
8 expand the scope of Medicaid eligibility to include such an
9 individual, subject to the limitations imposed by federal law and
10 regulations, or

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

13 (3) Is over 21 years of age and who is receiving inpatient
14 psychiatric hospital services in a psychiatric facility; provided,
15 however, that an individual who was receiving such services
16 immediately prior to attaining age 21 may continue to receive such
17 services until the individual reaches age 22. Nothing in this
18 subsection shall prohibit the commissioner from extending medical
19 assistance to all eligible persons receiving inpatient psychiatric
20 services; provided that there is federal financial participation
21 available.

22 f. (1) A third party as defined in section 3 of P.L.1968, c.413
23 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in
24 this or another state when determining the person's eligibility for
25 enrollment or the provision of benefits by that third party.

26 (2) In addition, any provision in a contract of insurance, health
27 benefits plan, or other health care coverage document, will, trust,
28 agreement, court order, or other instrument which reduces or
29 excludes coverage or payment for health care-related goods and
30 services to or for an individual because of that individual's actual or
31 potential eligibility for or receipt of Medicaid benefits shall be null
32 and void, and no payments shall be made under this act as a result
33 of any such provision.

34 (3) Notwithstanding any provision of law to the contrary, the
35 provisions of paragraph (2) of this subsection shall not apply to a
36 trust agreement that is established pursuant to 42 U.S.C.
37 s.1396p(d)(4)(A) or (C) to supplement and augment assistance
38 provided by government entities to a person who is disabled as
39 defined in section 1614(a)(3) of the federal Social Security Act (42
40 U.S.C. s.1382c (a)(3)).

41 g. The following services shall be provided to eligible
42 medically needy individuals as follows:

43 (1) Pregnant women shall be provided prenatal care and delivery
44 services and postpartum care, including the services cited in
45 subsection a.(1), (3), and (5) of this section and subsection b.(1)-
46 (10), (12), (15), and (17) of this section, and nursing facility
47 services cited in subsection b.(13) of this section.

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1 (2) Dependent children shall be provided with services cited in
2 subsection a.(3) and (5) of this section and subsection b.(1), (2), (3),
3 (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and
4 nursing facility services cited in subsection b.(13) of this section.

5 (3) Individuals who are 65 years of age or older shall be
6 provided with services cited in subsection a.(3) and (5) of this
7 section and subsection b.(1)-(5), (6) excluding prescribed drugs, (7),
8 (8), (10), (12), (15), and (17) of this section, and nursing facility
9 services cited in subsection b.(13) of this section.

10 (4) Individuals who are blind or disabled shall be provided with
11 services cited in subsection a.(3) and (5) of this section and
12 subsection b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10),
13 (12), (15), and (17) of this section, and nursing facility services
14 cited in subsection b.(13) of this section.

15 (5) (a) Inpatient hospital services, subsection a.(1) of this
16 section, shall only be provided to eligible medically needy
17 individuals, other than pregnant women, if the federal Department
18 of Health and Human Services discontinues the State's waiver to
19 establish inpatient hospital reimbursement rates for the Medicare
20 and Medicaid programs under the authority of section 601(c)(3) of
21 the Social Security Act Amendments of 1983, Pub.L.98-21 (42
22 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be
23 extended to other eligible medically needy individuals if the federal
24 Department of Health and Human Services directs that these
25 services be included.

26 (b) Outpatient hospital services, subsection a.(2) of this section,
27 shall only be provided to eligible medically needy individuals if the
28 federal Department of Health and Human Services discontinues the
29 State's waiver to establish outpatient hospital reimbursement rates
30 for the Medicare and Medicaid programs under the authority of
31 section 601(c)(3) of the Social Security Amendments of 1983,
32 Pub.L.98-21 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital
33 services may be extended to all or to certain medically needy
34 individuals if the federal Department of Health and Human Services
35 directs that these services be included. However, the use of
36 outpatient hospital services shall be limited to clinic services and to
37 emergency room services for injuries and significant acute medical
38 conditions.

39 (c) The division shall monitor the use of inpatient and outpatient
40 hospital services by medically needy persons.

41 h. In the case of a qualified disabled and working individual
42 pursuant to section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d), the
43 only medical assistance provided under this act shall be the
44 payment of premiums for Medicare part A under 42 U.S.C.
45 ss.1395i-2 and 1395r.

46 i. In the case of a specified low-income Medicare beneficiary
47 pursuant to 42 U.S.C. s.1396a(a)10(E)iii, the only medical
48 assistance provided under this act shall be the payment of premiums

1 for Medicare part B under 42 U.S.C. s.1395r as provided for in 42
2 U.S.C. s.1396d(p)(3)(A)(ii).

3 j. In the case of a qualified individual pursuant to 42 U.S.C.
4 s.1396a(aa), the only medical assistance provided under this act
5 shall be payment for authorized services provided during the period
6 in which the individual requires treatment for breast or cervical
7 cancer, in accordance with criteria established by the commissioner.
8 (cf: P.L.2017, c.161, s.1)

9
10 2. (New section) The Commissioner of Human Services shall
11 apply for such State plan amendments or waivers as may be
12 necessary to implement the provisions of this act and to secure
13 federal financial participation for State Medicaid expenditures
14 under the federal Medicaid program.

15
16 3. (New section) The Commissioner of Human Services shall
17 adopt rules and regulations pursuant to the "Administrative
18 Procedure Act" P.L.1968, c.410 (C.52:14B-1 et seq.) to effectuate
19 the purposes of this act; except that, notwithstanding any provision
20 of P.L.1968, c.410 to the contrary, the commissioner shall adopt,
21 immediately upon filing with the Office of Administrative Law,
22 such regulations as the commissioner deems necessary to
23 implement the provisions of this act, which shall be effective for a
24 period not to exceed six months and shall thereafter be amended,
25 adopted, or readopted by the commissioner in accordance with the
26 requirements of P.L.1968, c.410.

27
28 4. This act shall take effect immediately.

29
30

31 STATEMENT

32

33 This bill provides for the expansion of the State Medicaid
34 program to include coverage for comprehensive tobacco cessation
35 benefits, as recommended by the American Lung Association.

36 The covered benefits required under the bill include individual,
37 group, and phone counseling; nicotine gum, patches, lozenges, nasal
38 sprays, and inhalers; bupropion; varenicline; and any other benefits
39 recommended by the American Lung Association

40 To obtain the federal approval, the Commissioner of Human
41 Services is to apply for such State plan amendments or waivers as
42 may be necessary to implement the provisions of the bill and to
43 secure federal financial participation for State Medicaid
44 expenditures under the federal Medicaid program.

45 Presently, New Jersey provides only partial coverage for
46 medications used for tobacco cessation, and does not cover any
47 form of counseling specifically for tobacco cessation.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 2081

with committee amendments

STATE OF NEW JERSEY

DATED: SEPTEMBER 24, 2018

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 2081, as amended.

This bill provides for the expansion of the State Medicaid program to include coverage for comprehensive tobacco cessation benefits for Medicaid beneficiaries age 18 or older, or who are pregnant.

The covered benefits are to include brief and high intensity individual counseling, brief and high intensity group counseling, phone counseling, all medications approved for tobacco cessation by the U.S. Food and Drug Administration, and other tobacco cessation counseling recommended by the Treating Tobacco Use and Dependence Clinical Practice Guideline issued by the U.S. Public Health Service. The bill prohibits certain conditions from being imposed on the tobacco cessation benefits, including copayments, deductibles, or annual or lifetime limits. The bill requires that information regarding the availability of the tobacco cessation services be provided to eligible individuals at certain specified times.

To obtain the federal approval, the Commissioner of Human Services is to apply for such State plan amendments or waivers as may be necessary to implement the provisions of the bill and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

Presently, New Jersey provides only partial coverage for medications used for tobacco cessation, and does not cover any form of counseling specifically for tobacco cessation.

The committee amended the bill to clarify that the tobacco cessation benefits to be provided through the State Medicaid program are for beneficiaries age 18 or older and those who are pregnant; and to revise and expand the required benefits to include brief and high intensity individual and group counseling, telephone counseling, all medications approved for tobacco cessation by the FDA, and other tobacco cessation counseling recommended by certain practice guidelines of the U.S. Public Health Service. The amendments also require that information about the tobacco cessation benefits be provided to eligible individuals at certain specified times, and prohibit

the imposition of any cost-sharing, annual or lifetime limits, stepped therapy, or durational limits on the tobacco cessation benefits provided. The amendments specify that prior authorization for the benefits may be required only when a treatment exceeds the duration recommended by the clinical practice guidelines of the U.S. Public Health Service or for services associated with more than two attempts to quit within a 12-month period. The amendments also make certain technical corrections to citations in the bill.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 2081

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 6, 2020

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Senate Bill No. 2081 (1R).

As amended, this bill provides for the expansion of the State Medicaid program to include coverage for comprehensive tobacco cessation benefits for individuals who are 18 years of age or older or who are pregnant. The covered benefits required under the substitute bill include: brief and high intensity individual and group counseling, and telemedicine as defined by existing law; all medications approved for tobacco cessation by the U.S. Food and Drug Administration; and other tobacco cessation counseling recommended by the Treating Tobacco Use and Dependence Clinical Practice Guideline issued by the U.S. Public Health Service.

The bill prohibits the following conditions from being imposed on the Medicaid tobacco cessation services: copayments or any other forms of cost-sharing, including deductibles; counseling requirements for medication; stepped care therapy or similar restrictions requiring the use of one service prior to another; limits on the duration of services; or annual or lifetime limits on the amount, frequency, or cost of services, including, but not limited to, annual or lifetime limits on the number of covered attempts to quit. The bill also prohibits prior authorization requirements from being imposed on these services, except for: treatments that exceed the duration recommended by the U.S. Public Health Service clinical practice guidelines; or services associated with more than two attempts to quit within a 12-month period.

The bill requires that information regarding the availability of the Medicaid tobacco cessation services be provided to all individuals authorized to receive these services at the following times: no later than 90 days after the bill's effective date; upon the establishment of an individual's eligibility for Medicaid; and upon the redetermination of an individual's eligibility for Medicaid.

The bill requires the Commissioner of Human Services to apply for any necessary Medicaid State plan amendments or waivers to provide coverage for the tobacco cessation services and to secure federal

financial participation for associated State Medicaid expenditures under the federal Medicaid program.

Presently, New Jersey provides only partial coverage for medications used for tobacco cessation, and does not cover any form of counseling specifically for tobacco cessation.

As reported by the committee with amendments, Senate Bill No. 2081 (1R) is identical to Assembly Bill Nos. 2444/2656 (1R), which the committee also reported on this date.

COMMITTEE AMENDMENTS:

The committee amended the bill to provide for coverage of telemedicine, as defined by section 1 of P.L.2017, c.117 (C.45:1-61), as opposed to providing coverage for phone counseling; and to extend from 30 to 90 days the timeframe under which tobacco cessation information is to be provided to Medicaid recipients.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that this bill may cause the State to incur annual additional costs to: 1) provide information regarding the availability of tobacco cessation services to Medicaid beneficiaries; and 2) cover certain tobacco cessation benefits for Medicaid beneficiaries.

The OLS cannot quantify with any certainty the overall additional costs due to a lack of information regarding existing Medicaid tobacco cessation benefits and the current cost of providing such benefits. Furthermore, the number of individuals who will receive these services is unpredictable. Because the State currently provides Medicaid coverage for many of the tobacco cessation benefits outlined in the bill, the cost to the State will be significantly less than if the bill implemented all new benefits.

The Department of Human Services may be able to absorb the cost to provide information regarding the availability of the tobacco cessation services to Medicaid beneficiaries into its operating budget by distributing that information via existing communications to Medicaid beneficiaries.

To the extent that State Medicaid expenditures are matched by federal Medicaid funds, State revenues will also increase under this bill. Moreover, expanding tobacco cessation benefits and increasing communications with Medicaid beneficiaries regarding covered tobacco cessation benefits may result in a decrease in medical costs associated with the positive long-term health outcomes of smoking cessation; however, the OLS cannot quantify with any certainty the savings attributed to any new benefits covered or the outreach required under the bill.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 2081 STATE OF NEW JERSEY 218th LEGISLATURE

DATED: NOVEMBER 12, 2019

SUMMARY

- Synopsis:** Provides for coverage of comprehensive tobacco cessation benefits in Medicaid.
- Type of Impact:** Annual State revenue and expenditure increases.
- Agencies Affected:** Department of Human Services, Division of Medical Assistance and Health Services.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Expenditure Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that this bill may cause the State to incur annual additional costs to: 1) provide information regarding the availability of tobacco cessation services to Medicaid beneficiaries; and 2) cover certain tobacco cessation benefits for Medicaid beneficiaries.
- The OLS cannot quantify with any certainty the overall additional costs due to a lack of information regarding existing Medicaid tobacco cessation benefits and the current cost of providing such benefits. Furthermore, the number of individuals who will receive these services is unpredictable. Due to the State providing Medicaid coverage for many of the tobacco cessation benefits outlined in the bill, the cost to the State will be significantly less than if the bill implemented all new benefits.
- The Department of Human Services (DHS) may be able to absorb the cost to provide information regarding the availability of the tobacco cessation services to Medicaid beneficiaries into its operating budget by distributing that information via existing communications to Medicaid beneficiaries.

- To the extent that State Medicaid expenditures are matched by federal Medicaid funds, State revenues will also increase under this bill. Moreover, expanding tobacco cessation benefits and increasing communications with Medicaid beneficiaries regarding covered tobacco cessation benefits may result in a decrease in medical costs associated with the positive long-term health outcomes of smoking cessation; however, the OLS cannot quantify with any certainty the savings attributed to any new benefits covered or the outreach required under the bill.

BILL DESCRIPTION

This bill provides for the expansion of the State Medicaid program to include coverage for comprehensive tobacco cessation benefits for Medicaid beneficiaries age 18 or older, or who are pregnant.

The covered benefits are to include brief and high intensity individual counseling, brief and high intensity group counseling, phone counseling, all medications approved for tobacco cessation by the U.S. Food and Drug Administration (FDA), and other tobacco cessation counseling recommended by the Treating Tobacco Use and Dependence Clinical Practice Guideline issued by the U.S. Public Health Service (PHS). Currently, this PHS guidance mirrors the provisions in the bill.

The bill prohibits the imposition of any cost-sharing, annual or lifetime limits, stepped therapy, or durational limits on the tobacco cessation benefits provided, and specifies that prior authorization for the benefits may be required only when a treatment exceeds the duration recommended by the clinical practice guidelines of the PHS or for services associated with more than two attempts to quit within a 12-month period. The bill requires that information regarding the availability of the tobacco cessation services be provided to eligible individuals at certain specified times.

To obtain the federal approval, the Commissioner of Human Services is to apply for such State plan amendments or waivers as may be necessary to implement the provisions of the bill and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that this bill may cause the State to incur annual additional costs to: 1) provide information regarding the availability of tobacco cessation services to Medicaid beneficiaries; and 2) cover certain tobacco cessation benefits for Medicaid beneficiaries.

The OLS notes that the State's Medicaid program already covers certain tobacco cessation benefits provided under the bill via existing policies. As such, no costs would be incurred by the State under the bill due to the provision of those benefits.

For example, according to a Medicaid newsletter published by the Division of Medical Assistance and Health Services (DMAHS) in the DHS, the Medicaid program currently covers all seven medications approved for tobacco cessation by the FDA: nicotine gum, nicotine lozenge, nicotine patch, nicotine nasal spray, nicotine oral inhaler, varenicline, and bupropion. Furthermore, all of these benefits are required to be covered without imposing any prior authorization requirements. In addition, Medicaid covers at least four tobacco related counseling sessions per quit attempt, with a minimum of two quit attempts per year, and tobacco cessation services are to be available to Medicaid beneficiaries at no cost. Finally, a 2018 DHS press release indicated that tobacco-related group counseling benefits would be covered under Medicaid starting January 2019¹; however, the DMAHS has yet to issue a newsletter regarding the benefit.

In addition, the preventative services requirement of the federal Affordable Care Act requires the Medicaid program to cover a 90-day course of all FDA-approved tobacco cessation medications and at least four sessions of individual, group, and phone cessation counseling for beneficiaries within the Medicaid expansion population. Medications and counseling are to be covered with no cost-sharing and no prior authorization requirements. Currently, 511,105 (or 30.3 percent) of the State's 1.7 million Medicaid beneficiaries are in the expansion population.

The OLS also notes that the NJ Quitline currently provides free telephone-counseling services for smokers, which may fulfill the bill's provision for Medicaid coverage of phone counseling services. However, as permitted under federal guidelines, the DMAHS may use Medicaid administrative funding to enhance an existing State quitline.

The OLS cannot determine if certain barriers to treatment prohibited under the bill, such as cost-sharing, counseling requirements for medication, lifetime limits, and stepped care therapy, are currently prohibited with any uniformity across the Medicaid fee-for-service and managed care delivery system for all Medicaid populations and for both tobacco cessation services and medications. To the extent that these barriers are currently allowed, the State would incur additional costs under the bill.

The OLS cannot quantify with any certainty the overall cost to provide the Medicaid comprehensive tobacco cessation benefits outlined under the bill due to a lack of certain information regarding existing Medicaid tobacco cessation benefits, as referenced above, and the current cost of providing such benefits. Furthermore, the number of individuals who will receive these services is unpredictable. Because the State does provide Medicaid coverage for numerous of the tobacco cessation benefits outlined in the bill, the cost to the State will be significantly less than if the bill implemented all new benefits.

Furthermore, the DHS may be able to absorb the cost to provide information regarding the availability of the tobacco cessation services to Medicaid beneficiaries into its operating budget by distributing that information via existing communications to Medicaid beneficiaries.

The OLS notes that annual State revenues will increase from the receipt of federal matching funds for Medicaid eligible expenditure. Furthermore, expanding the tobacco cessation benefits under the Medicaid program, as well as increasing communications with Medicaid beneficiaries regarding covered tobacco cessation benefits, may result in a decrease in medical costs associated with the positive long-term health outcomes of smoking cessation; however, the OLS cannot quantify with any certainty the savings attributed to any new benefits covered or the outreach required under the bill. According to the Centers for Medicare & Medicaid Services, tobacco treatment is one of the most cost-effective preventive services with as much as a \$2 to \$3 return on every dollar invested. A study published in 2012 shows that tobacco cessation treatment in the outpatient setting lowers health care costs within 18 months of quitting. The study found that 18

¹ <https://www.state.nj.us/humanservices/news/press/2018/approved/20180716.html>

months after their quit date, continuous sustained quitters cost \$541 less per quarter than those who continued smoking.²

Section: Human Services

*Analyst: Sarah Schmidt
Senior Research Analyst*

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

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

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

² <https://www.ncbi.nlm.nih.gov/pubmed/22608375>

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

SENATE, No. 2081 STATE OF NEW JERSEY 218th LEGISLATURE

DATED: JANUARY 15, 2020

SUMMARY

- Synopsis:** Provides for coverage of comprehensive tobacco cessation benefits in Medicaid.
- Type of Impact:** Annual State revenue and expenditure increases.
- Agencies Affected:** Department of Human Services, Division of Medical Assistance and Health Services.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Expenditure Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) estimates that this bill may cause the State to incur annual additional costs to: 1) provide information regarding the availability of tobacco cessation services to Medicaid beneficiaries; and 2) cover certain tobacco cessation benefits for Medicaid beneficiaries.
- The OLS cannot quantify with any certainty the overall additional costs due to a lack of information regarding existing Medicaid tobacco cessation benefits and the current cost of providing such benefits. Furthermore, the number of individuals who will receive these services is unpredictable. Because the State currently provides Medicaid coverage for many of the tobacco cessation benefits outlined in the bill, the cost to the State will be significantly less than if the bill implemented all new benefits.
- The Department of Human Services (DHS) may be able to absorb the cost to provide information regarding the availability of the tobacco cessation services to Medicaid beneficiaries into its operating budget by distributing that information via existing communications to Medicaid beneficiaries.
- To the extent that State Medicaid expenditures are matched by federal Medicaid funds, State revenues will also increase under this bill. Moreover, expanding tobacco cessation benefits

and increasing communications with Medicaid beneficiaries regarding covered tobacco cessation benefits may result in a decrease in medical costs associated with the positive long-term health outcomes of smoking cessation; however, the OLS cannot quantify with any certainty the savings attributed to any new benefits covered or the outreach required under the bill.

BILL DESCRIPTION

This bill provides for the expansion of the State Medicaid program to include coverage for comprehensive tobacco cessation benefits for individuals who are 18 years of age or older or who are pregnant. The covered benefits required under the substitute bill include: brief and high intensity individual and group counseling, and counseling via telemedicine, including the use of telephones, remote patient monitoring devices or other electronic means to support health care services; all medications approved for tobacco cessation by the U.S. Food and Drug Administration; and other tobacco cessation counseling recommended by the Treating Tobacco Use and Dependence Clinical Practice Guideline issued by the U.S. Public Health Service.

Additionally, the bill prohibits the imposition of any cost-sharing, annual or lifetime limits, stepped therapy, or durational limits on the tobacco cessation benefits provided, and specifies that prior authorization for these benefits may be required only when a treatment exceeds the duration recommended by the U.S. Public Health Service's clinical practice guidelines; or for services associated with more than two attempts to quit within a 12-month period. The bill also requires that information regarding the availability of the Medicaid tobacco cessation services be provided to eligible individuals at certain specified times.

To obtain the requisite federal approval for this expansion of the State's Medicaid benefits, the Commissioner of Human Services is to apply for such Medicaid State plan amendments or waivers as may be necessary to implement the provisions of the bill and to secure federal financial participation for associated State Medicaid expenditures under the federal Medicaid program.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that this bill may cause the State to incur annual additional costs to: 1) provide information regarding the availability of tobacco cessation services to Medicaid beneficiaries; and 2) cover certain tobacco cessation benefits for Medicaid beneficiaries.

The OLS notes that the State's Medicaid program currently covers certain tobacco cessation benefits provided under the bill via existing policies. As such, no costs would be incurred by the State under the bill for the provision of those benefits.

For example, according to a Medicaid newsletter published by the Division of Medical Assistance and Health Services (DMAHS) in the DHS, the Medicaid program currently covers all seven medications approved for tobacco cessation by the FDA: nicotine gum, nicotine lozenge, nicotine patch, nicotine nasal spray, nicotine oral inhaler, varenicline, and bupropion.

Furthermore, all of these benefits are required to be covered without imposing any prior authorization requirements. In addition, Medicaid covers at least four tobacco related counseling sessions per quit attempt, with a minimum of two quit attempts per year, and tobacco cessation services are to be available to Medicaid beneficiaries at no cost. Finally, a 2018 DHS press release indicated that tobacco-related group counseling benefits would be covered under Medicaid starting January 2019¹; however, the DMAHS has yet to issue a newsletter regarding the benefit.

In addition, the preventative services requirement of the federal Affordable Care Act requires the Medicaid program to cover a 90-day course of all FDA-approved tobacco cessation medications and at least four sessions of individual, group, and phone cessation counseling for beneficiaries within the Medicaid expansion population. Medications and counseling are to be covered with no cost-sharing and no prior authorization requirements. Currently, 511,105 (or 30.3 percent) of the State's 1.7 million Medicaid beneficiaries are in the expansion population.

The OLS also notes that the NJ Quitline currently provides free telephone-counseling services for smokers, which may in part fulfill the bill's provision for Medicaid coverage of telemedicine counseling since, as defined under the law, telemedicine includes the use of telephones. However, as permitted under federal guidelines, the DMAHS may use Medicaid administrative funding to enhance an existing State quitline. In addition, further State resources may be needed to fulfill the bill's telemedicine provision to the extent that other electronic means are utilized.

The OLS cannot determine if certain barriers to treatment prohibited under the bill, such as cost-sharing, counseling requirements for medication, lifetime limits, and stepped care therapy, are currently prohibited with any uniformity across the Medicaid fee-for-service and managed care delivery system for all Medicaid populations and for both tobacco cessation services and medications. To the extent that these barriers are currently allowed, the State would incur additional costs under the bill.

The OLS cannot quantify with any certainty the overall cost to provide the Medicaid comprehensive tobacco cessation benefits outlined under the bill due to a lack of certain information regarding existing Medicaid tobacco cessation benefits, as referenced above, and the current cost of providing such benefits. Furthermore, the number of individuals who will receive these services is unpredictable. Because the State does provide Medicaid coverage for numerous of the tobacco cessation benefits outlined in the bill, the cost to the State will be significantly less than if the bill implemented all new benefits.

Furthermore, the DHS may be able to absorb the cost of providing information regarding the availability of tobacco cessation services to Medicaid beneficiaries into its operating budget by distributing that information via existing communications to Medicaid beneficiaries.

The OLS notes that annual State revenues will increase from the receipt of federal matching funds for Medicaid eligible expenditures. Furthermore, expanding the tobacco cessation benefits under the Medicaid program, as well as increasing communications with Medicaid beneficiaries regarding covered tobacco cessation benefits, may result in a decrease in medical costs associated with the positive long-term health outcomes of smoking cessation; however, the OLS cannot quantify with any certainty the savings attributable to any new benefits covered or the outreach required under the bill. According to the Centers for Medicare & Medicaid Services, tobacco treatment is one of the most cost-effective preventive services, with as much as a \$2 to \$3 return on every dollar invested. A study published in 2012 shows that tobacco cessation treatment in the outpatient setting lowers health care costs within 18 months of quitting. The study found that 18 months after their quit date, continuous sustained quitters cost \$541 less per quarter than those who continued smoking.²

¹ <https://www.state.nj.us/humanservices/news/press/2018/approved/20180716.html>

² <https://www.ncbi.nlm.nih.gov/pubmed/22608375>

Section: Human Services

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

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

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

Governor Murphy Takes Action on Legislation

01/21/2020

TRENTON – Today, Governor Phil Murphy signed the following bills into law:

S-62/A-2478 (Singleton, Oroho/DeAngelo, Houghtaling, Space) – Requires certain contractors to register under "The Public Works Contractor Registration Act"

S-358/A-4587 (Rice/Sumter, Reynolds-Jackson) – Establishes database with certain information about individuals elected to public office in this State

S-376/A-3839 (Madden, Gopal/Moriarty, Lagana, Mukherji, Murphy) – Eliminates eligibility time limit on tuition benefits for spouses of certain public safety workers killed in performance of their duties

S-497/A-4626 (Vitale, Madden/Mosquera, McKnight, Vainieri Huttle) – Allows certain prior statements by children to be admitted into evidence in child abuse and termination of parental rights cases

S-498/ACS for A-3391 (Vitale, Oroho/DeCroce, Johnson, DiMaso) – Makes various changes to "Criminal Injuries Compensation Act of 1971"

S-521/A-4378 (T. Kean, C.A. Brown, Pou, Ruiz/Caputo, Mukherji, Vainieri Huttle) – Requires NJ State Council on Arts to establish "Artist District" designation and select certain municipalities or areas within municipalities for such designation

S-589/ACS for A-422 (Weinberg/Mosquera, Jones, Moriarty) – Requires Secretary of State to establish secure Internet website for online voter registration; authorizes use of digitized signatures from New Jersey Motor Vehicle Commission's database

S-700/A-3836 (Ruiz, Cunningham/Schaer, Mukherji, Jasey) – "Higher Education Citizenship Equality Act"; defines domicile for dependent students for purpose of eligibility for State student grants and scholarships, and resident tuition rate

S-721/A-1751 (Greenstein, Cunningham, Diegnan/Quijano, Benson) – Authorizes use of certain electric school buses

S-758/A-1987 (Cunningham, Cruz-Perez/Sumter, Mukherji, Quijano) – Requires incarcerated individual from State to be counted at residential address for legislative redistricting purposes

S-765/A-541 (Cunningham, T. Kean, Ruiz/Mazzeo, Jasey, Vainieri Huttle, Sumter, Benson) – Prohibits Higher Education Student Assistance Authority from referring defaulted loans under New Jersey College Loans to Assist State Students (NJCLASS) Loan Program for certain actions if authority and borrower have entered into settlement agreement

S-782/A-1110 (Sarlo, Scutari/Downey, Houghtaling, Dancer) – Increases workers' compensation for loss of hand or foot

S-834 wGR/A-4186 (Scutari, Greenstein/Jones, Pintor Marin) – Prohibits resale of non-prescription diabetes test devices by pharmacists

S-939/A-3331 (Pou/Vainieri Huttle, Lopez, McKnight) – Requires forms and materials for individuals with developmental disabilities to be available in languages other than English

S-974/A-3040 (Singleton, T. Kean/Vainieri Huttle, Timberlake, Mosquera) – Requires newborn infants be screened for spinal muscular atrophy

- S-1032/A-2389 (Vitale, Gopal/Schaer, Benson, Verrelli)** – Concerns expansion of services provided by DHS mental health screening services
- S-1146/A-2365 (Codey, Rice/Vainieri Huttle, Mukherji, Downey)** – Requires hospital patient's medical record to include notation if patient is at increased risk of confusion, agitation, behavioral problems, and wandering due to dementia related disorder
- S-1298/ACS for A-2972 (A.M. Bucco, Singleton/Mazzeo, Dunn, Space)** – Permits municipalities to provide information on property tax bills concerning amount of local tax dollars saved through shared services
- S-1318/A-3156 (Ruiz, Scutari/Lampitt, Mosquera)** – Permits counties and non-governmental, community-based agencies to establish family justice centers which provide coordinated, multi-agency governmental and non-governmental assistance to victims of certain crimes and offenses, including domestic violence, and their family members
- S-1505/A-1707 (Vitale/Vainieri Huttle, Lampitt, Benson, Mosquera)** – Expands membership of NJ Task Force on Child Abuse and Neglect
- S-1647/A-3181 (Diegnan, Codey/Conaway, Vainieri Huttle, Benson, Murphy)** – Prohibits use of coupons, price rebates, and price reduction promotions in sales of tobacco and vapor products
- S-1683/A-4267 (Smith, Greenstein/McKeon, Space, Wirths)** – Concerns regulation of solid waste, hazardous waste, and soil and fill recycling industries
- S-1703/A-715 (Connors, Holzapfel/Gove, Rumpf, DiMaso)** – Exempts disabled veterans from beach buggy permit fees
- S-1791/A-3414 (Weinberg/Johnson, Vainieri Huttle, Houghtaling)** – Requires employers to disclose certain wage information to employees
- S-1796/A-4693 (Addiego, Sweeney/Murphy)** – Permits school district of residence to provide aid in-lieu-of transportation to pupil attending Marine Academy of Science and Technology provided certain conditions are met
- S-1832/A-211 (Ruiz, Sarlo/Chiaravalloti, Zwicker, Pintor Marin)** – Establishes loan redemption program and tuition reimbursement program for certain teachers of science, technology, engineering, and mathematics
- S-2267/A-3616 (Sweeney, Corrado/Burzichelli, Holley, Calabrese)** – Gives State lottery winners option of remaining anonymous indefinitely
- S-2303/A-4843 (Sweeney, Ruiz, Cunningham/Wimberly, Karabinchak, Calabrese)** – Requires establishment of Work and Learn Consortiums by certain educational institutions to establish certificate and degree programs identified in high labor-demand industries
- S-2389 wGR/A-5449 (Singleton/Quijano, Downey, Houghtaling, Moriarty)** – Requires New Jersey State Board of Pharmacy to establish prescription drug pricing disclosure website and certain pharmaceutical manufacturing companies to provide prescription drug price information
- S-2428/A-4965 (Scutari/Quijano, Vainieri Huttle)** – Requires that massage and bodywork therapists and employers carry professional liability insurance
- S-2469/A-3745 (Singleton, Oroho/Wirths, Mazzeo, Space)** – Prohibits person from contracting for public work if person is federally debarred from receiving federal contract
- S-2511/A-4020 (Madden/Mazzeo, Murphy, Johnson)** – Changes title of DEP "conservation officer" to "conservation police officer"
- S-2521/A-4087 (Cryan, Greenstein/Vainieri Huttle, Lopez, Timberlake)** – Requires reporting of inmate abuse by employees of State correctional facilities and establishes reporting and investigation program
- S-2522/A-4090 (Cryan, Greenstein/Vainieri Huttle, Lopez, Timberlake)** – Limits cross gender strip searches in

State correctional facilities

S-2532/A-4086 (Greenstein, Cruz-Perez/Vainieri Huttle, Lopez, Timberlake) – Requires correctional police officers receive 20 hours in-service training, including four hours in prevention of sexual misconduct, non-fraternization, and manipulation

S-2555/A-3990 (Gopal, Ruiz/Mukherji, Benson, Karabinchak) – Allows dependent students whose parents or guardians hold H-1B visas to qualify for in-State tuition at public institutions of higher education provided they meet certain criteria

S-2564/A-3519 (Turner, Singleton/Benson, McKnight, Jasey) – Establishes "Restorative Justice in Education Pilot Program" in Department of Education

SCS for S-2599/ACS for A-1268 (Bateman, Beach/Tucker, Conaway, Lampitt, Quijano) – Authorizes veterans' property tax exemption and veterans' property tax deduction for honorably discharged veterans of United States Armed Forces who did not serve in time of war or other emergency

S-2826/A-3274 (Greenstein/Vainieri Huttle, Dancer, Benson) – Requires institutions of higher education to offer cats and dogs no longer used for educational, research, or scientific purposes for adoption; designated the "Homes for Animal Heroes Act"

S-2849/A-4590 (A.M. Bucco/DiMaio, Caputo, Dunn) – Designates Seeing Eye® dog as State Dog

S-3036/A-1697 (Lagana, Scutari/Dancer, Downey) – Prohibits medical providers from reporting certain workers' compensation medical charges to collection and credit reporting agencies

S-3061/A-4603 (Ruiz, Greenstein/Lampitt, Mukherji, Benson) – Provides corporation business tax and gross income tax credits for businesses that participate in DOL registered apprenticeship programs; establishes grant program for tax-exempt organizations participating in DOL registered apprenticeship programs

S-3065/A-4657 (Ruiz, Singleton/Armato, Benson, Timberlake) – Establishes youth apprenticeship pilot program in Department of Education

S-3067/A-4602 (Ruiz, Singleton/Lampitt, Reynolds-Jackson, Sumter) – Establishes five year Apprentice Assistance and Support Services Pilot Program

S-3116/A-4683 (Ruiz/Speight, Munoz, Tucker) – Requires certain medical facilities to undertake end-of-life planning and training

S-3117/A-4685 (Ruiz/Speight, Pinkin, Munoz) – Requires emergency departments to take certain measures concerning palliative care for patients

S-3126/A-4107 (Gopal/Benson, DeCroce, Chiaravalloti) – Requires drivers to stop at railroad crossing when on-track equipment is approaching railroad crossing

S-3170/A-5145 (Cryan, Pou/Quijano, Milam, Land) – Increases prenotification time and requires severance pay in certain plant closings, transfers, and mass layoffs

S-3227/A-5261 (Gopal/Tully, Pinkin, Swain) – Requires restaurants to post signs advising customers to notify servers of food allergies; requires restaurant managers to complete food allergen training

S-3265/A-3178 (Turner, Codey, Vitale/Conaway, Murphy, Vainieri Huttle) – Prohibits sale or distribution of flavored vapor products

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S-3330 wGR/A-5066 (Addiego, Singleton/Jones, Vainieri Huttle, Lampitt, Murphy) – Establishes pilot program in DCF to study impact of child care services provided by community providers operating in public school facilities; requires community providers to meet certain criteria

S-3422/A-6056 (Singer, T. Kean/Houghtaling, Downey, Vainieri Huttle) – Requires declaration of Code Blue

alert when National Weather Service predicts temperatures of 32 degrees Fahrenheit or lower

S-3468/A-5105 (Sweeney, Singleton/Murphy, Karabinchak, Vainieri Huttle) – Establishes Task Force on Maximizing Employment for People with Disabilities

S-3511/A-5298 (Singer, T. Kean/Mukherji, Vainieri Huttle, Downey) – Authorizes certain health care and social service resources to be made available during Code Blue alert

S-3581/A-5963 (Singleton/Lopez, Quijano) – Prohibits certain business financing contracts that contain judgment by confession provisions

S-3685/A-5345 (Sarlo, Singleton/Mukherji, Conaway, McKnight) – Establishes program to increase participation of underrepresented students in New Jersey's science and engineering workforce

S-3756/A-6115 (Ruiz, Sarlo, O'Scanlon/Jasey, Jones, Wirths) – Requires limited purpose regional school districts to coordinate with constituent districts regarding school calendar and curriculum

S-3763/A-6116 (Addiego, Bateman, Sarlo/DeAngelo, Dancer, Space) – Renames joint meetings as regional service agencies; grandfathers existing joint meetings

S-3869/A-5561 (Sarlo/Burzichelli, Houghtaling) – Prohibits local governments from imposing fines on alarm companies in certain circumstances

S-3871/A-5427 (Bateman, Scutari/DePhillips, McKeon) – Adds member from Retired Judges Association of New Jersey to State Investment Council

SCS for S-3878/ACS for A-5394 (Ruiz, Weinberg, Cunningham/Moriarty, McKnight, Pinkin) – Reaffirms and clarifies that Attorney General and Division on Civil Rights may initiate actions in Superior Court to enforce "Law Against Discrimination"

S-3920 wGR/A-5552 (Pou/Wimberly, Sumter) – Concerns provision of energy to certain manufacturing facilities by providing exemptions to certain energy related taxes

S-3923/A-5680 (Madden, Singleton/Giblin, Timberlake, Murphy) – Concerns labor harmony agreements for hospitality projects

SCS for S-3939 and 3944/ACS for A-5681 and 5682 (Smith, Greenstein, Bateman, Codey/Pinkin, Lopez, McKeon) – Establishes Recycling Market Development Council

S-3985/A-5663 (Smith/McKeon, Pinkin, Vainieri Huttle) – Amends "Electric Discount and Energy Competition Act" to add definition of "open access offshore wind transmission facility" and revises law concerning "qualified offshore wind projects"

S-4025/A-5695 (Pou/Wimberly, Sumter) – Makes FY 2020 language allocation of \$1,000,000 appropriated to Grants for Urban Parks to Hinchliffe Stadium in Paterson

S-4162/A-6014 (Smith, Greenstein/Vainieri Huttle, Pinkin, Houghtaling) – Establishes NJ Climate Change Resource Center at Rutgers University; appropriates up to \$500,000

S-4165/A-4364 (Rice/Giblin, Caputo, Tucker) – Expands University Hospital board of directors membership from 11 to 13 members

S-4188/A-6075 (Beach/Murphy, Dancer, Lampitt) – "Lindsay's Law"; provides tax benefits to organ and bone marrow donors and their employers, and provides paid time off to donors who are State or local government employees

S-4200/A-5855 (Ruiz, Turner/Coughlin, Lampitt, Holley) – Requires State to pay difference between federal allocation and total cost of reduced price breakfast or lunch; appropriates \$4.5 million

S-4247/A-6049 (Gopal, O'Scanlon/Conaway, Houghtaling, Downey) – Establishes criteria for distribution of Fiscal Year 2020 funding to Community Food Bank of New Jersey and partner organizations

S-4264/A-5962 (Pou/Wimberly, Sumter, Calabrese) – Designates State Highway Route 19 as "William J. Pascrell Jr. Highway"

S-4275/A-6088 (Smith, Greenstein/Burzichelli) – Allows BPU to increase cost to customers of Class I renewable energy requirement for energy years 2022 through 2024, under certain conditions

S-4276/A-6109 (Corrado, Bateman/Armato, Calabrese, Land) – Appropriates \$32,153,936 to State Agriculture Development Committee, and amends 2017 appropriations for stewardship activities, for farmland preservation purposes

S-4277/A-6112 (Greenstein, Bateman/Freiman, Danielsen, Downey) – Appropriates \$5,000,000 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for municipal planning incentive grants for farmland preservation purposes

S-4278/A-6108 (Greenstein, Bateman/Taliaferro, Karabinchak, Kennedy) – Appropriates \$21 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for county planning incentive grants for farmland preservation purposes

S-4279/A-6106 (Smith, Bateman/Houghtaling, Reynolds-Jackson, Pinkin) – Appropriates \$1,350,000 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for grants to certain nonprofit organizations for farmland preservation purposes

S-4286/A-5890 (Vitale/Swain, Jones) – Clarifies procedures concerning collection of child support on behalf of child over age 19 when court has ordered such support

S-4309/A-6107 (Turner, Cruz-Perez/Mejia, Vainieri Huttie, Zwicker) – Appropriates \$13,902,723 from constitutionally dedicated CBT revenues to NJ Historic Trust for grants for certain historic preservation projects and associated administrative expenses

S-4310/A-6114 (Codey, Bateman/Carter, Murphy, Lopez) – Appropriates \$8,872,682 to DEP from constitutionally dedicated CBT revenues for grants to certain nonprofit entities to acquire or develop lands for recreation and conservation purposes

S-4311/A-6113 (Greenstein, Bateman/Speight, Mukherji, Verrelli) – Appropriates \$77,450,448 from constitutionally dedicated CBT revenues and various Green Acres funds to DEP for local government open space acquisition and park development projects

S-4312/A-6111 (Smith, Bateman/Giblin, Mazzeo, Land) – Appropriates \$36.143 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects

S-4313/A-6110 (Corrado, Bateman/Moriarty, McKeon, Swain) – Appropriates \$33.915 million from constitutionally dedicated CBT revenues to DEP for State acquisition of lands for recreation and conservation purposes, including Blue Acres projects

SCS for S-4315/ACS for A-6063 (Beach, Turner/Jones, Zwicker) – Creates fund to reimburse local units of government for cost of certain mail-in ballot procedures; appropriates \$3,000,000

SJR-51/AJR-189 (Rice, Turner/Verrelli, Reynolds-Jackson, Sumter) – Establishes the "New Jersey State Commission on Urban Violence"

SJR-65/AJR-90 (Weinberg, Addiego/DiMaso, Vainieri Huttie, Schepisi) – Designates March 19th "Women in Public Office Day" in New Jersey

SJR-80/AJR-121 (Lagana, Weinberg/Jones, Benson, Chiaravalloti, DeCroce) – Urges federal government to adhere to commitment to improve Northeast Corridor rail infrastructure by providing funding to complete Gateway Program

SJR-125/AJR-169 (Gopal, Codey/Wolfe, Pinkin) – Designates the second week of October of each year as "Obesity Care Week" in NJ

- A-344/S-1575 (Murphy, McKeon, Timberlake/Cruz-Perez, Singleton)** – Revises certain aspects of the New Jersey Individual Development Account Program
- A-1040/S-3928 (Houghtaling, Taliaferro/Andrzejczak)** – Establishes NJ "Landowner of the Year" award program
- A-1146/S-4330 (Wimberly, Holley/Pou, Singleton)** – Establishes "New Jersey Investing in You Promise Neighborhood Commission"
- A-1277/S-2629 (Tucker, Holley, Lopez/Singleton, Gopal)** – Requires hospitals and homeless shelters to provide information on services and resources to individuals who are homeless or military veterans
- A-1449/S-3168 (Benson, DeAngelo/Greenstein, Turner)** – Provides job security to certain organ and bone marrow donors
- A-1477/S-3228 (Chaparro, Vainieri Huttle, Benson, Jimenez, Mukherji, Downey/Gopal, Scutari)** – Establishes Statewide Hit and Run Advisory Program to facilitate apprehension of persons fleeing motor vehicle accident scene; designated as "Zackhary's Law"
- A-1478/S-1648 (Chaparro, Vainieri Huttle/Diegnan, T. Kean)** – Revises law governing theater liquor licenses
- A-1604/S-2734 (Conaway, Murphy, Jimenez/Singleton)** – "Recreational Therapists Licensing Act"
- A-1796/S-2609 (McKeon, Downey/Lagana, Gopal)** – Prevents criminal defendant from asserting "gay and transgender panic" defense to murder charge in order to reduce charge to manslaughter committed in heat of passion
- A-1924/S-2930 (Mukherji, A.M. Bucco, DeAngelo, DeCroce/Beach)** – Exempts certain honorably discharged United States military veterans from initial insurance producer licensing fee
- A-1992/S-1780 (Sumter, Benson, Vainieri Huttle, Houghtaling, Wimberly/Diegnan, Turner)** – "New Jersey Call Center Jobs Act"
- A-2183/S-1687 (Land, Johnson/Cruz-Perez, Andrzejczak)** – "Music Therapist Licensing Act"
- ACS for A-2431 wGR/SCS for S-1865 (Benson, Jimenez, DeCroce/Weinberg, T. Kean)** – Requires health insurers to provide plans that limit patient cost-sharing concerning certain prescription drug coverage
- ACS for A-2444 and S-2656/S-2081 (Benson, Lampitt, Pinkin, Mukherji/Turner, Singleton)** – Provides for coverage of comprehensive tobacco cessation benefits in Medicaid
- A-2767/S-2924 (Greenwald, Mosquera, McKnight/Greenstein, Singleton)** – Amends certain provisions of sexual assault statute to clarify elements necessary for conviction
- A-3312/S-1972 (Murphy, Lagana, Downey, Sumter/Gopal, Corrado)** – Requires Legislature to adopt and distribute policy prohibiting sexual harassment; requires members, officers, and employees of Legislature to complete online training on policy once every two years
- A-3670/S-995 (Benson, Giblin, Murphy/Vitale, Weinberg)** – Provides for designation of acute stroke ready hospitals, establishes Stroke Care Advisory Panel and Statewide stroke database, and requires development of emergency medical services stroke care protocols
- ACS for A-4136/SCS for S-2675 (Land, Milam/Andrzejczak, Van Drew)** – Establishes Possession In Excess of Daily Limit Vessel License for black sea bass and summer flounder; dedicates fees therefrom to marine fisheries programs
- A-4147/S-2744 (Lampitt, Houghtaling, Zwicker/Ruiz, Corrado)** – Requires school districts and nonpublic schools to conduct audit of security features of buildings, grounds, and communication systems and to submit audit to NJ Office of Homeland Security and Preparedness and DOE

- A-4150/S-2742 (Lampitt, Jones, Timberlake/Ruiz, Corrado)** – Requires meeting between student and appropriate school personnel after multiple suspensions or proposed expulsion from public school to identify behavior or health difficulties
- A-4151/S-2745 (Swain, Tully, Jasey/Ruiz, Corrado)** – Requires school security training for persons employed by public and nonpublic schools in substitute capacity and for employees and volunteers of youth programs operated in school buildings
- A-4260/S-4335 (Timberlake, Giblin, Tucker, Caputo/Pou, Scutari)** – Prohibits sale of certain toy guns and imitation firearms
- A-4370/S-2919 (Carroll/A.M. Bucco)** – Increases membership of board of trustees of Washington Association of New Jersey
- A-4377/S-2934 (Benson, Land, DeCroce/Greenstein)** – Requires DOT and OIT to develop materials concerning capabilities of airports in NJ and establishes "Public Use Airports Task Force"
- A-4517/S-4341 (Wimberly, Speight, Reynolds-Jackson/Singleton, Cunningham)** – Establishes "New Jersey Eviction Crisis Task Force"
- A-4529/S-3191 (Mazzeo, Armato/Gopal, Andrezejczak)** – Concerns reimbursements to Superstorm Sandy-impacted homeowners subjected to contractor fraud
- A-4563/S-3096 (Zwicker, Benson/Greenstein, Gill)** – Prohibits use of bots to deceive person about origin and content of communication for certain commercial or election purposes
- A-4564/S-3087 (Zwicker, Freiman/Greenstein)** – Establishes "Voting Precinct Transparency Act;" requires filing of election district, county district, and municipal ward boundary data with Secretary of State for posting and download on official website with matching election results data
- A-4699/S-2938 (Moriarty, Burzichelli, Bramnick/Turner)** – Regulates annual report filing services
- A-4803/S-4211 (Greenwald, Johnson, Pintor Marin/Cryan, Vitale)** – Authorizes certain entities to directly bill Victims of Crime Compensation Office for counseling services provided to victims of firearm and stabbing crimes
- A-4822/S-3408 (Wimberly, Tully, Swain/Singleton, Greenstein)** – Permits municipalities to lease vacant municipal land for tiny home occupancy; directs DCA to enhance regulatory guidance on acceptable tiny home construction and use
- A-4904 wGR/S-3347 (Mukherji, Quijano, Mazzeo/Cryan, Sweeney)** – Concerns property taxes due and owing on real property owned by certain federal employees or contractors under certain circumstances
- A-4954/S-3368 (Quijano, Murphy, Carter/Singleton, Greenstein)** – Revises requirements for provision of counseling and support services to emergency services personnel
- ACS for A-4972/SCS for S-1490 (Moriarty/Beach, Scutari)** – Establishes certain consumer protections related to arbitration organizations
- A-4978 wGR/S-3498 (Timberlake, Zwicker, Vainieri Huttle/Greenstein, Cryan)** – Prohibits online education services from using and disclosing certain information, engaging in targeted advertising, and requires deletion of certain information in certain circumstances
- A-5023/S-3467 (McKnight, Mukherji, Chaparro, Chiaravalloti/Cunningham)** – Exempts from DOT permitting requirements certain signs not located in protected areas that have been approved by municipality
- A-5028/S-3523 (Mukherji, Conaway, Pintor Marin/Vitale, Diegnan)** – Establishes "James Nicholas Rentas's Law," revises "New Jersey SmokeFree Air Act"
- A-5029/S-3522 (Sumter, Reynolds-Jackson, Johnson/Rice, T. Kean)** – Requires New Jersey Office on Minority and Multicultural Health to study racial disparities on sexual and reproductive health of African-American women

A-5031/S-3455 (Speight, McKnight, Timberlake/Ruiz) – Requires hospital emergency departments to ask person of childbearing age about recent pregnancy history

A-5314/S-3692 (Zwicker, Milam, Mazzeo/Cryan, Ruiz) – Requires DHS to study social isolation occurring in certain population groups

A-5344/S-3833 (Mukherji, Vainieri Huttel, Milam/Gopal, Corrado) – Establishes uniform standard for acceptable proof of veteran status for veteran's ID cards and various State and local programs

A-5388/S-3895 (Speight, Pintor Marin, Greenwald/Greenstein, Ruiz) – Requires specialized in-service training regarding crime victims for police departments in certain high-crime areas

A-5389/S-3896 (Speight, Pintor Marin, Greenwald/Greenstein, Ruiz) – Requires training or experience in crime victims' rights for certain members of Victims of Crime Compensation Review Board

A-5432/S-3796 (Milam, Land/Andrzejczak) – Requires DEP Commissioner to establish individual transferable quota system for menhaden purse seine fishery

A-5445/S-3909 (Swain, Tully, Spearman/T. Kean, Corrado) – Requires AG to establish program to detect fentanyl in State's illegal drug supply and make information related to presence of fentanyl available in database accessible by law enforcement

A-5511/S-1852 (Spearman, Jones, Reynolds-Jackson/Turner, Cruz-Perez) – Revises certain penalties for illegal operation of snowmobile, all-terrain vehicle, or dirt bike

A-5580/S-3842 (Johnson, Moriarty, Greenwald/Weinberg, Sarlo) – Extends availability period for tax credits for certain expenses incurred for production of certain film and digital media content, raises annual cap related to film production, and provides for annual administration of film tax credits

A-5583/S-3919 (Pinkin, Lopez, Mukherji/Smith, Bateman) – Prohibits sale, lease, rent, or installation of certain equipment or products containing hydrofluorocarbons or other greenhouse gases

A-5630/S-3981 (Pintor Marin, Munoz, Reynolds-Jackson/Weinberg, Corrado) – Requires Civil Service Commission to establish and maintain hotline for State employees to submit reports of workplace discrimination and harassment

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A-5667/S-3933 (Mukherji, Vainieri Huttel, Armato, DeCroce, Karabinchak/Singer, Scutari) – "Charlie's Law"; requires pharmacy practice sites and hospice programs to furnish patients with information and means to safely dispose of unused prescription drugs and medications

A-5801/S-4064 (Coughlin, Houghtaling, Verrelli/Singleton, Sweeney) – Concerns responsibility of contractors for wage claims against subcontractors

A-5817/S-4263 (Mazzeo, Armato/Cunningham, Sweeney, C.A. Brown) – Allows certain persons to qualify for casino key employee license and casino employee registration

A-5916/S-4255 (Chiaravalloti, McKnight, Karabinchak/Cunningham, Weinberg) – Authorizes DOH to notify elected officials of financial distress of certain hospitals

A-5918/SCS for S-3741 and 4253 (Chiaravalloti, McKnight/Weinberg, Cunningham, Vitale) – Expands hospital reporting requirements

A-5970/S-4201 (Lopez, Speight, Chaparro/Codey) – Amends list of environmental infrastructure projects approved for long-term funding for FY2020 to include new projects, remove certain projects, and modify estimated loan amounts for certain projects

A-5971/S-4202 (Mukherji, Pintor Marin, Spearman/Bateman, Corrado) – Authorizes NJ Infrastructure Bank to expend additional sums to make loans for environmental infrastructure projects for FY2020

A-5972/S-4203 (Pinkin, Benson, Zwicker/Greenstein, Singleton) – Makes changes to New Jersey Infrastructure Bank's enabling act

A-5977/S-4282 (Greenwald, Downey, Vainieri Huttie/Vitale, Singleton) – Provides for establishment of Regional Health Hub Program as replacement to Accountable Care Organization Demonstration Project, and designates existing accountable care organizations and look-alike organizations as Regional Health Hubs

A-6119/S-4336 (Egan, Houghtaling/Madden) – Revises "The Public Works Contractor Registration Act" and amends definition of registered apprenticeship program

AJR-35/SJR-159 (McKnight, Chaparro, Chiaravalloti, DeCroce/Cunningham, Greenstein) – Designates third full week in March as "Domestic Violence Services Awareness Week" to bring awareness of services available to domestic violence victims

AJR-103/SJR-70 (Rooney, DePhillips, Murphy/Corrado) – Permanently designates January as "NUT Carcinoma Awareness Month" in New Jersey

AJR-118/SJR-157 (McKnight, Timberlake, McKeon/Pou, Madden) – Designates April of each year as "Financial Literacy Month" in New Jersey

AJR-180/SJR-112 (DeAngelo, McKnight, Murphy/Singleton, Corrado) – Designates February in each year as "Career and Technical Education Month" in New Jersey

Governor Murphy declined to sign the following bills, meaning they expire without becoming law:

S-691/A-657 (Ruiz, Pou/Jasey, Caputo, Pintor Marin, Sumter, Wimberly) – Requires that if a school district satisfies 80% or more of the required NJ Quality Single Accountability Continuum standards in an area of district effectiveness under State intervention, the State must return that area to local control

S-1083/A-544 (Cruz-Perez, Gopal/Mazzeo, Houghtaling, Holley, Dancer) – Establishes loan program and provides corporation business tax and gross income tax credits for establishment of new vineyards and wineries

S-2421/A-1030 (Smith, Bateman/Johnson, Kennedy, Benson, DeAngelo) – Concerns installation of electric vehicle charging stations in common interest communities

S-2425/A-3851 (Singleton, Andrzejczak/Conaway) – Revises law relating to common interest communities

S-2429/A-4028 (Scutari, Pou/Bramnick, Downey) – Requires automobile insurers to disclose policy limits upon request by an attorney under certain circumstances

S-2835/A-3926 (Singleton, Ruiz/Conaway, Lampitt, Murphy) – Requires public schools to administer written screenings for depression for students in certain grades

S-2897/A-1433 (Madden, Singer/Benson, Wimberly, Carter) – Requires DCA to establish procedures for inspection and abatement of mold hazards in residential buildings and school facilities, and certification programs for mold inspectors and mold hazard abatement workers

S-2957/A-4712 (Stack/Mukherji, Chaparro) – Establishes five-year moratorium on conversions of certain residential rental premises in qualified counties

S-2958/A-4535 (Sarlo, Oroho/Zwicker, DePhillips, DeCroce) – Establishes the "Energy Infrastructure Public-Private Partnership Act"

S-3062/A-2049 (Ruiz, Greenstein/Howarth, Benson, Murphy) – Provides corporation business tax and gross income tax credits for businesses that employ apprentices in DOL registered apprenticeships

S-3063/A-4655 (Ruiz/Armato, Vainieri Huttie, DeAngelo) – Provides tuition fee waiver apprenticeship courses

S-3137/A-1308 (Sweeney, Oroho, Singleton/Greenwald, Milam, Land) – The "Electronic Construction Procurement Act"

S-3252/A-4713 (Greenstein, Stack/DeAngelo, Quijano) – "New Townhouse Fire Safety Act"; requires automatic fire sprinkler systems in new townhomes

S-3263/A-4837 (T. Kean, Diegnan/Vainieri Huttle, Chiaravalloti, McKnight) – Revises and updates membership and purpose of Advisory Council on the Deaf and Hard of Hearing in DHS

S-3270/A-5095 (Pou/McKeon, Freiman, DeCroce) – Establishes certain requirements for stop loss insurance offered to small employers

S-3393/ACS for A-5384 and 5157 (Sarlo, Addiego/Mazzeo, Murphy, Houghtaling, Calabrese, Armato, Dancer) – Allows certain preserved farms to hold 14 special occasion events per year; imposes further event restrictions on residentially-exposed preserved farms

S-3770/A-6118 (Sarlo, Oroho, Sweeney/Greenwald, Jones) – Establishes "New Jersey Economic and Fiscal Policy Review Commission" to provide ongoing review of State and local tax structure, economic conditions, and related fiscal issues

S-3888/A-5585 (Ruiz/Dancer, Pintor Marin) – Extends document submission deadlines under Economic Redevelopment and Growth Grant program and Urban Transit Hub Tax Credit program

S-4035/A-5702 (Pou, Singleton/Wimberly, Reynolds-Jackson, Sumter) – Makes Fiscal Year 2020 supplemental appropriation of \$1,700,000 for Thomas Edison State University

S-4281/A-6094 (Smith, Diegnan/Danielsen, Pinkin) – Requires State to sell and convey to Educational Services Commission of New Jersey certain land and improvements known as Piscataway Regional Day School

S-4331/A-4727 (Diegnan, Madden/Karabinchak, Holley, Jones) – Requires person taking written examination for permit to watch video of rights and responsibilities of driver stopped by law enforcement; requires testing on rights and responsibilities of driver stopped by law enforcement

A-491/S-4340 (Jimenez/Sacco, Stack) – Enhances PFRS accidental death pension for surviving spouse by providing for minimum of \$50,000 annually

A-1044/S-1441 (Houghtaling, Downey, DiMaio, Space/Doherty, Madden) – Requires Director of Division of Taxation to examine feasibility of centralized property tax information system to verify property taxes paid by homestead property tax reimbursement claimants

A-1045/S-2856 (Houghtaling, Downey, Dancer/Gopal, Oroho) – Clarifies sales tax collection responsibilities of horse-boarding businesses in New Jersey

A-1526/S-1048 (Zwicker, Johnson/Vitale) – Concerns payment of independent contractors

A-2731/S-3407 (Taliaferro, Space/Sweeney, Oroho) – Removes statutory limitation on number of permits that may be issued by Division of Fish and Wildlife for the taking of beaver

A-4382/S-2815 (Pinkin, Lopez, Kennedy/Beach, Smith) – Requires paint producers to implement or participate in paint stewardship program

A-4463/S-3927 (Freiman, Egan, Karabinchak/Oroho, Andrzejczak) – Establishes "Electronic Permit Processing Review System"

A-4788/S-3880 (Karabinchak, Freiman, Calabrese/Diegnan) – Establishes expedited construction inspection program

A-5072/S-3496 (Karabinchak, Johnson, Mukherji/Greenstein, Cryan) – "Defense Against Porch Pirates Act"; creates new category of theft, with penalties including mandatory restitution and community service, for taking package delivered to residence by cargo carrier

A-5446/S-3907 (Land, Reynolds-Jackson, Verrelli/T. Kean, Lagana) – Requires reporting of opioid deaths

A-5629/S-3980 (Pintor Marin, Munoz/Weinberg, Corrado) – Clarifies provisions concerning disclosure of existence and content of discrimination or harassment complaints; requires certain disclosures to person against whom complaint is made

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ACS for A-5922 and 5923/SCS for S-4223 and 4224 (Conaway, Vainieri Huttle, Lopez, Pinkin/Vitale, Sweeney) – Revises requirements for sale of tobacco and vapor products; increases penalties for prohibited sales; increases fees for cigarette and vapor business licensure

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