



**VETO MESSAGE:** No

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

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**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** No

end

§§1,2  
C.30:4D-3d  
and  
30:4D-3e  
§3  
Note

P.L. 2022, CHAPTER 123, *approved December 1, 2022*  
Senate, No. 2118, (*Second Reprint*)

1 AN ACT providing for annual Medicaid eligibility redeterminations  
2 and supplementing Title 30 of the Revised Statutes.

3  
4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6  
7 1. a. As used in this section:

8 “Beneficiary” means an individual eligible for medical assistance  
9 through <sup>1</sup>[the]<sup>1</sup> Medicaid <sup>1</sup>[program established pursuant to  
10 P.L.1968, c.413 (C.30:4D-1 et seq.)]<sup>1</sup> or <sup>1</sup>[the]<sup>1</sup> NJ FamilyCare  
11 <sup>1</sup>[program, established pursuant to P.L.2005, c.156 (C.30:4J-  
12 8 et al.)]<sup>1</sup> .

13 “Commissioner” means the Commissioner of Human Services.

14 “Division” means the Division of Medical Assistance and Health  
15 Services in the Department of Human Services.

16 “Eligibility redetermination” means the administrative process  
17 by which the division or a county welfare agency reviews a  
18 beneficiary’s income, financial resources, and circumstances  
19 relating to the beneficiary’s application for continuation of benefits  
20 received under <sup>1</sup>[the]<sup>1</sup> Medicaid or <sup>1</sup>[the]<sup>1</sup> NJ FamilyCare  
21 <sup>1</sup>[programs]<sup>1</sup> .

22 <sup>1</sup>“Medicaid” means the Medicaid program established pursuant  
23 to P.L.1968, c.413 (C.30:4D-1 et seq.).

24 <sup>1</sup>“NJ FamilyCare” means the NJ FamilyCare program established  
25 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).<sup>1</sup>

26 b. <sup>2</sup>**[The]** No later than the first day of the fourteenth month  
27 next following the expiration of the federal public health emergency  
28 declared in response to the SARS-CoV-2 pandemic, the  
29 commissioner shall direct the<sup>2</sup> division or a county welfare agency  
30 <sup>2</sup>**[shall]** to<sup>2</sup> conduct an eligibility redetermination for a beneficiary  
31 no less than 365 days following the date of the beneficiary’s initial  
32 enrollment <sup>1</sup>in<sup>1</sup>, or the date of the beneficiary’s last eligibility  
33 redetermination <sup>1</sup>for<sup>1</sup> , <sup>1</sup>[in the]<sup>1</sup> Medicaid <sup>1</sup>[program, established  
34 pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.)]<sup>1</sup> or <sup>1</sup>[the]<sup>1</sup> NJ  
35 FamilyCare <sup>1</sup>[program, established pursuant to P.L.2005, c.156  
36 (C.30:4J-8 et al.)]<sup>1</sup> . The commissioner shall determine the means

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Senate SHH committee amendments adopted March 10, 2022.

<sup>2</sup>Assembly floor amendments adopted June 16, 2022.

1 and method by which an eligibility redetermination shall be  
2 conducted.

3 c. <sup>1</sup>[The] To the extent permitted under federal law and  
4 regulation, the<sup>1</sup> commissioner <sup>2</sup>, not later than the first day of the  
5 fourteenth month next following the expiration of the federal public  
6 health emergency declared in response to the SARS-CoV-2  
7 pandemic,<sup>2</sup> shall provide for <sup>2</sup>at least<sup>2</sup> 12 months of continuous  
8 Medicaid eligibility <sup>1</sup>[, without imposing any reporting  
9 requirements regarding changes of income or resources,]<sup>1</sup> for adult  
10 eligibility groups <sup>1</sup>[,] without imposing any reporting requirements  
11 regarding changes of income or resources and<sup>1</sup> regardless of the  
12 delivery system through which the beneficiary receives benefits  
13 <sup>1</sup>[and to the extent permitted under federal law and regulation]<sup>1</sup> .

14 d. The commissioner shall apply for such State plan  
15 amendments or waivers as may be necessary to implement the  
16 provisions of this act and to secure federal financial participation  
17 for State Medicaid expenditures under the federal Medicaid  
18 program.

19  
20 2. The Commissioner of Human Services shall adopt rules and  
21 regulations <sup>2</sup>[pursuant to] as shall be necessary to implement the  
22 provisions of this act, which rules and regulations shall be effective  
23 immediately upon filing with the Office of Administrative Law for  
24 a period not to exceed 18 months and may, thereafter, be amended,  
25 adopted, or readopted in accordance with<sup>2</sup> the “Administrative  
26 Procedure Act” P.L.1968, c.410 (C.52:14B-1 et seq.).

27  
28 3. This act shall take effect on the first day of the <sup>1</sup>first full<sup>1</sup>  
29 month <sup>1</sup>next<sup>1</sup> following the expiration of the federal public health  
30 emergency declared in response to the SARS-CoV-2 pandemic,  
31 except that the <sup>1</sup>[commissioner] Commissioner of Human  
32 Services<sup>1</sup> may take any anticipatory administrative action in  
33 advance thereof as may be necessary for the implementation of this  
34 act.

35  
36  
37  
38  
39 Requires DHS to conduct annual Medicaid eligibility  
40 redeterminations.

**SENATE, No. 2118**

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**STATE OF NEW JERSEY**

**220th LEGISLATURE**

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INTRODUCED MARCH 3, 2022

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator RICHARD J. CODEY**

**District 27 (Essex and Morris)**

**SYNOPSIS**

Requires DHS to conduct annual Medicaid eligibility redeterminations.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT providing for annual Medicaid eligibility redeterminations  
2 and supplementing Title 30 of the Revised Statutes.

3

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

6

7 1. a. As used in this section:

8 “Beneficiary” means an individual eligible for medical assistance  
9 through the Medicaid program established pursuant to P.L.1968,  
10 c.413 (C.30:4D-1 et seq.) or the NJ FamilyCare program,  
11 established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

12 “Commissioner” means the Commissioner of Human Services.

13 “Division” means the Division of Medical Assistance and Health  
14 Services in the Department of Human Services.

15 “Eligibility redetermination” means the administrative process  
16 by which the division or a county welfare agency reviews a  
17 beneficiary’s income, financial resources, and circumstances  
18 relating to the beneficiary’s application for continuation of benefits  
19 received under the Medicaid or the NJ FamilyCare programs.

20 b. The division or a county welfare agency shall conduct an  
21 eligibility redetermination for a beneficiary no less than 365 days  
22 following the date of the beneficiary’s initial enrollment, or the date  
23 of the beneficiary’s last eligibility redetermination, in the Medicaid  
24 program, established pursuant to P.L.1968, c.413 (C.30:4D-  
25 1 et seq.), or the NJ FamilyCare program, established pursuant to  
26 P.L.2005, c.156 (C.30:4J-8 et al.). The commissioner shall  
27 determine the means and method by which an eligibility  
28 redetermination shall be conducted.

29 c. The commissioner shall provide for 12 months of continuous  
30 Medicaid eligibility, without imposing any reporting requirements  
31 regarding changes of income or resources, for adult eligibility  
32 groups, regardless of the delivery system through which the  
33 beneficiary receives benefits and to the extent permitted under  
34 federal law and regulation.

35 d. The commissioner shall apply for such State plan  
36 amendments or waivers as may be necessary to implement the  
37 provisions of this act and to secure federal financial participation  
38 for State Medicaid expenditures under the federal Medicaid  
39 program.

40

41 2. The Commissioner of Human Services shall adopt rules and  
42 regulations pursuant to the “Administrative Procedure Act”  
43 P.L.1968, c.410 (C.52:14B-1 et seq.) to effectuate the purposes of  
44 this act.

45

46 3. This act shall take effect on the first day of the month  
47 following the expiration of the federal public health emergency  
48 declared in response to the SARS-CoV-2 pandemic, except that the

1 commissioner may take any anticipatory administrative action in  
2 advance thereof as may be necessary for the implementation of this  
3 act.

4

5

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STATEMENT

7

8 This bill requires the Division of Medical Assistance and Health  
9 Services in the Department of Human Services or a county welfare  
10 agency to conduct eligibility redeterminations for Medicaid and NJ  
11 FamilyCare beneficiaries no less than every 365 days. The bill  
12 additionally requires that the Commissioner of Human Services is  
13 to determine the means and method by which the annual eligibility  
14 redetermination is to be conducted. Currently, New Jersey statute  
15 does not specify the frequency with which Medicaid and NJ  
16 FamilyCare eligibility redeterminations are to occur.

17 The bill further requires the commissioner, to the extent  
18 permitted under federal law and regulation, to provide for 12  
19 months of continuous Medicaid eligibility, without imposing  
20 reporting requirements for changes of income or resources, for adult  
21 beneficiary groups, regardless of the delivery system through which  
22 the beneficiary receives benefits.

23 The State has temporarily paused Medicaid and NJ FamilyCare  
24 eligibility redeterminations pursuant to the federal Families First  
25 Coronavirus Response Act (Pub.L.116-127). This law requires that  
26 the State, as a condition for receipt of an enhanced federal matching  
27 percentage under Medicaid and the Children's Health Insurance  
28 Program, continue Medicaid and NJ FamilyCare coverage for all  
29 individuals enrolled on or after March 18, 2020, until the last day of  
30 the month in which the federal public health emergency period  
31 ends, regardless of any changes in the individual's circumstances  
32 that would otherwise result in termination from the program. On  
33 January 14, 2022, the Secretary of the United States Department of  
34 Health and Human Services extended the federal public health  
35 emergency for an additional 90 days.

36 It is the intent of the bill's sponsor to reduce the frequency of  
37 coverage disruptions and coverage loss among Medicaid and NJ  
38 FamilyCare beneficiaries, a process known as "churn," by limiting  
39 the frequency with which Medicaid eligibility redeterminations are  
40 conducted. Research shows that reductions in churn among  
41 Medicaid beneficiaries lowers states' administrative costs and may  
42 be associated with a reduction in beneficiary medical costs.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

**SENATE, No. 2118**

with committee amendments

**STATE OF NEW JERSEY**

DATED: MARCH 10, 2022

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2118.

As amended by the committee, this bill requires the Division of Medical Assistance and Health Services in the Department of Human Services or a county welfare agency to conduct eligibility redeterminations for Medicaid and NJ FamilyCare beneficiaries no less than 365 days following the date of a beneficiary's initial enrollment in, or the date of the beneficiary's last eligibility redetermination for, Medicaid or NJ FamilyCare. The bill additionally requires the Commissioner of Human Services to determine the means and method by which the annual eligibility redetermination is to be conducted. Currently, New Jersey statute does not specify the frequency with which Medicaid and NJ FamilyCare eligibility redeterminations are to occur.

The bill further requires the commissioner, to the extent permitted under federal law and regulation, to provide for 12 months of continuous Medicaid eligibility for adult beneficiary groups, without imposing reporting requirements for changes of income or resources and regardless of the delivery system through which the beneficiary receives benefits.

COMMITTEE AMENDMENTS:

The committee amendments make various technical changes regarding style.



ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

[First Reprint]

**SENATE, No. 2118**

**STATE OF NEW JERSEY**

DATED: JUNE 9, 2022

The Assembly Human Services Committee reports favorably Senate Bill No. 2118 (1R).

This bill requires the Division of Medical Assistance and Health Services in the Department of Human Services or a county welfare agency to conduct eligibility redeterminations for Medicaid and NJ FamilyCare beneficiaries no less than 365 days following the date of a beneficiary's initial enrollment in, or the date of the beneficiary's last eligibility redetermination for, Medicaid or NJ FamilyCare. The bill additionally requires the Commissioner of Human Services to determine the means and method by which the annual eligibility redetermination is to be conducted. Currently, New Jersey statute does not specify the frequency with which Medicaid and NJ FamilyCare eligibility redeterminations are to occur.

The bill further requires the commissioner, to the extent permitted under federal law and regulation, to provide for 12 months of continuous Medicaid eligibility for adult beneficiary groups, without imposing reporting requirements for changes of income or resources and regardless of the delivery system through which the beneficiary receives benefits.

As reported by the committee, Senate Bill No. 2118 (1R) is identical to Assembly Bill No. 3678 which was reported and amended by the committee on this date.

STATEMENT TO  
[First Reprint]  
**SENATE, No. 2118**

with Assembly Floor Amendments  
(Proposed by Assemblyman CONAWAY)

ADOPTED: JUNE 16, 2022

These Assembly amendments specify that the Commissioner of Human Services shall, no later than the first day of the fourteenth month following the expiration of the federal COVID-19 public health emergency, direct the Division of Medical Assistance and Health Services in the Department of Human Services or a county welfare agency to conduct Medicaid and NJ FamilyCare eligibility redeterminations within 365 days of the date of a beneficiary's initial enrollment in, or the date of the beneficiary's last eligibility redetermination for, the Medicaid or NJ FamilyCare programs. The intent is to provide the commissioner with discretion regarding the timing of initiating the eligibility redetermination requirements established under the bill, in order to avoid a conflict with the division's processing of eligibility redeterminations in the fourteen months following the end of the federal COVID-19 public health emergency, as mandated by the federal government.

The Assembly amendments additionally provide for at least 12 months of continuous Medicaid eligibility for adult Medicaid and NJ FamilyCare eligibility groups, in order to avoid restricting benefits for certain adult eligibility groups, such as pregnant women, that are entitled to more than 12 months of continuous Medicaid eligibility.

The Assembly amendments authorize the commissioner to adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), which rules and regulations will be effective immediately upon filing with the Office of Administrative Law for a period of up to 18 months; thereafter, the rules and regulations may be amended, adopted, or readopted in accordance with the "Administrative Procedure Act."

# ASSEMBLY, No. 3678

## STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED MARCH 21, 2022

**Sponsored by:**

**Assemblyman STERLEY S. STANLEY**

**District 18 (Middlesex)**

**Assemblyman HERB CONAWAY, JR.**

**District 7 (Burlington)**

**SYNOPSIS**

Requires DHS to conduct annual Medicaid eligibility redeterminations.

**CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 5/2/2022)

1 AN ACT providing for annual Medicaid eligibility redeterminations  
2 and supplementing Title 30 of the Revised Statutes.

3

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

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7 1. a. As used in this section:

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9 through the Medicaid program established pursuant to P.L.1968,  
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16 by which the division or a county welfare agency reviews a  
17 beneficiary’s income, financial resources, and circumstances  
18 relating to the beneficiary’s application for continuation of benefits  
19 received under the Medicaid or the NJ FamilyCare programs.

20 b. The division or a county welfare agency shall conduct an  
21 eligibility redetermination for a beneficiary no less than 365 days  
22 following the date of the beneficiary’s initial enrollment, or the date  
23 of the beneficiary’s last eligibility redetermination, in the Medicaid  
24 program, established pursuant to P.L.1968, c.413 (C.30:4D-  
25 1 et seq.), or the NJ FamilyCare program, established pursuant to  
26 P.L.2005, c.156 (C.30:4J-8 et al.). The commissioner shall  
27 determine the means and method by which an eligibility  
28 redetermination shall be conducted.

29 c. The commissioner shall provide for 12 months of continuous  
30 Medicaid eligibility, without imposing any reporting requirements  
31 regarding changes of income or resources, for adult eligibility  
32 groups, regardless of the delivery system through which the  
33 beneficiary receives benefits and to the extent permitted under  
34 federal law and regulation.

35 d. The commissioner shall apply for such State plan  
36 amendments or waivers as may be necessary to implement the  
37 provisions of this act and to secure federal financial participation  
38 for State Medicaid expenditures under the federal Medicaid  
39 program.

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41 2. The Commissioner of Human Services shall adopt rules and  
42 regulations pursuant to the “Administrative Procedure Act”  
43 P.L.1968, c.410 (C.52:14B-1 et seq.) to effectuate the purposes of  
44 this act.

45

46 3. This act shall take effect on the first day of the month  
47 following the expiration of the federal public health emergency  
48 declared in response to the SARS-CoV-2 pandemic, except that the

1 commissioner may take any anticipatory administrative action in  
2 advance thereof as may be necessary for the implementation of this  
3 act.

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STATEMENT

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8 This bill requires the Division of Medical Assistance and Health  
9 Services in the Department of Human Services or a county welfare  
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11 FamilyCare beneficiaries no less than every 365 days. The bill  
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15 does not specify the frequency with which Medicaid and NJ  
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22 the beneficiary receives benefits.

23 The State has temporarily paused Medicaid and NJ FamilyCare  
24 eligibility redeterminations pursuant to the federal Families First  
25 Coronavirus Response Act (Pub.L.116-127). This law requires that  
26 the State, as a condition for receipt of an enhanced federal matching  
27 percentage under Medicaid and the Children's Health Insurance  
28 Program, continue Medicaid and NJ FamilyCare coverage for all  
29 individuals enrolled on or after March 18, 2020, until the last day of  
30 the month in which the federal public health emergency period  
31 ends, regardless of any changes in the individual's circumstances  
32 that would otherwise result in termination from the program. On  
33 January 14, 2022, the Secretary of the United States Department of  
34 Health and Human Services extended the federal public health  
35 emergency for an additional 90 days.

36 It is the intent of the bill's sponsor to reduce the frequency of  
37 coverage disruptions and coverage loss among Medicaid and NJ  
38 FamilyCare beneficiaries, a process known as "churn," by limiting  
39 the frequency with which Medicaid eligibility redeterminations are  
40 conducted. Research shows that reductions in churn among  
41 Medicaid beneficiaries lowers states' administrative costs and may  
42 be associated with a reduction in beneficiary medical costs.

# ASSEMBLY HUMAN SERVICES COMMITTEE

## STATEMENT TO

### ASSEMBLY, No. 3678

with committee amendments

# STATE OF NEW JERSEY

DATED: JUNE 9, 2022

The Assembly Human Services Committee reports favorably Assembly Bill No. 3678, with committee amendments.

As amended by the committee, this bill requires the Division of Medical Assistance and Health Services in the Department of Human Services or a county welfare agency to conduct eligibility redeterminations for Medicaid and NJ FamilyCare beneficiaries no less than 365 days following the date of a beneficiary's initial enrollment in, or the date of the beneficiary's last eligibility redetermination for, Medicaid or NJ FamilyCare. The bill additionally requires the Commissioner of Human Services to determine the means and method by which the annual eligibility redetermination is to be conducted. Currently, New Jersey statute does not specify the frequency with which Medicaid and NJ FamilyCare eligibility redeterminations are to occur.

The bill further requires the commissioner, to the extent permitted under federal law and regulation, to provide for 12 months of continuous Medicaid eligibility for adult beneficiary groups, without imposing reporting requirements for changes of income or resources and regardless of the delivery system through which the beneficiary receives benefits.

As reported and amended by the committee, Assembly Bill No. 3678 is identical to Senate Bill No. 2118 (1R) which was reported by the committee on this date.

#### COMMITTEE AMENDMENTS:

The committee amendments make various technical changes regarding style.

STATEMENT TO  
[First Reprint]  
**ASSEMBLY, No. 3678**

with Assembly Floor Amendments  
(Proposed by Assemblyman CONAWAY)

ADOPTED: JUNE 16, 2022

These Assembly amendments specify that the Commissioner of Human Services shall, no later than the first day of the fourteenth month following the expiration of the federal COVID-19 public health emergency, direct the Division of Medical Assistance and Health Services in the Department of Human Services or a county welfare agency to conduct Medicaid and NJ FamilyCare eligibility redeterminations within 365 days of the date of a beneficiary's initial enrollment in, or the date of the beneficiary's last eligibility redetermination for, the Medicaid or NJ FamilyCare programs. The intent is to provide the commissioner with discretion regarding the timing of initiating the eligibility redetermination requirements established under the bill, in order to avoid a conflict with the division's processing of eligibility redeterminations in the fourteen months following the end of the federal COVID-19 public health emergency, as mandated by the federal government.

The Assembly amendments additionally provide for at least 12 months of continuous Medicaid eligibility for adult Medicaid and NJ FamilyCare eligibility groups, in order to avoid restricting benefits for certain adult eligibility groups, such as pregnant women, that are entitled to more than 12 months of continuous Medicaid eligibility.

The Assembly amendments authorize the commissioner to adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), which rules and regulations will be effective immediately upon filing with the Office of Administrative Law for a period of up to 18 months; thereafter, the rules and regulations may be amended, adopted, or readopted in accordance with the "Administrative Procedure Act."

# Governor Murphy Takes Action on Legislation

12/1/2022

**TRENTON** – Today, Governor Murphy signed the following bill into law:

**S-2118/A-3678 (Vitale, Codey/St Stanley, Conaway, McKnight)** - Requires DHS to conduct annual Medicaid eligibility redeterminations