

**30:4J-12; 30:4J-18 & 30:4J-19; Sec.4-Appropriation  
LEGISLATIVE HISTORY CHECKLIST**

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**LAWS OF:** 2021                    **CHAPTER:** 132

**NJSA:** 30:4J-12; 30:4J-18 & 30:4J-19; Sec.4-Appropriation (Eliminates premiums and waiting periods for certain NJ FamilyCare enrollees and directs DHS to implement additional targeted outreach initiatives to increase enrollment. )

**BILL NO:** S3798                    (Substituted for A5805 (1R))

**SPONSOR(S)** Vitale, Joseph F. and others

**DATE INTRODUCED:** 5/20/2021

**COMMITTEE:**                    **ASSEMBLY:** ---  
**SENATE:** Health, Human Services & Senior Citizens  
Budget & Appropriations

**AMENDED DURING PASSAGE:** Yes

**DATE OF PASSAGE:**                    **ASSEMBLY:** 6/24/2021  
**SENATE:** 6/24/2021

**DATE OF APPROVAL:** 6/29/2021

**FOLLOWING ARE ATTACHED IF AVAILABLE:**

**FINAL TEXT OF BILL** (Second Reprint enacted) Yes

**S3798**

**INTRODUCED BILL (INCLUDES SPONSOR'S STATEMENT):** Yes

**COMMITTEE STATEMENT:**                    **ASSEMBLY:** No

**SENATE:** Yes                    Health, Human Services &  
Senior Citizens  
Budget & Appropriations

(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](http://www.njleg.state.nj.us))

**FLOOR AMENDMENT STATEMENT:** No

**LEGISLATIVE FISCAL ESTIMATE:** Yes

**A5805 (1R)**

**INTRODUCED BILL (INCLUDES SPONSOR'S STATEMENT):** Yes

**COMMITTEE STATEMENT:**                    **ASSEMBLY:** Yes                    Health  
Budget

**SENATE:** No

(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](http://www.njleg.state.nj.us))

**FLOOR AMENDMENT STATEMENT:** No

**LEGISLATIVE FISCAL ESTIMATE:**

No

**VETO MESSAGE:**

No

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

Yes

**FOLLOWING WERE PRINTED:**

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**REPORTS:**

No

**HEARINGS:**

No

**NEWSPAPER ARTICLES:**

Yes

Vitale, Joe State Sen., "Senator's hard work to provide health care to kids 'a big deal.'" Star-Ledger, The (Newark, NJ) (Newark, New Jersey), July 1, 2021: 24.

RH/CL

P.L. 2021, CHAPTER 132, *approved June 29, 2021*  
Senate, No. 3798 (*Second Reprint*)

1 AN ACT concerning NJ FamilyCare <sup>2</sup>**[,]** and<sup>2</sup> amending P.L.2005,  
2 c.156 and P.L.2008, c.38 <sup>1</sup>**[,]**, and making an appropriation<sup>1 2 2</sup>  
3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:  
6

7 1. Section 5 of P.L.2005, c.156 (C.30:4J-12) is amended to  
8 read as follows:

9 5. a. The purpose of the program shall be to provide  
10 subsidized health insurance coverage, and other health care benefits  
11 as determined by the commissioner, to children under 19 years of  
12 age and their parents or caretakers and to adults without dependent  
13 children, within the limits of funds appropriated or otherwise made  
14 available for the program.

15 The program **[shall]** may require families to pay copayments  
16 **[and make premium contributions, based upon a sliding income**  
17 **scale]**. The program shall include the provision of well-child and  
18 other preventive services, hospitalization, physician care, laboratory  
19 and x-ray services, prescription drugs, mental health services, and  
20 other services as determined by the commissioner.

21 b. The commissioner shall take such actions as are necessary to  
22 implement and operate the program in accordance with the State  
23 Children's Health Insurance Program established pursuant to 42  
24 U.S.C.s.1397aa et seq.

25 c. The commissioner:

26 (1) shall, by regulation, establish standards for determining  
27 eligibility and other program requirements **[,]** including, but not  
28 limited to, restrictions on voluntary disenrollments from existing  
29 health insurance coverage**]**;

30 (2) shall require that a parent or caretaker who is a qualified  
31 applicant purchase coverage, if available, through an employer-  
32 sponsored health insurance plan which is determined to be cost-  
33 effective and is approved by the commissioner, and shall provide  
34 assistance to the qualified applicant to purchase that coverage,  
35 except that the provisions of this paragraph shall not be construed to  
36 require an employer to provide health insurance coverage for any  
37 employee or employee's spouse or dependent child;

38 (3) may, by regulation, establish plans of coverage and benefits  
39 to be covered under the program, except that the provisions of this

**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 June 10, 2021.

<sup>2</sup>Senate SBA committee amendments adopted June 21, 2021.

1 section shall not apply to coverage for medications used exclusively  
2 to treat AIDS or HIV infection; and

3 (4) shall establish, by regulation, other requirements for the  
4 program, including, but not limited to, **[premium payments and]**  
5 **copayments [ , and] .** Except as may be required for the NJ  
6 FamilyCare Advantage program established pursuant to subsection  
7 j. of this section, premiums shall not be established within the  
8 program. The commissioner may contract with one or more  
9 appropriate entities, including managed care organizations, to assist  
10 in administering the program. The period for which eligibility for  
11 the program is determined shall be the maximum period permitted  
12 under federal law.

13 d. The commissioner shall establish procedures for determining  
14 eligibility, which shall include, at a minimum, the following  
15 enrollment simplification practices:

16 (1) A streamlined application form as established pursuant to  
17 subsection k. of this section;

18 (2) Require new applicants to submit one recent pay stub from  
19 the applicant's employer, or, if the applicant has more than one  
20 employer, one from each of the applicant's employers, to verify  
21 income. In the event the applicant cannot provide a recent pay stub,  
22 the applicant may submit another form of income verification as  
23 deemed appropriate by the commissioner. If an applicant does not  
24 submit income verification in a timely manner, before determining  
25 the applicant ineligible for the program, the commissioner shall  
26 seek to verify the applicant's income by reviewing available  
27 Department of the Treasury and Department of Labor and  
28 Workforce Development records concerning the applicant, and such  
29 other records as the commissioner determines appropriate.

30 The commissioner shall establish retrospective auditing or  
31 income verification procedures, such as sample auditing and  
32 matching reported income with records of the Department of the  
33 Treasury and the Department of Labor and Workforce Development  
34 and such other records as the commissioner determines appropriate.

35 In matching reported income with confidential records of the  
36 Department of the Treasury, the commissioner shall require an  
37 applicant to provide written authorization for the Division of  
38 Taxation in the Department of the Treasury to release applicable tax  
39 information to the commissioner for the purposes of establishing  
40 income eligibility for the program. The authorization, which shall  
41 be included on the program application form, shall be developed by  
42 the commissioner, in consultation with the State Treasurer;

43 (3) Online enrollment and renewal, in addition to enrollment  
44 and renewal by mail. The online enrollment and renewal forms  
45 shall include electronic links to other State and federal health and  
46 social services programs;

47 (4) Continuous enrollment;

1 (5) Simplified renewal by sending an enrollee a preprinted  
2 renewal form and requiring the enrollee to sign and return the form,  
3 with any applicable changes in the information provided in the  
4 form, prior to the date the enrollee's annual eligibility expires. The  
5 commissioner shall establish such auditing or income verification  
6 procedures, as provided in paragraph (2) of this subsection; **and**

7 (6) Provision of program eligibility-identification cards that are  
8 issued no more frequently than once a year; and

9 (7) Provision of information regarding other health care  
10 programs for which an enrollee may be eligible to any enrollee  
11 terminated from the program.

12 e. The commissioner shall take, or cause to be taken, any  
13 action necessary to secure for the State the maximum amount of  
14 federal financial participation available with respect to the program,  
15 subject to the constraints of fiscal responsibility and within the  
16 limits of available funding in any fiscal year. In this regard,  
17 notwithstanding the definition of "qualified applicant," the  
18 commissioner may enroll in the program such children or their  
19 parents or caretakers who may otherwise be eligible for the  
20 Medicaid program in order to maximize use of federal funds that  
21 may be available pursuant to 42 U.S.C. s.1397aa et seq.

22 f. **Subject to federal approval, a child shall be determined**  
23 **ineligible for the program if the child was voluntarily disenrolled**  
24 **from employer-sponsored group insurance coverage within six**  
25 **months prior to application to the program】 No child who applies**  
26 **for enrollment in the program who otherwise meets the eligibility**  
27 **criteria for enrollment shall be denied immediate enrollment for any**  
28 **reason. In no case shall any qualified applicant for enrollment be**  
29 **subject to a waiting period prior to enrollment.**

30 g. The commissioner shall provide, by regulation, for  
31 presumptive eligibility for the program in accordance with the  
32 following provisions:

33 (1) A child who presents **himself** for treatment at a general  
34 hospital, federally qualified or community health center, local  
35 health department that provides primary care, or other State  
36 licensed community-based primary care provider shall be deemed  
37 presumptively eligible for the program if a preliminary  
38 determination by hospital, health center, local health department or  
39 licensed health care provider staff indicates that the child meets  
40 program eligibility standards and is a member of a household with  
41 an income that does not exceed **350%】 350 percent** of the poverty  
42 level;

43 (2) The provisions of paragraph (1) of this subsection shall also  
44 apply to a child who is deemed presumptively eligible for Medicaid  
45 coverage pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.);

46 (3) The parent or caretaker of a child deemed presumptively  
47 eligible pursuant to this subsection shall be required to submit a

1 completed application for the program no later than the end of the  
2 month following the month in which presumptive eligibility is  
3 determined;

4 (4) A child shall be eligible to receive all services covered by  
5 the program during the period in which the child is presumptively  
6 eligible; and

7 (5) The commissioner may, by regulation, establish a limit on  
8 the number of times a child may be deemed presumptively eligible  
9 for NJ FamilyCare.

10 h. The commissioner, in consultation with the Commissioner of  
11 Education, shall administer an ongoing enrollment initiative to  
12 provide outreach to children throughout the State who may be  
13 eligible for the program.

14 (1) With respect to school-age children, the commissioner, in  
15 consultation with the Commissioner of Education and the Secretary  
16 of Agriculture, shall develop a form that provides information about  
17 the NJ FamilyCare and Medicaid programs and provides an  
18 opportunity for the parent or guardian who signs the school lunch  
19 application form to give consent for information to be shared with  
20 the Department of Human Services for the purpose of determining  
21 eligibility for the programs. The form shall be attached to, included  
22 with, or incorporated into, the school lunch application form.

23 The commissioner, in consultation with the Commissioner of  
24 Education, shall establish procedures for schools to transmit  
25 information attached to, included with, or provided on the school  
26 lunch application form regarding the NJ FamilyCare and Medicaid  
27 programs to the Department of Human Services, in order to enable  
28 the department to determine eligibility for the programs.

29 (2) The commissioner or the Commissioner of Education, as  
30 applicable, shall:

31 (a) make available to each elementary and secondary school,  
32 licensed child care center, registered family day care home, unified  
33 child care agency, local health department that provides primary  
34 care, and community-based primary care provider, informational  
35 materials about the program, including instructions for applying  
36 online or by mail, as well as copies of the program application  
37 form.

38 The entity shall make the informational and application materials  
39 available, upon request, to persons interested in the program; and

40 (b) request each entity to distribute a notice at least annually, as  
41 developed by the commissioner, to households of children attending  
42 or receiving its services or care, informing them about the program  
43 and the availability of informational and application materials. In  
44 the case of elementary and secondary schools, the information  
45 attached to, included with, or incorporated into, the school lunch  
46 application form for school-age children pursuant to this  
47 subparagraph shall be deemed to meet the requirements of this  
48 paragraph.

1 i. Subject to federal approval, the commissioner shall, by  
2 regulation, establish that in determining income eligibility for a  
3 child, any gross family income above ~~200%~~ 200 percent of the  
4 poverty level, up to a maximum of ~~350%~~ 350 percent of the  
5 poverty level, shall be disregarded.

6 j. The commissioner shall establish a NJ FamilyCare coverage  
7 buy-in program ~~through which a parent or caretaker whose family~~  
8 ~~income exceeds 350% of the poverty level may purchase coverage~~  
9 ~~under NJ FamilyCare for a child under the age of 19, who is~~  
10 ~~uninsured and was not voluntarily disenrolled from employer-~~  
11 ~~sponsored group insurance coverage within six months prior to~~  
12 ~~application to the program. The program~~ , which shall be known  
13 as NJ FamilyCare Advantage.

14 The commissioner shall establish the premium and cost sharing  
15 amounts required to purchase coverage, except that the premium  
16 shall not exceed the amount the program pays per month to a  
17 managed care organization under NJ FamilyCare for a child of  
18 comparable age whose family income is ~~between 200% and~~  
19 ~~350%~~ less than 350 percent of the poverty level, plus a reasonable  
20 processing fee.

21 k. The commissioner, in consultation with the Rutgers Center  
22 for State Health Policy, shall develop a streamlined application  
23 form for the NJ FamilyCare and Medicaid programs.

24 l. ~~Subject to federal approval, the~~ The Commissioner of  
25 Human Services shall establish a hardship waiver for part or all of  
26 ~~the~~ any premium ~~for an eligible child under the NJ FamilyCare~~  
27 ~~program~~ authorized under this section. A parent or caretaker may  
28 apply to the commissioner for a hardship waiver in a manner and  
29 form established by the commissioner. If the parent or caretaker  
30 can demonstrate to the satisfaction of the commissioner, pursuant to  
31 regulations adopted by the commissioner, that payment of all or part  
32 of the premium for the parent or caretaker's child presents a  
33 hardship, the commissioner shall grant the waiver for a prescribed  
34 period of time.

35 (cf: P.L.2008, c.53, s.2)

36  
37 <sup>2</sup>~~2.~~ Section 11 of P.L.2005, c.156 (C.30:4J-14) is amended to  
38 read as follows:

39 11. The Commissioner of Human Services shall ~~report to the~~  
40 ~~Chairman of the Senate Health, Human Services and Senior~~  
41 ~~Citizens Committee and the Chairmen of the Assembly Health and~~  
42 ~~Human Services and Assembly Family, Women and Children's~~  
43 ~~Issues committees on the implementation of this act.~~

44 The commissioner shall ~~issue an interim report six months after~~  
45 ~~the effective date of~~ ~~this act~~ P.L. , c. (C. ) (pending  
46 before the Legislature as this bill) and shall issue an annual report  
47 six months later and once each year thereafter. Each report shall be

1 submitted to the Governor and to the Legislature, pursuant to  
 2 section 2 of P.L.1991, c.164 (C.52:14-19.1), and published on the  
 3 department's Internet website.

4 The **report** reports shall be prepared with input from the  
 5 working group established pursuant to section 27 of P.L.2008, c.38  
 6 (C.30:4J-19), and shall include information on the department's  
 7 actions, and the outcomes of such actions, to make affordable,  
 8 quality healthcare coverage available to all children in New Jersey  
 9 and the extent to which coverage disparities based on income, race,  
 10 ethnicity, and geography have changed over the reporting period.  
 11 The reports shall also include the number of persons who are  
 12 enrolled in the Medicaid and NJ FamilyCare programs pursuant to  
 13 the provisions of **this act** P.L.2005, c.156 (C.30:4J-8 et al.), the  
 14 cost of providing coverage for these persons, the status of any  
 15 Medicaid plan amendments or waivers necessary for  
 16 implementation of **this act** P.L.2005, c.156 (C.30:4J-8 et al.), the  
 17 status of implementing the enrollment simplification practices for  
 18 both the NJ FamilyCare and Medicaid programs, and such other  
 19 information as the commissioner deems appropriate. The  
 20 commissioner may also include any recommendations for  
 21 legislation **he deems** deemed necessary to further the purposes of  
 22 **this act** P.L.2005, c.156 (C.30:4J-8 et al.).  
 23 (cf: P.L.2005, c.156, s.11)<sup>2</sup>

24  
 25 <sup>2</sup>**[3.] 2.**<sup>2</sup> Section 26 of P.L.2008, c.38 (C.30:4J-18) is amended  
 26 to read as follows:

27 26. <sup>2</sup>**[a.]**<sup>2</sup> The Commissioner of Human Services shall establish  
 28 an enhanced NJ FamilyCare outreach and enrollment initiative to  
 29 increase public awareness about the availability of, and benefits to  
 30 enrolling in, Medicaid, NJ FamilyCare, and the NJ FamilyCare  
 31 Advantage buy-in programs. The initiative shall **include** be  
 32 coordinated with any outreach efforts implemented pursuant to  
 33 subsection h. of section 5 of P.L. 2005, c.156 (C.30:4J-12) or related to  
 34 enrollment in the State's health insurance Exchange established  
 35 pursuant to the federal "Patient Protection and Affordable Care Act,"  
 36 Pub.L.111-148, as amended by the "Health Care and Education  
 37 Reconciliation Act of 2010," Pub.L.111-152, and shall include:

38 <sup>2</sup>**[(1)] a.** providing input to the Commissioner of Banking and  
 39 Insurance for<sup>2</sup> the provision of training to Exchange enrollment  
 40 assistors, <sup>2</sup>and, as determined by the commissioner, the provision of  
 41 training to<sup>2</sup> local officials <sup>2</sup>[,]<sup>2</sup> and any other pertinent staff <sup>2</sup>[, as  
 42 determined by the commissioner.]<sup>2</sup> on the eligibility requirements of  
 43 the NJ FamilyCare program and how to enroll children in the program;

44 <sup>2</sup>**[(2)] b.**<sup>2</sup> culturally sensitive, Statewide and local media public  
 45 awareness campaigns addressing the availability of health care  
 46 coverage for parents and children under the Medicaid and NJ



1 FamilyCare programs and health care coverage for children under the  
 2 NJ FamilyCare Advantage buy-in program **[.The initiative shall also**  
 3 **include] ; and**

4 <sup>2</sup>**[(3)] c.**<sup>2</sup> the provision of training and support services, upon  
 5 request, to community groups, legislative district offices, and  
 6 community-based health care providers to enable these parties to assist  
 7 in enrolling parents and children in the applicable programs.

8 <sup>2</sup>**[b. The Department of Banking and Insurance, in consultation**  
 9 **with the Commissioner of Human Services, shall take steps to ensure**  
 10 **the full incorporation of the Medicaid, NJ FamilyCare and NJ**  
 11 **FamilyCare Advantage Programs on the State's health insurance**  
 12 **Exchange and the individual health coverage marketplace. In order to**  
 13 **ensure that Medicaid and NJ FamilyCare eligibility is properly**  
 14 **evaluated, plan comparison and cost tools shall solicit current expected**  
 15 **monthly income in lieu of or in addition to annual income.]<sup>2</sup>**

16 (cf: P.L.2008, c.38, s.26)

17

18 <sup>2</sup>**[4.] 3.**<sup>2</sup> Section 27 of P.L.2008, c.38 (C.30:4J-19) is amended  
 19 to read as follows:

20 27. The Commissioner of Human Services shall establish an  
 21 Outreach, Enrollment, and Retention Working Group to develop a  
 22 plan to carry out ongoing and sustainable measures to strengthen  
 23 outreach to low and moderate income families who may be eligible  
 24 for Medicaid, NJ FamilyCare, or NJ FamilyCare Advantage, to  
 25 maximize enrollment in these programs, and to ensure retention of  
 26 enrollees in these programs.

27 a. The members of the working group shall include:

28 (1) The Commissioners of Human Services, Health, Banking  
 29 and Insurance, Children and Families, Labor and Workforce  
 30 Development, Education, and Community Affairs, and the  
 31 Secretary of Agriculture, or their designees, who shall serve ex  
 32 officio; and

33 (2) **[Six] Ten** public members appointed by the Commissioner  
 34 of Human Services who shall include: one person who represents  
 35 racial and ethnic minorities in this State; one person who represents  
 36 managed care organizations that participate in the Medicaid and NJ  
 37 FamilyCare programs; one person who represents the vendor under  
 38 contract with the Division of Medical Assistance and Health  
 39 Services to provide NJ FamilyCare eligibility, enrollment, and  
 40 health benefit coordinator services to the division; one person who  
 41 represents New Jersey Policy Perspective; one person who  
 42 represents the Advocates for Children of New Jersey; **[and]** one  
 43 person who represents Legal Services of New Jersey; one person  
 44 who represents the New Jersey Health Care Quality Institute; one  
 45 person who represents county navigators; and two people who  
 46 represent the New Jersey for Health Care coalition.

47 b. As part of the plan, the working group shall:

1 (1) determine if there are obstacles to enrollment of minorities  
2 in the State in the Medicaid, NJ FamilyCare, and NJ FamilyCare  
3 Advantage programs due to ethnic and cultural differences and, if  
4 so, develop strategies for the Department of Human Services to  
5 overcome these obstacles and increase enrollment among  
6 minorities;

7 (2) recommend outreach strategies to identify and enroll all  
8 eligible children in the Medicaid, NJ FamilyCare, and NJ  
9 FamilyCare Advantage programs and to retain enrollment of  
10 children and their parents in the programs;

11 (3) establish monthly enrollment goals for the number of  
12 children who need to be enrolled in Medicaid, NJ FamilyCare, and  
13 NJ FamilyCare Advantage in order to ensure that as many children  
14 as possible who are eligible for these programs are enrolled within a  
15 reasonable period of time, in accordance with the mandate  
16 established pursuant to section 2 of P.L.2008, c.38 (C.26:15-2); and

17 (4) make such other recommendations to the Commissioner of  
18 Human Services as the working group determines necessary and  
19 appropriate to achieve the purposes of this section.

20 c. The working group shall organize **【**as soon as practicable  
21 following the appointment of its members and**】** and hold a meeting  
22 no later than 60 days following the date of enactment of  
23 P.L. , c. (C. ) (pending before the Legislature as this bill).  
24 The working group shall select a chairperson and vice-chairperson  
25 from among the members. The chairperson shall appoint a  
26 secretary who need not be a member of the working group.

27 (1) The public members shall serve without compensation, but  
28 shall be reimbursed for necessary expenses incurred in the  
29 performance of their duties and within the limits of funds available  
30 to the working group.

31 (2) The working group shall be entitled to call to its assistance  
32 and avail itself of the services of the employees of any State,  
33 county, or municipal department, board, bureau, commission, or  
34 agency as it may require and as may be available to it for its  
35 purposes.

36 d. Upon completion of the plan, the working group shall report  
37 on its activities to the chairperson of the Senate and Assembly  
38 standing reference committees on health and human services, and  
39 include a copy of the plan and any recommendations for legislative  
40 action it deems appropriate.

41 e. The Commissioner of Human Services shall post the plan on  
42 the department's Internet website and include a table showing the  
43 monthly enrollment goals established in the plan and the actual new  
44 and continued enrollments for that month. The commissioner shall  
45 update the table monthly.

46 f. The Department of Human Services shall provide staff  
47 support to the working group.

48 (cf: P.L.2012, c.17, s.397)

1       <sup>2</sup>**[5.]** 4.<sup>2</sup> (New section) There <sup>1</sup>**[is appropriated]** shall be an  
2 annual appropriation<sup>1</sup> from the General Fund to the Department of  
3 Human Services <sup>1</sup>in<sup>1</sup> the sum of \$20,000,000 for the purposes of  
4 implementing the provisions of this act.

5  
6       <sup>2</sup>**[6.]** 5.<sup>2</sup> (New section) The Commissioner of Human Services  
7 may adopt rules and regulations, pursuant to the “Administrative  
8 Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), as shall be  
9 necessary to implement the provisions of this act.

10  
11       <sup>2</sup>**[7.]** 6.<sup>2</sup> (New section) The Commissioner of Human Services  
12 shall 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 and for NJ FamilyCare  
16 expenditures under the State Children's Health Insurance Program  
17 pursuant to 42 U.S.C. s.1397aa et seq.

18  
19       <sup>2</sup>**[8.]** 7.<sup>2</sup> This act shall take immediately.

20  
21

22  
23

24       Eliminates premiums and waiting periods for certain NJ  
25 FamilyCare enrollees and directs DHS to implement additional  
26 targeted outreach initiatives to increase enrollment.

**SENATE, No. 3798**

**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

INTRODUCED MAY 20, 2021

**Sponsored by:**  
**Senator JOSEPH F. VITALE**  
**District 19 (Middlesex)**

**SYNOPSIS**

Eliminates premiums and waiting periods for certain NJ FamilyCare enrollees; directs DHS to implement additional targeted outreach initiatives to increase enrollment; revises reporting requirements; appropriates \$20 million.

**CURRENT VERSION OF TEXT**

As introduced.



S3798 VITALE

2

1 AN ACT concerning NJ FamilyCare, amending P.L.2005, c.156 and  
2 P.L.2008, c.38, and making an appropriation.

3

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

6

7 1. Section 5 of P.L.2005, c.156 (C.30:4J-12) is amended to  
8 read as follows:

9 5. a. The purpose of the program shall be to provide  
10 subsidized health insurance coverage, and other health care benefits  
11 as determined by the commissioner, to children under 19 years of  
12 age and their parents or caretakers and to adults without dependent  
13 children, within the limits of funds appropriated or otherwise made  
14 available for the program.

15 The program **[shall]** may require families to pay copayments  
16 **[and make premium contributions, based upon a sliding income**  
17 **scale]**. The program shall include the provision of well-child and  
18 other preventive services, hospitalization, physician care, laboratory  
19 and x-ray services, prescription drugs, mental health services, and  
20 other services as determined by the commissioner.

21 b. The commissioner shall take such actions as are necessary to  
22 implement and operate the program in accordance with the State  
23 Children's Health Insurance Program established pursuant to 42  
24 U.S.C.s.1397aa et seq.

25 c. The commissioner:

26 (1) shall, by regulation, establish standards for determining  
27 eligibility and other program requirements **[, including, but not**  
28 **limited to, restrictions on voluntary disenrollments from existing**  
29 **health insurance coverage]**;

30 (2) shall require that a parent or caretaker who is a qualified  
31 applicant purchase coverage, if available, through an employer-  
32 sponsored health insurance plan which is determined to be cost-  
33 effective and is approved by the commissioner, and shall provide  
34 assistance to the qualified applicant to purchase that coverage,  
35 except that the provisions of this paragraph shall not be construed to  
36 require an employer to provide health insurance coverage for any  
37 employee or employee's spouse or dependent child;

38 (3) may, by regulation, establish plans of coverage and benefits  
39 to be covered under the program, except that the provisions of this  
40 section shall not apply to coverage for medications used exclusively  
41 to treat AIDS or HIV infection; and

42 (4) shall establish, by regulation, other requirements for the  
43 program, including, but not limited to, **[premium payments and]**  
44 **copayments [, and]** . Except as may be required for the NJ  
45 FamilyCare Advantage program established pursuant to subsection

**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 j. of this section, premiums shall not be established within the  
2 program. The commissioner may contract with one or more  
3 appropriate entities, including managed care organizations, to assist  
4 in administering the program. The period for which eligibility for  
5 the program is determined shall be the maximum period permitted  
6 under federal law.

7 d. The commissioner shall establish procedures for determining  
8 eligibility, which shall include, at a minimum, the following  
9 enrollment simplification practices:

10 (1) A streamlined application form as established pursuant to  
11 subsection k. of this section;

12 (2) Require new applicants to submit one recent pay stub from  
13 the applicant's employer, or, if the applicant has more than one  
14 employer, one from each of the applicant's employers, to verify  
15 income. In the event the applicant cannot provide a recent pay stub,  
16 the applicant may submit another form of income verification as  
17 deemed appropriate by the commissioner. If an applicant does not  
18 submit income verification in a timely manner, before determining  
19 the applicant ineligible for the program, the commissioner shall  
20 seek to verify the applicant's income by reviewing available  
21 Department of the Treasury and Department of Labor and  
22 Workforce Development records concerning the applicant, and such  
23 other records as the commissioner determines appropriate.

24 The commissioner shall establish retrospective auditing or  
25 income verification procedures, such as sample auditing and  
26 matching reported income with records of the Department of the  
27 Treasury and the Department of Labor and Workforce Development  
28 and such other records as the commissioner determines appropriate.

29 In matching reported income with confidential records of the  
30 Department of the Treasury, the commissioner shall require an  
31 applicant to provide written authorization for the Division of  
32 Taxation in the Department of the Treasury to release applicable tax  
33 information to the commissioner for the purposes of establishing  
34 income eligibility for the program. The authorization, which shall  
35 be included on the program application form, shall be developed by  
36 the commissioner, in consultation with the State Treasurer;

37 (3) Online enrollment and renewal, in addition to enrollment  
38 and renewal by mail. The online enrollment and renewal forms  
39 shall include electronic links to other State and federal health and  
40 social services programs;

41 (4) Continuous enrollment;

42 (5) Simplified renewal by sending an enrollee a preprinted  
43 renewal form and requiring the enrollee to sign and return the form,  
44 with any applicable changes in the information provided in the  
45 form, prior to the date the enrollee's annual eligibility expires. The  
46 commissioner shall establish such auditing or income verification  
47 procedures, as provided in paragraph (2) of this subsection; **[and]**

1 (6) Provision of program eligibility-identification cards that are  
2 issued no more frequently than once a year; and

3 (7) Provision of information regarding other health care  
4 programs for which an enrollee may be eligible to any enrollee  
5 terminated from the program.

6 e. The commissioner shall take, or cause to be taken, any  
7 action necessary to secure for the State the maximum amount of  
8 federal financial participation available with respect to the program,  
9 subject to the constraints of fiscal responsibility and within the  
10 limits of available funding in any fiscal year. In this regard,  
11 notwithstanding the definition of "qualified applicant," the  
12 commissioner may enroll in the program such children or their  
13 parents or caretakers who may otherwise be eligible for the  
14 Medicaid program in order to maximize use of federal funds that  
15 may be available pursuant to 42 U.S.C. s.1397aa et seq.

16 f. **【Subject to federal approval, a child shall be determined**  
17 **ineligible for the program if the child was voluntarily disenrolled**  
18 **from employer-sponsored group insurance coverage within six**  
19 **months prior to application to the program】** No child who applies  
20 for enrollment in the program who otherwise meets the eligibility  
21 criteria for enrollment shall be denied immediate enrollment for any  
22 reason. In no case shall any qualified applicant for enrollment be  
23 subject to a waiting period prior to enrollment.

24 g. The commissioner shall provide, by regulation, for  
25 presumptive eligibility for the program in accordance with the  
26 following provisions:

27 (1) A child who presents **【himself】** for treatment at a general  
28 hospital, federally qualified or community health center, local  
29 health department that provides primary care, or other State  
30 licensed community-based primary care provider shall be deemed  
31 presumptively eligible for the program if a preliminary  
32 determination by hospital, health center, local health department or  
33 licensed health care provider staff indicates that the child meets  
34 program eligibility standards and is a member of a household with  
35 an income that does not exceed **【350%】** 350 percent of the poverty  
36 level;

37 (2) The provisions of paragraph (1) of this subsection shall also  
38 apply to a child who is deemed presumptively eligible for Medicaid  
39 coverage pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.);

40 (3) The parent or caretaker of a child deemed presumptively  
41 eligible pursuant to this subsection shall be required to submit a  
42 completed application for the program no later than the end of the  
43 month following the month in which presumptive eligibility is  
44 determined;

45 (4) A child shall be eligible to receive all services covered by  
46 the program during the period in which the child is presumptively  
47 eligible; and

1 (5) The commissioner may, by regulation, establish a limit on  
2 the number of times a child may be deemed presumptively eligible  
3 for NJ FamilyCare.

4 h. The commissioner, in consultation with the Commissioner of  
5 Education, shall administer an ongoing enrollment initiative to  
6 provide outreach to children throughout the State who may be  
7 eligible for the program.

8 (1) With respect to school-age children, the commissioner, in  
9 consultation with the Commissioner of Education and the Secretary  
10 of Agriculture, shall develop a form that provides information about  
11 the NJ FamilyCare and Medicaid programs and provides an  
12 opportunity for the parent or guardian who signs the school lunch  
13 application form to give consent for information to be shared with  
14 the Department of Human Services for the purpose of determining  
15 eligibility for the programs. The form shall be attached to, included  
16 with, or incorporated into, the school lunch application form.

17 The commissioner, in consultation with the Commissioner of  
18 Education, shall establish procedures for schools to transmit  
19 information attached to, included with, or provided on the school  
20 lunch application form regarding the NJ FamilyCare and Medicaid  
21 programs to the Department of Human Services, in order to enable  
22 the department to determine eligibility for the programs.

23 (2) The commissioner or the Commissioner of Education, as  
24 applicable, shall:

25 (a) make available to each elementary and secondary school,  
26 licensed child care center, registered family day care home, unified  
27 child care agency, local health department that provides primary  
28 care, and community-based primary care provider, informational  
29 materials about the program, including instructions for applying  
30 online or by mail, as well as copies of the program application  
31 form.

32 The entity shall make the informational and application materials  
33 available, upon request, to persons interested in the program; and

34 (b) request each entity to distribute a notice at least annually, as  
35 developed by the commissioner, to households of children attending  
36 or receiving its services or care, informing them about the program  
37 and the availability of informational and application materials. In  
38 the case of elementary and secondary schools, the information  
39 attached to, included with, or incorporated into, the school lunch  
40 application form for school-age children pursuant to this  
41 subparagraph shall be deemed to meet the requirements of this  
42 paragraph.

43 i. Subject to federal approval, the commissioner shall, by  
44 regulation, establish that in determining income eligibility for a  
45 child, any gross family income above ~~【200%】~~ 200 percent of the  
46 poverty level, up to a maximum of ~~【350%】~~ 350 percent of the  
47 poverty level, shall be disregarded.



1 j. The commissioner shall establish a NJ FamilyCare coverage  
2 buy-in program **【**through which a parent or caretaker whose family  
3 income exceeds 350% of the poverty level may purchase coverage  
4 under NJ FamilyCare for a child under the age of 19, who is  
5 uninsured and was not voluntarily disenrolled from employer-  
6 sponsored group insurance coverage within six months prior to  
7 application to the program. The program**】** , which shall be known  
8 as NJ FamilyCare Advantage.

9 The commissioner shall establish the premium and cost sharing  
10 amounts required to purchase coverage, except that the premium  
11 shall not exceed the amount the program pays per month to a  
12 managed care organization under NJ FamilyCare for a child of  
13 comparable age whose family income is **【**between 200% and  
14 350%**】** less than 350 percent of the poverty level, plus a reasonable  
15 processing fee.

16 k. The commissioner, in consultation with the Rutgers Center  
17 for State Health Policy, shall develop a streamlined application  
18 form for the NJ FamilyCare and Medicaid programs.

19 1. **【**Subject to federal approval, the**】** The Commissioner of  
20 Human Services shall establish a hardship waiver for part or all of  
21 **【**the**】** any premium 【for an eligible child under the NJ FamilyCare  
22 program】 authorized under this section. A parent or caretaker may  
23 apply to the commissioner for a hardship waiver in a manner and  
24 form established by the commissioner. If the parent or caretaker  
25 can demonstrate to the satisfaction of the commissioner, pursuant to  
26 regulations adopted by the commissioner, that payment of all or part  
27 of the premium for the parent or caretaker's child presents a  
28 hardship, the commissioner shall grant the waiver for a prescribed  
29 period of time.

30 (cf: P.L.2008, c.53, s.2)

31  
32 2. Section 11 of P.L.2005, c.156 (C.30:4J-14) is amended to  
33 read as follows:

34 11. The Commissioner of Human Services shall **【**report to the  
35 Chairman of the Senate Health, Human Services and Senior  
36 Citizens Committee and the Chairmen of the Assembly Health and  
37 Human Services and Assembly Family, Women and Children's  
38 Issues committees on the implementation of this act.

39 The commissioner shall**】** issue an interim report six months after  
40 the effective date of **【**this act**】** P.L. , c. (C. ) (pending  
41 before the Legislature as this bill) and shall issue an annual report  
42 six months later and once each year thereafter. Each report shall be  
43 submitted to the Governor and to the Legislature, pursuant to  
44 section 2 of P.L.1991, c.164 (C.52:14-19.1), and published on the  
45 department's Internet website.

46 The **【**report**】** reports shall be prepared with input from the  
47 working group established pursuant to section 27 of P.L.2008, c.38

1 (C.30:4J-19), and shall include information on the department's  
2 actions, and the outcomes of such actions, to make affordable,  
3 quality healthcare coverage available to all children in New Jersey  
4 and the extent to which coverage disparities based on income, race,  
5 ethnicity, and geography have changed over the reporting period.  
6 The reports shall also include the number of persons who are  
7 enrolled in the Medicaid and NJ FamilyCare programs pursuant to  
8 the provisions of [this act] P.L.2005, c.156 (C.30:4J-8 et al.), the  
9 cost of providing coverage for these persons, the status of any  
10 Medicaid plan amendments or waivers necessary for  
11 implementation of [this act] P.L.2005, c.156 (C.30:4J-8 et al.), the  
12 status of implementing the enrollment simplification practices for  
13 both the NJ FamilyCare and Medicaid programs, and such other  
14 information as the commissioner deems appropriate. The  
15 commissioner may also include any recommendations for  
16 legislation [he deems] deemed necessary to further the purposes of  
17 [this act] P.L.2005, c.156 (C.30:4J-8 et al.).  
18 (cf: P.L.2005, c.156, s.11)  
19

20 3. Section 26 of P.L.2008, c.38 (C.30:4J-18) is amended to  
21 read as follows:

22 26. a. The Commissioner of Human Services shall establish  
23 an enhanced NJ FamilyCare outreach and enrollment initiative to  
24 increase public awareness about the availability of, and benefits to  
25 enrolling in, Medicaid, NJ FamilyCare, and the NJ FamilyCare  
26 Advantage buy-in programs. The initiative shall **[include]** be  
27 coordinated with any outreach efforts implemented pursuant to  
28 subsection h. of section 5 of P.L. 2005, c.156 (C.30:4J-12) or  
29 related to enrollment in the State's health insurance Exchange  
30 established pursuant to the federal "Patient Protection and  
31 Affordable Care Act," Pub.L.111-148, as amended by the "Health  
32 Care and Education Reconciliation Act of 2010," Pub.L.111-152,  
33 and shall include:

34 (1) the provision of training to Exchange enrollment assistors,  
35 local officials, and any other pertinent staff, as determined by the  
36 commissioner, on the eligibility requirements of the NJ FamilyCare  
37 program and how to enroll children in the program;

38 (2) culturally sensitive, Statewide and local media public  
39 awareness campaigns addressing the availability of health care  
40 coverage for parents and children under the Medicaid and NJ  
41 FamilyCare programs and health care coverage for children under  
42 the NJ FamilyCare Advantage buy-in program **[.The initiative shall**  
43 also include] ; and

44 (3) the provision of training and support services, upon request,  
45 to community groups, legislative district offices, and community-  
46 based health care providers to enable these parties to assist in  
47 enrolling parents and children in the applicable programs.

1        b. The Department of Banking and Insurance, in consultation  
2 with the Commissioner of Human Services, shall take steps to  
3 ensure the full incorporation of the Medicaid, NJ FamilyCare and  
4 NJ FamilyCare Advantage Programs on the State's health insurance  
5 Exchange and the individual health coverage marketplace. In order  
6 to ensure that Medicaid and NJ FamilyCare eligibility is properly  
7 evaluated, plan comparison and cost tools shall solicit current  
8 expected monthly income in lieu of or in addition to annual income.  
9 (cf: P.L.2008, c.38, s.26)

10  
11        4. Section 27 of P.L.2008, c.38 (C.30:4J-19) is amended to  
12 read as follows:

13        27. The Commissioner of Human Services shall establish an  
14 Outreach, Enrollment, and Retention Working Group to develop a  
15 plan to carry out ongoing and sustainable measures to strengthen  
16 outreach to low and moderate income families who may be eligible  
17 for Medicaid, NJ FamilyCare, or NJ FamilyCare Advantage, to  
18 maximize enrollment in these programs, and to ensure retention of  
19 enrollees in these programs.

20        a. The members of the working group shall include:

21        (1) The Commissioners of Human Services, Health, Banking  
22 and Insurance, Children and Families, Labor and Workforce  
23 Development, Education, and Community Affairs, and the  
24 Secretary of Agriculture, or their designees, who shall serve ex  
25 officio; and

26        (2) **【Six】** Ten public members appointed by the Commissioner  
27 of Human Services who shall include: one person who represents  
28 racial and ethnic minorities in this State; one person who represents  
29 managed care organizations that participate in the Medicaid and NJ  
30 FamilyCare programs; one person who represents the vendor under  
31 contract with the Division of Medical Assistance and Health  
32 Services to provide NJ FamilyCare eligibility, enrollment, and  
33 health benefit coordinator services to the division; one person who  
34 represents New Jersey Policy Perspective; one person who  
35 represents the Advocates for Children of New Jersey; **【and】** one  
36 person who represents Legal Services of New Jersey; one person  
37 who represents the New Jersey Health Care Quality Institute; one  
38 person who represents county navigators; and two people who  
39 represent the New Jersey for Health Care coalition.

40        b. As part of the plan, the working group shall:

41        (1) determine if there are obstacles to enrollment of minorities  
42 in the State in the Medicaid, NJ FamilyCare, and NJ FamilyCare  
43 Advantage programs due to ethnic and cultural differences and, if  
44 so, develop strategies for the Department of Human Services to  
45 overcome these obstacles and increase enrollment among  
46 minorities;

47        (2) recommend outreach strategies to identify and enroll all  
48 eligible children in the Medicaid, NJ FamilyCare, and NJ

1 FamilyCare Advantage programs and to retain enrollment of  
2 children and their parents in the programs;

3 (3) establish monthly enrollment goals for the number of  
4 children who need to be enrolled in Medicaid, NJ FamilyCare, and  
5 NJ FamilyCare Advantage in order to ensure that as many children  
6 as possible who are eligible for these programs are enrolled within a  
7 reasonable period of time, in accordance with the mandate  
8 established pursuant to section 2 of P.L.2008, c.38 (C.26:15-2); and

9 (4) make such other recommendations to the Commissioner of  
10 Human Services as the working group determines necessary and  
11 appropriate to achieve the purposes of this section.

12 c. The working group shall organize [as soon as practicable  
13 following the appointment of its members and] and hold a meeting  
14 no later than 60 days following the date of enactment of  
15 P.L. , c. (C. ) (pending before the Legislature as this bill).  
16 The working group shall select a chairperson and vice-chairperson  
17 from among the members. The chairperson shall appoint a  
18 secretary who need not be a member of the working group.

19 (1) The public members shall serve without compensation, but  
20 shall be reimbursed for necessary expenses incurred in the  
21 performance of their duties and within the limits of funds available  
22 to the working group.

23 (2) The working group shall be entitled to call to its assistance  
24 and avail itself of the services of the employees of any State,  
25 county, or municipal department, board, bureau, commission, or  
26 agency as it may require and as may be available to it for its  
27 purposes.

28 d. Upon completion of the plan, the working group shall report  
29 on its activities to the chairperson of the Senate and Assembly  
30 standing reference committees on health and human services, and  
31 include a copy of the plan and any recommendations for legislative  
32 action it deems appropriate.

33 e. The Commissioner of Human Services shall post the plan on  
34 the department's Internet website and include a table showing the  
35 monthly enrollment goals established in the plan and the actual new  
36 and continued enrollments for that month. The commissioner shall  
37 update the table monthly.

38 f. The Department of Human Services shall provide staff  
39 support to the working group.

40 (cf: P.L.2012, c.17, s.397)

41

42 5. (New section) There is appropriated from the General Fund  
43 to the Department of Human Services the sum of \$20,000,000 for  
44 the purposes of implementing the provisions of this act.

45

46 6. (New section) The Commissioner of Human Services may  
47 adopt rules and regulations, pursuant to the "Administrative

1 Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), as shall be  
2 necessary to implement the provisions of this act.

3

4 7. (New section) The Commissioner of Human Services shall  
5 apply for such State plan amendments or waivers as may be  
6 necessary to implement the provisions of this act and to secure  
7 federal financial participation for State Medicaid expenditures  
8 under the federal Medicaid program and for NJ FamilyCare  
9 expenditures under the State Children's Health Insurance Program  
10 pursuant to 42 U.S.C. s.1397aa et seq.

11

12 8. This act shall take immediately.

13

14

15

STATEMENT

16

17 This bill revises certain requirements concerning enrollment in  
18 the NJ FamilyCare program, including expanding eligibility,  
19 establishing additional outreach requirements, and revising  
20 reporting requirements under the program. The bill appropriates  
21 \$20 million to implement its provisions.

22 The bill generally prohibits requiring enrollees in NJ FamilyCare  
23 to pay premiums as a condition of participation in the program.  
24 Premiums may still be required for enrollees who exceed income  
25 limits but elect to buy into NJ FamilyCare.

26 The bill eliminates a provision of current law that requires  
27 certain children who were voluntarily disenrolled from employer-  
28 sponsored group insurance coverage to be deemed ineligible for  
29 enrollment in NJ FamilyCare for a certain period, and provides that  
30 no waiting periods may be imposed against any applicant for the  
31 program who is otherwise eligible for enrollment.

32 Under the bill, the Commissioner of Human Services is directed  
33 to provide information regarding other health care programs for  
34 which an enrollee may be eligible to any enrollee terminated from  
35 the program.

36 Pursuant to existing law, and unchanged by the bill, the  
37 Commissioner of Human Services is directed to establish an  
38 enhanced NJ FamilyCare outreach and enrollment initiative to  
39 increase public awareness about the availability of, and benefits to  
40 enrolling in, Medicaid, NJ FamilyCare, and the NJ FamilyCare  
41 Advantage buy-in program, including culturally sensitive, Statewide  
42 and local media public awareness campaigns and the provision of  
43 training and support services to enable certain entities to assist in  
44 enrollment activities.

45 Under the bill, the initiative is also to be coordinated with any  
46 outreach efforts related to: 1) the ongoing enrollment initiative  
47 coordinated in consultation with the Commissioner of Education  
48 established under current law; or 2) enrollment in the State's health

1 insurance Exchange established pursuant to the federal "Patient  
2 Protection and Affordable Care Act," Pub.L.111-148, as amended  
3 by the "Health Care and Education Reconciliation Act of 2010,"  
4 Pub.L.111-152. The initiative is to additionally include the  
5 provision of training to Exchange enrollment assistors, local  
6 officials, and any other pertinent staff, as determined by the  
7 commissioner, on the eligibility requirements of NJ FamilyCare and  
8 how to enroll children in the program.

9 The bill requires the Department of Banking and Insurance, in  
10 consultation with the Commissioner of Human Services, to take  
11 steps to ensure the full incorporation of the Medicaid, NJ  
12 FamilyCare and NJ FamilyCare Advantage Programs on the State's  
13 health insurance Exchange and the individual health coverage  
14 marketplace. In order to ensure that Medicaid and NJ FamilyCare  
15 eligibility is properly evaluated, plan comparison and cost tools will  
16 be required to solicit current expected monthly income in lieu of, or  
17 in addition to, annual income.

18 In addition to the enhanced NJ FamilyCare outreach and  
19 enrollment initiative, existing law requires the commissioner to  
20 establish an Outreach, Enrollment, and Retention Working Group.  
21 The goal of the working group, which is not altered by the bill, is to  
22 develop a plan to carry out ongoing and sustainable measures to  
23 strengthen outreach to low and moderate income families who may  
24 be eligible for Medicaid, NJ FamilyCare, or NJ FamilyCare  
25 Advantage; to maximize enrollment in these programs; and to  
26 ensure retention of enrollees in these programs. The Working  
27 Group last submitted a report in May 2009.

28 In addition to the seven ex-officio members and six public  
29 members of the working group currently required under statute, the  
30 bill adds the Commissioner of Children and Families as an ex-  
31 officio member and the following four public members: one person  
32 who represents the New Jersey Health Care Quality Institute; one  
33 person who represents county navigators; and two people who  
34 represent the New Jersey for Health Care coalition. The bill directs  
35 the working group to organize and hold a meeting no later than 60  
36 days following the date of enactment of the bill.

37 The bill amends current law to require the commissioner, with  
38 input from Outreach, Enrollment, and Retention Working Group, to  
39 issue an interim report six months after the effective date of the bill,  
40 to issue a full report six months later, and to submit the report  
41 annually thereafter. The bill removes a requirement that the reports  
42 be submitted to the chairpersons of various legislative standing  
43 reference committees, and instead requires the reports to be  
44 submitted to the Governor and to the Legislature and published on  
45 the Department of Human Services' (DHS) Internet website.

46 The reports are required to include information on the DHS's  
47 actions, and the outcomes of such actions, to make affordable,  
48 quality healthcare coverage available to all children in New Jersey,

**S3798 VITALE**

12

1 and the extent to which coverage disparities based on income, race,  
2 ethnicity, and geography have changed over the reporting period.  
3 Existing law also requires the reports to include the number of  
4 persons who are enrolled in Medicaid and NJ FamilyCare, the cost  
5 of providing coverage for these persons, the status of any Medicaid  
6 plan amendments or waivers necessary for implementation of NJ  
7 FamilyCare, the status of implementing the enrollment  
8 simplification practices for both NJ FamilyCare and Medicaid, and  
9 such other information as the commissioner deems appropriate. The  
10 commissioner may also include any recommendations for  
11 legislation deemed necessary to further the purposes of NJ  
12 FamilyCare.

13 The bill appropriates \$20 million from the General Fund to the  
14 DHS for the purposes of implementing the provisions of the bill.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO  
**SENATE, No. 3798**

with committee amendments

**STATE OF NEW JERSEY**

DATED: JUNE 10, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3798.

As amended by this committee, this bill revises certain requirements concerning enrollment in the NJ FamilyCare program, including expanding eligibility, establishing additional outreach requirements, and revising reporting requirements under the program.

The bill generally prohibits requiring enrollees in NJ FamilyCare to pay premiums as a condition of participation in the program. Premiums may still be required for enrollees who exceed income limits but elect to buy into NJ FamilyCare.

The bill eliminates a provision of current law that requires certain children who were voluntarily disenrolled from employer-sponsored group insurance coverage to be deemed ineligible for enrollment in NJ FamilyCare for a certain period, and provides that no waiting periods may be imposed against any applicant for the program who is otherwise eligible for enrollment.

Under the bill, the Commissioner of Human Services is directed to provide information regarding other health care programs for which an enrollee may be eligible to any enrollee terminated from the program.

Pursuant to existing law, and unchanged by the bill, the Commissioner of Human Services is directed to establish an enhanced NJ FamilyCare outreach and enrollment initiative to increase public awareness about the availability of, and benefits to enrolling in, Medicaid, NJ FamilyCare, and the NJ FamilyCare Advantage buy-in program, including culturally sensitive, Statewide and local media public awareness campaigns and the provision of training and support services to enable certain entities to assist in enrollment activities.

Under the bill, the initiative is also to be coordinated with any outreach efforts related to: 1) the ongoing enrollment initiative coordinated in consultation with the Commissioner of Education established under current law; or 2) enrollment in the State's health insurance Exchange established pursuant to the federal "Patient Protection and Affordable Care Act," Pub.L.111-148, as amended by



the "Health Care and Education Reconciliation Act of 2010," Pub.L.111-152. The initiative is to additionally include the provision of training to Exchange enrollment assistors, local officials, and any other pertinent staff, as determined by the commissioner, on the eligibility requirements of NJ FamilyCare and how to enroll children in the program.

The bill requires the Department of Banking and Insurance, in consultation with the Commissioner of Human Services, to take steps to ensure the full incorporation of the Medicaid, NJ FamilyCare and NJ FamilyCare Advantage Programs on the State's health insurance Exchange and the individual health coverage marketplace. In order to ensure that Medicaid and NJ FamilyCare eligibility is properly evaluated, plan comparison and cost tools will be required to solicit current expected monthly income in lieu of, or in addition to, annual income.

In addition to the enhanced NJ FamilyCare outreach and enrollment initiative, existing law requires the commissioner to establish an Outreach, Enrollment, and Retention Working Group. In addition to the seven ex-officio members and six public members of the working group currently required under statute, the bill adds the Commissioner of Children and Families as an ex-officio member and the following four public members: one person who represents the New Jersey Health Care Quality Institute; one person who represents county navigators; and two people who represent the New Jersey for Health Care coalition. The bill directs the working group to organize and hold a meeting no later than 60 days following the date of enactment of the bill.

The bill amends current law to require the commissioner, with input from Outreach, Enrollment, and Retention Working Group, to issue an interim report six months after the effective date of the bill, to issue a full report six months later, and to submit the report annually thereafter. The bill removes a requirement that the reports be submitted to the chairpersons of various legislative standing reference committees, and instead requires the reports to be submitted to the Governor and to the Legislature and published on the Department of Human Services' (DHS) Internet website.

The reports are required to include information on the DHS's actions, and the outcomes of such actions, to make affordable, quality healthcare coverage available to all children in New Jersey, and the extent to which coverage disparities based on income, race, ethnicity, and geography have changed over the reporting period. Existing law also requires the reports to include the number of persons who are enrolled in Medicaid and NJ FamilyCare, the cost of providing coverage for these persons, the status of any Medicaid plan amendments or waivers necessary for implementation of NJ FamilyCare, the status of implementing the enrollment simplification practices for both NJ FamilyCare and Medicaid, and such other

information as the commissioner deems appropriate. The commissioner may also include any recommendations for legislation deemed necessary to further the purposes of NJ FamilyCare.

As amended, the bill directs the Legislature to annually appropriate \$20 million from the General Fund to implement its provisions.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to change a direct supplemental appropriation of \$20 million to direct that an annual appropriation of \$20 million be made to implement the provisions of the bill. The amendments revise the synopsis and title of the bill to reflect these changes.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

## **SENATE, No. 3798**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JUNE 22, 2021

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Senate Bill No. 3798 (1R).

As amended by this committee, this bill revises certain requirements concerning enrollment in the NJ FamilyCare program, including expanding eligibility and establishing additional outreach requirements.

The bill generally prohibits requiring enrollees in NJ FamilyCare to pay premiums as a condition of participation in the program. Premiums may still be required for enrollees who exceed income limits but elect to buy into NJ FamilyCare.

The bill eliminates a provision of current law that requires certain children who were voluntarily disenrolled from employer-sponsored group insurance coverage to be deemed ineligible for enrollment in NJ FamilyCare for a certain period, and provides that no waiting periods may be imposed against any applicant for the program who is otherwise eligible for enrollment.

Under the bill, the Commissioner of Human Services is directed to provide information regarding other health care programs for which an enrollee may be eligible to any enrollee terminated from the program.

Pursuant to existing law, and unchanged by the bill, the Commissioner of Human Services is directed to establish an enhanced NJ FamilyCare outreach and enrollment initiative to increase public awareness about the availability of, and benefits to enrolling in, Medicaid, NJ FamilyCare, and the NJ FamilyCare Advantage buy-in program, including culturally sensitive, Statewide and local media public awareness campaigns and the provision of training and support services to enable certain entities to assist in enrollment activities.

Under the bill as amended, the initiative is also to be coordinated with any outreach efforts related to: 1) the ongoing enrollment initiative coordinated in consultation with the Commissioner of Education established under current law; or 2) enrollment in the State's health insurance Exchange established pursuant to the federal "Patient Protection and Affordable Care Act," Pub.L.111-148, as amended by the "Health Care and Education Reconciliation Act of

2010," Pub.L.111-152. The initiative is to additionally provide the Commissioner of Banking and Insurance with input for the provision of training to Exchange enrollment assistors, and as determined by the commissioner, local officials and any other pertinent staff on the eligibility requirements of NJ FamilyCare and how to enroll children in the program.

In addition to the enhanced NJ FamilyCare outreach and enrollment initiative, existing law requires the commissioner to establish an Outreach, Enrollment, and Retention Working Group. In addition to the seven ex-officio members and six public members of the working group currently required under statute, the bill adds the Commissioner of Children and Families as an ex-officio member and the following four public members: one person who represents the New Jersey Health Care Quality Institute; one person who represents county navigators; and two people who represent the New Jersey for Health Care coalition. The bill directs the working group to organize and hold a meeting no later than 60 days following the date of enactment of the bill.

The bill directs the Legislature to annually appropriate \$20 million from the General Fund to implement its provisions.

#### COMMITTEE AMENDMENTS:

The committee amendments remove an amendatory section of the bill, which would have amended section 11 of P.L.2005, c.156 (C.30:4J-14) and established additional reporting requirements concerning the NJ FamilyCare program.

The committee amendments revise the bill to only allow the NJ FamilyCare outreach and enrollment initiative to provide input to the Commissioner of Banking and Insurance for the provision of training to Exchange enrollment assistors, and, as determined by the commissioner, local officials and any other pertinent staff, rather than directly providing the training.

The committee amendments remove language from the bill that would require the Department of Banking and Insurance to ensure the full incorporation of the Medicaid, NJ FamilyCare, and NJ FamilyCare Advantage Programs on the State's health insurance Exchange and the individual health coverage marketplace.

The committee amendments revise the synopsis and title of the bill to reflect these changes.

#### FISCAL IMPACT:

Fiscal information is currently unavailable for this bill.

**FISCAL NOTE**  
 [Second Reprint]  
**SENATE, No. 3798**  
**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

DATED: NOVEMBER 23, 2021

**SUMMARY**

**Synopsis:** Eliminates premiums and waiting periods for certain NJ FamilyCare enrollees and directs DHS to implement additional targeted outreach initiatives to increase enrollment.

**Types of Impact:** Annual expenditure and revenue increases, General Fund.

**Agencies Affected:** Department of Human Services; Department of Banking and Insurance; Department of Education.

**Executive Estimate**

<b>Fiscal Impact</b>	<b><u>FY 2022</u></b>
<b>State Expenditure Increase</b>	\$38,500,000
<b>State Revenue Increase – Federal Cost Reimbursement</b>	\$18,500,000

**Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b><u>FY 2022</u></b>	<b><u>Annually Thereafter</u></b>
<b>State Expenditure Increase</b>	\$37,400,000 - \$94,300,000	\$67,400,000 - \$124,300,000
<b>State Revenue Increase – Federal Cost Reimbursement</b>	\$18,200,000 - \$46,700,000	\$38,200,000 - \$66,700,000

- The Office of Legislative Services (OLS) determines that the Executive estimate for FY 2022 falls within the range of plausible outcomes. The Executive did not provide a fiscal estimate for subsequent fiscal years.
- For fiscal years subsequent to FY 2022, the OLS estimates that this bill will cost the State between \$67.4 million and \$124.3 million annually, with an increase in revenue associated with federal cost reimbursements under Medicaid and the Children’s Health Insurance Program of between \$38.2 million and \$66.7 million annually.



- The OLS estimates for fiscal years subsequent to FY 2022 include the fiscal impacts of eliminating Children’s Health Insurance Program premiums. The FY 2022 estimates do not consider the elimination of the premiums because they are already suspended under federal law until the expiration of the current federal public health emergency.

**BILL DESCRIPTION**

This bill eliminates premium payment requirements and the current 90-day waiting period prior to enrollment for children who were voluntarily disenrolled from employer-sponsored group insurance, both under the Children’s Health Insurance Program, a component of the NJ FamilyCare program.

Furthermore, the bill expands and strengthens existing NJ FamilyCare outreach and enrollment efforts in coordination with the Department of Education and the State-Based Health Insurance Exchange that is operated by the Department of Banking and Insurance.

The bill also appropriates \$20 million annually to implement its provisions.

**FISCAL ANALYSIS**

***EXECUTIVE BRANCH***

The Executive has not submitted a formal fiscal note for this bill. However, in response to an FY 2022 OLS Discussion Point, the Department of Human Services estimated the cost in FY 2022 of the Cover All Kids Initiative, which this bill would enact. The cost estimate assumes that there are 88,000 uninsured children across New Jersey, of which 53,000 would be eligible for enrollment in NJ FamilyCare.

In all, the department projected that the initiative will cost the State \$68.5 million to implement in FY 2022 and generate \$38.5 million in federal cost reimbursements.

Of note, these amounts include an estimated \$30.0 million in State costs, of which the federal government would reimburse the State an estimated \$20.0 million, for the elimination of Children’s Health Insurance Program premiums. Because these premiums are suspended during the current federal public health emergency, however, the department does not attribute any costs to this provision in FY 2022. As a result, the Governor’s FY 2022 Budget only includes \$38.5 million for the Cover All Kids initiative, of which the federal government is estimated to reimburse the State \$18.5 million, thereby yielding a net State cost of \$20.0 million.

<b>Department of Human Services FY 2022 Cost Estimate for Cover All Kids Initiative</b>			
<b>Cost Factor</b>	<b>Total State Cost</b>	<b>Federal Cost Reimbursement</b>	<b>Net State Cost</b>
Increased Medicaid and Children’s Health Insurance Program Enrollment	\$29,500,000	\$14,500,000	\$15,000,000
Removal of Children’s Health Insurance Program Waiting Period	\$6,000,000	\$4,000,000	\$2,000,000
Enhanced Outreach Efforts	\$3,000,000	\$0	\$3,000,000
<b>TOTAL</b>	<b>\$38,500,000</b>	<b>\$18,500,000</b>	<b>\$20,000,000</b>

**OFFICE OF LEGISLATIVE SERVICES**

The OLS determines that the Executive estimate of the FY 2022 impacts falls within the range of plausible outcomes. For subsequent fiscal years, the OLS estimates that this bill will cost the State between \$67.4 million and \$124.3 million annually, with an increase in revenue associated with federal cost reimbursements under Medicaid and the Children’s Health Insurance Program of between \$38.2 million and \$66.7 million annually.

These amounts exceed the FY 2022 estimates because the fiscal impacts of eliminating Children’s Health Insurance Program premiums will become attributable to the bill only upon the expiration of the current suspension of the premiums during the current federal public health emergency. Until then the premiums are suspended irrespective of the enactment of this bill.

<b>OLS Cost Estimate for Cover All Kids Initiative, Annual Impacts After FY 2022</b>			
<b>Cost Factor</b>	<b>Total State Cost</b>	<b>Federal Cost Reimbursement</b>	<b>Net State Cost</b>
Increased Medicaid and Children’s Health Insurance Program Enrollment	\$28,400,000 to \$85,300,000	\$14,200,000 to \$42,700,000	\$14,200,000 to \$42,700,000
Removal of Children’s Health Insurance Program Waiting Period	\$6,000,000	\$4,000,000	\$2,000,000
Enhanced Outreach Efforts	\$3,000,000	\$0	\$3,000,000
Elimination of Children’s Health Insurance Program Premiums	\$30,000,000	\$20,000,000	\$10,000,000
<b>TOTAL</b>	<b>\$67,400,000 to \$124,300,000</b>	<b>\$38,200,000 to \$66,700,000</b>	<b>\$29,200,000 to \$57,700,000</b>

For purposes of maintaining the comparability of the Executive and the OLS estimates, the OLS accepts the Department of Human Services projections of the fiscal effects of the enhanced outreach efforts and the removal of the 90-day waiting period prior to enrollment in the Children’s Health Insurance Program for children who were voluntarily disenrolled from employer-sponsored group insurance. The OLS, however, does not have sufficient information to confirm or contest the Executive projections.

The most significant portion of the State cost and revenue increases is associated with enrollment growth in the NJ FamilyCare program, which is comprised of Medicaid and the Children’s Health Insurance Program, as a result of the enhanced outreach efforts.

As indicated above, the Department of Human Services estimates that 53,000 children without health insurance are eligible for enrollment in NJ FamilyCare. The OLS assumes that between 20 percent and 60 percent of the 53,000 children will enroll in NJ FamilyCare due to the enhanced outreach efforts. The result is an increase of between \$28.4 million and \$85.3 million in annual NJ FamilyCare benefit expenditures, with a corresponding increase in federal matching fund revenue of between \$14.2 million and \$42.7 million. This estimate assumes an average annual cost per child of \$2,669, which is the average of annual costs per child under Medicaid and the Children’s Health Insurance Program, as presented in the Governor’s FY 2022 Budget.

The uptake rate of 20 percent to 60 percent considers that the outreach efforts will enhance not only existing efforts funded by the State but also efforts associated with a \$1.5 million federal grant received by the Department of Human Services in 2019 in conjunction with the Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable Act. According to the Centers for Medicare and Medicaid Services, the department is using these funds to enhance prior outreach, enrollment, and retention efforts in

Medicaid and the Children's Health Insurance Program by creating a new web-based portal where parents or guardians of potentially eligible children identified by schools or by the Supplemental Nutrition Assistance Program can access a program application that has been pre-populated with their information, facilitating its submission and eligibility determinations. The department will also provide training and resources for providers that make Medicaid or Children's Health Insurance Program presumptive eligibility determinations for children and parents and outreach to their parents or guardians so that they can easily transition to permanent program coverage.

The OLS also concludes that the Department of Human Services may realize indeterminate reductions in annual administrative expenditures as it will no longer have to manage premium payments and the 90-day waiting period for certain children under the Children's Health Insurance Program. For example, regarding the waiting period, the department is currently required to: 1) assess whether children applying for coverage qualify for a good cause exceptions; 2) track children subject to the waiting period and enroll them upon the expiration thereof; and 3) transfer applications denied during the waiting period to the Marketplace to determine if they qualify for financial assistance in purchasing a qualified health plan.

*Section: Human Services*

*Analyst: Sarah Schmidt  
Senior Fiscal Analyst*

*Approved: Thomas Koenig  
Legislative Budget and Finance Officer*

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



# ASSEMBLY, No. 5805

## STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED JUNE 1, 2021

**Sponsored by:**

**Assemblywoman YVONNE LOPEZ**

**District 19 (Middlesex)**

**Assemblyman DANIEL R. BENSON**

**District 14 (Mercer and Middlesex)**

**Assemblyman GORDON M. JOHNSON**

**District 37 (Bergen)**

**Co-Sponsored by:**

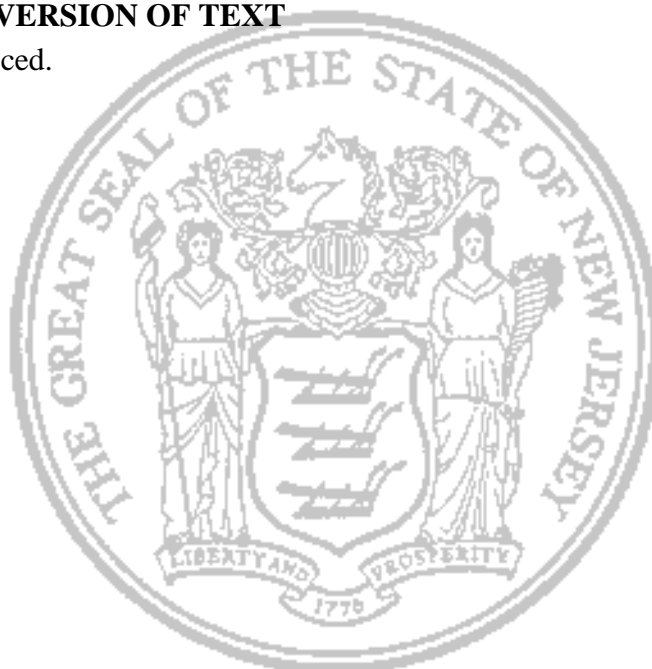
**Assemblywomen Speight, Vainieri Huttle and Murphy**

**SYNOPSIS**

Eliminates premiums and waiting periods for certain NJ FamilyCare enrollees; directs DHS to implement additional targeted outreach initiatives to increase enrollment; revises reporting requirements; appropriates \$20 million.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 6/21/2021)**

1 AN ACT concerning NJ FamilyCare, amending P.L.2005, c.156 and  
2 P.L.2008, c.38, and making an appropriation.

3

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

6

7 1. Section 5 of P.L.2005, c.156 (C.30:4J-12) is amended to  
8 read as follows:

9 5. a. The purpose of the program shall be to provide  
10 subsidized health insurance coverage, and other health care benefits  
11 as determined by the commissioner, to children under 19 years of  
12 age and their parents or caretakers and to adults without dependent  
13 children, within the limits of funds appropriated or otherwise made  
14 available for the program.

15 The program **[shall]** may require families to pay copayments  
16 **[and make premium contributions, based upon a sliding income**  
17 **scale]**. The program shall include the provision of well-child and  
18 other preventive services, hospitalization, physician care, laboratory  
19 and x-ray services, prescription drugs, mental health services, and  
20 other services as determined by the commissioner.

21 b. The commissioner shall take such actions as are necessary to  
22 implement and operate the program in accordance with the State  
23 Children's Health Insurance Program established pursuant to 42  
24 U.S.C.s.1397aa et seq.

25 c. The commissioner:

26 (1) shall, by regulation, establish standards for determining  
27 eligibility and other program requirements **[, including, but not**  
28 **limited to, restrictions on voluntary disenrollments from existing**  
29 **health insurance coverage]**;

30 (2) shall require that a parent or caretaker who is a qualified  
31 applicant purchase coverage, if available, through an employer-  
32 sponsored health insurance plan which is determined to be cost-  
33 effective and is approved by the commissioner, and shall provide  
34 assistance to the qualified applicant to purchase that coverage,  
35 except that the provisions of this paragraph shall not be construed to  
36 require an employer to provide health insurance coverage for any  
37 employee or employee's spouse or dependent child;

38 (3) may, by regulation, establish plans of coverage and benefits  
39 to be covered under the program, except that the provisions of this  
40 section shall not apply to coverage for medications used exclusively  
41 to treat AIDS or HIV infection; and

42 (4) shall establish, by regulation, other requirements for the  
43 program, including, but not limited to, **[premium payments and]**  
44 **copayments [, and]** . Except as may be required for the NJ  
45 FamilyCare Advantage program established pursuant to subsection

**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 j. of this section, premiums shall not be established within the  
2 program. The commissioner may contract with one or more  
3 appropriate entities, including managed care organizations, to assist  
4 in administering the program. The period for which eligibility for  
5 the program is determined shall be the maximum period permitted  
6 under federal law.

7 d. The commissioner shall establish procedures for determining  
8 eligibility, which shall include, at a minimum, the following  
9 enrollment simplification practices:

10 (1) A streamlined application form as established pursuant to  
11 subsection k. of this section;

12 (2) Require new applicants to submit one recent pay stub from  
13 the applicant's employer, or, if the applicant has more than one  
14 employer, one from each of the applicant's employers, to verify  
15 income. In the event the applicant cannot provide a recent pay stub,  
16 the applicant may submit another form of income verification as  
17 deemed appropriate by the commissioner. If an applicant does not  
18 submit income verification in a timely manner, before determining  
19 the applicant ineligible for the program, the commissioner shall  
20 seek to verify the applicant's income by reviewing available  
21 Department of the Treasury and Department of Labor and  
22 Workforce Development records concerning the applicant, and such  
23 other records as the commissioner determines appropriate.

24 The commissioner shall establish retrospective auditing or  
25 income verification procedures, such as sample auditing and  
26 matching reported income with records of the Department of the  
27 Treasury and the Department of Labor and Workforce Development  
28 and such other records as the commissioner determines appropriate.

29 In matching reported income with confidential records of the  
30 Department of the Treasury, the commissioner shall require an  
31 applicant to provide written authorization for the Division of  
32 Taxation in the Department of the Treasury to release applicable tax  
33 information to the commissioner for the purposes of establishing  
34 income eligibility for the program. The authorization, which shall  
35 be included on the program application form, shall be developed by  
36 the commissioner, in consultation with the State Treasurer;

37 (3) Online enrollment and renewal, in addition to enrollment  
38 and renewal by mail. The online enrollment and renewal forms  
39 shall include electronic links to other State and federal health and  
40 social services programs;

41 (4) Continuous enrollment;

42 (5) Simplified renewal by sending an enrollee a preprinted  
43 renewal form and requiring the enrollee to sign and return the form,  
44 with any applicable changes in the information provided in the  
45 form, prior to the date the enrollee's annual eligibility expires. The  
46 commissioner shall establish such auditing or income verification  
47 procedures, as provided in paragraph (2) of this subsection; **[and]**

1 (6) Provision of program eligibility-identification cards that are  
2 issued no more frequently than once a year; and

3 (7) Provision of information regarding other health care  
4 programs for which an enrollee may be eligible to any enrollee  
5 terminated from the program.

6 e. The commissioner shall take, or cause to be taken, any  
7 action necessary to secure for the State the maximum amount of  
8 federal financial participation available with respect to the program,  
9 subject to the constraints of fiscal responsibility and within the  
10 limits of available funding in any fiscal year. In this regard,  
11 notwithstanding the definition of "qualified applicant," the  
12 commissioner may enroll in the program such children or their  
13 parents or caretakers who may otherwise be eligible for the  
14 Medicaid program in order to maximize use of federal funds that  
15 may be available pursuant to 42 U.S.C. s.1397aa et seq.

16 f. **【Subject to federal approval, a child shall be determined**  
17 **ineligible for the program if the child was voluntarily disenrolled**  
18 **from employer-sponsored group insurance coverage within six**  
19 **months prior to application to the program】** No child who applies  
20 for enrollment in the program who otherwise meets the eligibility  
21 criteria for enrollment shall be denied immediate enrollment for any  
22 reason. In no case shall any qualified applicant for enrollment be  
23 subject to a waiting period prior to enrollment.

24 g. The commissioner shall provide, by regulation, for  
25 presumptive eligibility for the program in accordance with the  
26 following provisions:

27 (1) A child who presents **【himself】** for treatment at a general  
28 hospital, federally qualified or community health center, local  
29 health department that provides primary care, or other State  
30 licensed community-based primary care provider shall be deemed  
31 presumptively eligible for the program if a preliminary  
32 determination by hospital, health center, local health department or  
33 licensed health care provider staff indicates that the child meets  
34 program eligibility standards and is a member of a household with  
35 an income that does not exceed **【350%】** 350 percent of the poverty  
36 level;

37 (2) The provisions of paragraph (1) of this subsection shall also  
38 apply to a child who is deemed presumptively eligible for Medicaid  
39 coverage pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.);

40 (3) The parent or caretaker of a child deemed presumptively  
41 eligible pursuant to this subsection shall be required to submit a  
42 completed application for the program no later than the end of the  
43 month following the month in which presumptive eligibility is  
44 determined;

45 (4) A child shall be eligible to receive all services covered by  
46 the program during the period in which the child is presumptively  
47 eligible; and

1 (5) The commissioner may, by regulation, establish a limit on  
2 the number of times a child may be deemed presumptively eligible  
3 for NJ FamilyCare.

4 h. The commissioner, in consultation with the Commissioner of  
5 Education, shall administer an ongoing enrollment initiative to  
6 provide outreach to children throughout the State who may be  
7 eligible for the program.

8 (1) With respect to school-age children, the commissioner, in  
9 consultation with the Commissioner of Education and the Secretary  
10 of Agriculture, shall develop a form that provides information about  
11 the NJ FamilyCare and Medicaid programs and provides an  
12 opportunity for the parent or guardian who signs the school lunch  
13 application form to give consent for information to be shared with  
14 the Department of Human Services for the purpose of determining  
15 eligibility for the programs. The form shall be attached to, included  
16 with, or incorporated into, the school lunch application form.

17 The commissioner, in consultation with the Commissioner of  
18 Education, shall establish procedures for schools to transmit  
19 information attached to, included with, or provided on the school  
20 lunch application form regarding the NJ FamilyCare and Medicaid  
21 programs to the Department of Human Services, in order to enable  
22 the department to determine eligibility for the programs.

23 (2) The commissioner or the Commissioner of Education, as  
24 applicable, shall:

25 (a) make available to each elementary and secondary school,  
26 licensed child care center, registered family day care home, unified  
27 child care agency, local health department that provides primary  
28 care, and community-based primary care provider, informational  
29 materials about the program, including instructions for applying  
30 online or by mail, as well as copies of the program application  
31 form.

32 The entity shall make the informational and application materials  
33 available, upon request, to persons interested in the program; and

34 (b) request each entity to distribute a notice at least annually, as  
35 developed by the commissioner, to households of children attending  
36 or receiving its services or care, informing them about the program  
37 and the availability of informational and application materials. In  
38 the case of elementary and secondary schools, the information  
39 attached to, included with, or incorporated into, the school lunch  
40 application form for school-age children pursuant to this  
41 subparagraph shall be deemed to meet the requirements of this  
42 paragraph.

43 i. Subject to federal approval, the commissioner shall, by  
44 regulation, establish that in determining income eligibility for a  
45 child, any gross family income above ~~【200%】~~ 200 percent of the  
46 poverty level, up to a maximum of ~~【350%】~~ 350 percent of the  
47 poverty level, shall be disregarded.

1 j. The commissioner shall establish a NJ FamilyCare coverage  
2 buy-in program **【**through which a parent or caretaker whose family  
3 income exceeds 350% of the poverty level may purchase coverage  
4 under NJ FamilyCare for a child under the age of 19, who is  
5 uninsured and was not voluntarily disenrolled from employer-  
6 sponsored group insurance coverage within six months prior to  
7 application to the program. The program**】** , which shall be known  
8 as NJ FamilyCare Advantage.

9 The commissioner shall establish the premium and cost sharing  
10 amounts required to purchase coverage, except that the premium  
11 shall not exceed the amount the program pays per month to a  
12 managed care organization under NJ FamilyCare for a child of  
13 comparable age whose family income is **【**between 200% and  
14 350%**】** less than 350 percent of the poverty level, plus a reasonable  
15 processing fee.

16 k. The commissioner, in consultation with the Rutgers Center  
17 for State Health Policy, shall develop a streamlined application  
18 form for the NJ FamilyCare and Medicaid programs.

19 1. **【**Subject to federal approval, the**】** The Commissioner of  
20 Human Services shall establish a hardship waiver for part or all of  
21 **【**the**】** any premium 【for an eligible child under the NJ FamilyCare  
22 program】 authorized under this section. A parent or caretaker may  
23 apply to the commissioner for a hardship waiver in a manner and  
24 form established by the commissioner. If the parent or caretaker  
25 can demonstrate to the satisfaction of the commissioner, pursuant to  
26 regulations adopted by the commissioner, that payment of all or part  
27 of the premium for the parent or caretaker's child presents a  
28 hardship, the commissioner shall grant the waiver for a prescribed  
29 period of time.

30 (cf: P.L.2008, c.53, s.2)

31  
32 2. Section 11 of P.L.2005, c.156 (C.30:4J-14) is amended to  
33 read as follows:

34 11. The Commissioner of Human Services shall **【**report to the  
35 Chairman of the Senate Health, Human Services and Senior  
36 Citizens Committee and the Chairmen of the Assembly Health and  
37 Human Services and Assembly Family, Women and Children's  
38 Issues committees on the implementation of this act.

39 The commissioner shall**】** issue an interim report six months after  
40 the effective date of **【**this act**】** P.L. , c. (C. ) (pending  
41 before the Legislature as this bill) and shall issue an annual report  
42 six months later and once each year thereafter. Each report shall be  
43 submitted to the Governor and to the Legislature, pursuant to  
44 section 2 of P.L.1991, c.164 (C.52:14-19.1), and published on the  
45 department's Internet website.

46 The **【**report**】** reports shall be prepared with input from the  
47 working group established pursuant to section 27 of P.L.2008, c.38

1 (C.30:4J-19), and shall include information on the department's  
2 actions, and the outcomes of such actions, to make affordable,  
3 quality healthcare coverage available to all children in New Jersey  
4 and the extent to which coverage disparities based on income, race,  
5 ethnicity, and geography have changed over the reporting period.  
6 The reports shall also include the number of persons who are  
7 enrolled in the Medicaid and NJ FamilyCare programs pursuant to  
8 the provisions of [this act] P.L.2005, c.156 (C.30:4J-8 et al.), the  
9 cost of providing coverage for these persons, the status of any  
10 Medicaid plan amendments or waivers necessary for  
11 implementation of [this act] P.L.2005, c.156 (C.30:4J-8 et al.), the  
12 status of implementing the enrollment simplification practices for  
13 both the NJ FamilyCare and Medicaid programs, and such other  
14 information as the commissioner deems appropriate. The  
15 commissioner may also include any recommendations for  
16 legislation [he deems] deemed necessary to further the purposes of  
17 [this act] P.L.2005, c.156 (C.30:4J-8 et al.).  
18 (cf: P.L.2005, c.156, s.11)  
19

20 3. Section 26 of P.L.2008, c.38 (C.30:4J-18) is amended to  
21 read as follows:

22 26. a. The Commissioner of Human Services shall establish  
23 an enhanced NJ FamilyCare outreach and enrollment initiative to  
24 increase public awareness about the availability of, and benefits to  
25 enrolling in, Medicaid, NJ FamilyCare, and the NJ FamilyCare  
26 Advantage buy-in programs. The initiative shall [include] be  
27 coordinated with any outreach efforts implemented pursuant to  
28 subsection h. of section 5 of P.L. 2005, c.156 (C.30:4J-12) or  
29 related to enrollment in the State's health insurance Exchange  
30 established pursuant to the federal "Patient Protection and  
31 Affordable Care Act," Pub.L.111-148, as amended by the "Health  
32 Care and Education Reconciliation Act of 2010," Pub.L.111-152,  
33 and shall include:

34 (1) the provision of training to Exchange enrollment assistors,  
35 local officials, and any other pertinent staff, as determined by the  
36 commissioner, on the eligibility requirements of the NJ FamilyCare  
37 program and how to enroll children in the program;

38 (2) culturally sensitive, Statewide and local media public  
39 awareness campaigns addressing the availability of health care  
40 coverage for parents and children under the Medicaid and NJ  
41 FamilyCare programs and health care coverage for children under  
42 the NJ FamilyCare Advantage buy-in program [The initiative shall  
43 also include] ; and

44 (3) the provision of training and support services, upon request,  
45 to community groups, legislative district offices, and community-  
46 based health care providers to enable these parties to assist in  
47 enrolling parents and children in the applicable programs.

1        b. The Department of Banking and Insurance, in consultation  
2 with the Commissioner of Human Services, shall take steps to  
3 ensure the full incorporation of the Medicaid, NJ FamilyCare and  
4 NJ FamilyCare Advantage Programs on the State's health insurance  
5 Exchange and the individual health coverage marketplace. In order  
6 to ensure that Medicaid and NJ FamilyCare eligibility is properly  
7 evaluated, plan comparison and cost tools shall solicit current  
8 expected monthly income in lieu of or in addition to annual income.

9 (cf: P.L.2008, c.38, s.26)

10  
11        4. Section 27 of P.L.2008, c.38 (C.30:4J-19) is amended to  
12 read as follows:

13        27. The Commissioner of Human Services shall establish an  
14 Outreach, Enrollment, and Retention Working Group to develop a  
15 plan to carry out ongoing and sustainable measures to strengthen  
16 outreach to low and moderate income families who may be eligible  
17 for Medicaid, NJ FamilyCare, or NJ FamilyCare Advantage, to  
18 maximize enrollment in these programs, and to ensure retention of  
19 enrollees in these programs.

20        a. The members of the working group shall include:

21        (1) The Commissioners of Human Services, Health, Banking  
22 and Insurance, Children and Families, Labor and Workforce  
23 Development, Education, and Community Affairs, and the  
24 Secretary of Agriculture, or their designees, who shall serve ex  
25 officio; and

26        (2) **【Six】** Ten public members appointed by the Commissioner  
27 of Human Services who shall include: one person who represents  
28 racial and ethnic minorities in this State; one person who represents  
29 managed care organizations that participate in the Medicaid and NJ  
30 FamilyCare programs; one person who represents the vendor under  
31 contract with the Division of Medical Assistance and Health  
32 Services to provide NJ FamilyCare eligibility, enrollment, and  
33 health benefit coordinator services to the division; one person who  
34 represents New Jersey Policy Perspective; one person who  
35 represents the Advocates for Children of New Jersey; **【and】** one  
36 person who represents Legal Services of New Jersey; one person  
37 who represents the New Jersey Health Care Quality Institute; one  
38 person who represents county navigators; and two people who  
39 represent the New Jersey for Health Care coalition.

40        b. As part of the plan, the working group shall:

41        (1) determine if there are obstacles to enrollment of minorities  
42 in the State in the Medicaid, NJ FamilyCare, and NJ FamilyCare  
43 Advantage programs due to ethnic and cultural differences and, if  
44 so, develop strategies for the Department of Human Services to  
45 overcome these obstacles and increase enrollment among  
46 minorities;



1 (2) recommend outreach strategies to identify and enroll all  
2 eligible children in the Medicaid, NJ FamilyCare, and NJ  
3 FamilyCare Advantage programs and to retain enrollment of  
4 children and their parents in the programs;

5 (3) establish monthly enrollment goals for the number of  
6 children who need to be enrolled in Medicaid, NJ FamilyCare, and  
7 NJ FamilyCare Advantage in order to ensure that as many children  
8 as possible who are eligible for these programs are enrolled within a  
9 reasonable period of time, in accordance with the mandate  
10 established pursuant to section 2 of P.L.2008, c.38 (C.26:15-2); and

11 (4) make such other recommendations to the Commissioner of  
12 Human Services as the working group determines necessary and  
13 appropriate to achieve the purposes of this section.

14 c. The working group shall organize [as soon as practicable  
15 following the appointment of its members and] and hold a meeting  
16 no later than 60 days following the date of enactment of P.L. ,  
17 c. (C. ) (pending before the Legislature as this bill). The  
18 working group shall select a chairperson and vice-chairperson from  
19 among the members. The chairperson shall appoint a secretary who  
20 need not be a member of the working group.

21 (1) The public members shall serve without compensation, but  
22 shall be reimbursed for necessary expenses incurred in the  
23 performance of their duties and within the limits of funds available  
24 to the working group.

25 (2) The working group shall be entitled to call to its assistance  
26 and avail itself of the services of the employees of any State,  
27 county, or municipal department, board, bureau, commission, or  
28 agency as it may require and as may be available to it for its  
29 purposes.

30 d. Upon completion of the plan, the working group shall report  
31 on its activities to the chairperson of the Senate and Assembly  
32 standing reference committees on health and human services, and  
33 include a copy of the plan and any recommendations for legislative  
34 action it deems appropriate.

35 e. The Commissioner of Human Services shall post the plan on  
36 the department's Internet website and include a table showing the  
37 monthly enrollment goals established in the plan and the actual new  
38 and continued enrollments for that month. The commissioner shall  
39 update the table monthly.

40 f. The Department of Human Services shall provide staff  
41 support to the working group.

42 (cf: P.L.2012, c.17, s.397)

43  
44 5. (New section) There is appropriated from the General Fund  
45 to the Department of Human Services the sum of \$20,000,000 for  
46 the purposes of implementing the provisions of this act.



1 coordinated in consultation with the Commissioner of Education  
2 established under current law; or 2) enrollment in the State's health  
3 insurance Exchange established pursuant to the federal "Patient  
4 Protection and Affordable Care Act," Pub.L.111-148, as amended  
5 by the "Health Care and Education Reconciliation Act of 2010,"  
6 Pub.L.111-152. The initiative is to additionally include the  
7 provision of training to Exchange enrollment assistors, local  
8 officials, and any other pertinent staff, as determined by the  
9 commissioner, on the eligibility requirements of NJ FamilyCare and  
10 how to enroll children in the program.

11 The bill requires the Department of Banking and Insurance, in  
12 consultation with the Commissioner of Human Services, to take  
13 steps to ensure the full incorporation of the Medicaid, NJ  
14 FamilyCare and NJ FamilyCare Advantage Programs on the State's  
15 health insurance Exchange and the individual health coverage  
16 marketplace. In order to ensure that Medicaid and NJ FamilyCare  
17 eligibility is properly evaluated, plan comparison and cost tools will  
18 be required to solicit current expected monthly income in lieu of, or  
19 in addition to, annual income.

20 In addition to the enhanced NJ FamilyCare outreach and  
21 enrollment initiative, existing law requires the commissioner to  
22 establish an Outreach, Enrollment, and Retention Working Group.  
23 The goal of the working group, which is not altered by the bill, is to  
24 develop a plan to carry out ongoing and sustainable measures to  
25 strengthen outreach to low and moderate income families who may  
26 be eligible for Medicaid, NJ FamilyCare, or NJ FamilyCare  
27 Advantage; to maximize enrollment in these programs; and to  
28 ensure retention of enrollees in these programs. The Working  
29 Group last submitted a report in May 2009.

30 In addition to the seven ex-officio members and six public  
31 members of the working group currently required under statute, the  
32 bill adds the Commissioner of Children and Families as an ex-  
33 officio member and the following four public members: one person  
34 who represents the New Jersey Health Care Quality Institute; one  
35 person who represents county navigators; and two people who  
36 represent the New Jersey for Health Care coalition. The bill directs  
37 the working group to organize and hold a meeting no later than 60  
38 days following the date of enactment of the bill.

39 The bill amends current law to require the commissioner, with  
40 input from Outreach, Enrollment, and Retention Working Group, to  
41 issue an interim report six months after the effective date of the bill,  
42 to issue a full report six months later, and to submit the report  
43 annually thereafter. The bill removes a requirement that the reports  
44 be submitted to the chairpersons of various legislative standing  
45 reference committees, and instead requires the reports to be  
46 submitted to the Governor and to the Legislature and published on  
47 the Department of Human Services' (DHS) Internet website.

1       The reports are required to include information on the DHS's  
2 actions, and the outcomes of such actions, to make affordable,  
3 quality healthcare coverage available to all children in New Jersey,  
4 and the extent to which coverage disparities based on income, race,  
5 ethnicity, and geography have changed over the reporting period.  
6 Existing law also requires the reports to include the number of  
7 persons who are enrolled in Medicaid and NJ FamilyCare, the cost  
8 of providing coverage for these persons, the status of any Medicaid  
9 plan amendments or waivers necessary for implementation of NJ  
10 FamilyCare, the status of implementing the enrollment  
11 simplification practices for both NJ FamilyCare and Medicaid, and  
12 such other information as the commissioner deems appropriate. The  
13 commissioner may also include any recommendations for  
14 legislation deemed necessary to further the purposes of NJ  
15 FamilyCare.

16       The bill appropriates \$20 million from the General Fund to the  
17 DHS for the purposes of implementing the provisions of the bill.

# ASSEMBLY HEALTH COMMITTEE

## STATEMENT TO

### ASSEMBLY, No. 5805

# STATE OF NEW JERSEY

DATED: JUNE 2, 2021

The Assembly Health Committee reports favorably Assembly Bill No. 5805.

This bill revises certain requirements concerning enrollment in the NJ FamilyCare program, including expanding eligibility, establishing additional outreach requirements, and revising reporting requirements under the program. The bill appropriates \$20 million to implement its provisions.

The bill generally prohibits requiring enrollees in NJ FamilyCare to pay premiums as a condition of participation in the program. Premiums may still be required for enrollees who exceed income limits but elect to buy into NJ FamilyCare.

The bill eliminates a provision of current law that requires certain children who were voluntarily disenrolled from employer-sponsored group insurance coverage to be deemed ineligible for enrollment in NJ FamilyCare for a certain period, and provides that no waiting periods may be imposed against any applicant for the program who is otherwise eligible for enrollment.

Under the bill, the Commissioner of Human Services is directed to provide information regarding other health care programs for which an enrollee may be eligible to any enrollee terminated from the program.

Pursuant to existing law, and unchanged by the bill, the Commissioner of Human Services is directed to establish an enhanced NJ FamilyCare outreach and enrollment initiative to increase public awareness about the availability of, and benefits to enrolling in, Medicaid, NJ FamilyCare, and the NJ FamilyCare Advantage buy-in program, including culturally sensitive, Statewide and local media public awareness campaigns and the provision of training and support services to enable certain entities to assist in enrollment activities.

Under the bill, the initiative is also to be coordinated with any outreach efforts related to: 1) the ongoing enrollment initiative coordinated in consultation with the Commissioner of Education established under current law; or 2) enrollment in the State's health insurance Exchange established pursuant to the federal "Patient Protection and Affordable Care Act," Pub.L.111-148, as amended by the "Health Care and Education Reconciliation Act of 2010," Pub.L.111-152. The initiative is to additionally include the provision of training to Exchange enrollment assistors, local officials, and any other pertinent staff, as determined by the commissioner, on the

eligibility requirements of NJ FamilyCare and how to enroll children in the program.

The bill requires the Department of Banking and Insurance, in consultation with the Commissioner of Human Services, to take steps to ensure the full incorporation of the Medicaid, NJ FamilyCare and NJ FamilyCare Advantage Programs on the State's health insurance Exchange and the individual health coverage marketplace. In order to ensure that Medicaid and NJ FamilyCare eligibility is properly evaluated, plan comparison and cost tools will be required to solicit current expected monthly income in lieu of, or in addition to, annual income.

In addition to the enhanced NJ FamilyCare outreach and enrollment initiative, existing law requires the commissioner to establish an Outreach, Enrollment, and Retention Working Group. The goal of the working group, which is not altered by the bill, is to develop a plan to carry out ongoing and sustainable measures to strengthen outreach to low and moderate income families who may be eligible for Medicaid, NJ FamilyCare, or NJ FamilyCare Advantage; to maximize enrollment in these programs; and to ensure retention of enrollees in these programs. The working group last submitted a report in May 2009.

In addition to the seven ex-officio members and six public members of the working group currently required under statute, the bill adds the Commissioner of Children and Families as an ex-officio member and the following four public members: one person who represents the New Jersey Health Care Quality Institute; one person who represents county navigators; and two people who represent the New Jersey for Health Care coalition. The bill directs the working group to organize and hold a meeting no later than 60 days following the date of enactment of the bill.

The bill amends current law to require the commissioner, with input from Outreach, Enrollment, and Retention Working Group, to issue an interim report six months after the effective date of the bill, to issue a full report six months later, and to submit the report annually thereafter. The bill removes a requirement that the reports be submitted to the chairpersons of various legislative standing reference committees, and instead requires the reports to be submitted to the Governor and to the Legislature and published on the Department of Human Services' (DHS) Internet website.

The reports are required to include information on the DHS's actions, and the outcomes of such actions, to make affordable, quality healthcare coverage available to all children in New Jersey, and the extent to which coverage disparities based on income, race, ethnicity, and geography have changed over the reporting period. Existing law also requires the reports to include the number of persons who are enrolled in Medicaid and NJ FamilyCare, the cost of providing coverage for these persons, the status of any Medicaid plan

amendments or waivers necessary for implementation of NJ FamilyCare, the status of implementing the enrollment simplification practices for both NJ FamilyCare and Medicaid, and such other information as the commissioner deems appropriate. The commissioner may also include any recommendations for legislation deemed necessary to further the purposes of NJ FamilyCare.

The bill appropriates \$20 million from the General Fund to the DHS for the purposes of implementing the provisions of the bill.

# ASSEMBLY BUDGET COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 5805**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JUNE 22, 2021

The Assembly Budget Committee reports favorably and with committee amendments Assembly Bill No. 5805.

As amended by this committee, this bill revises certain requirements concerning enrollment in the NJ FamilyCare program, including expanding eligibility and establishing additional outreach requirements.

The bill generally prohibits requiring enrollees in NJ FamilyCare to pay premiums as a condition of participation in the program. Premiums may still be required for enrollees who exceed income limits but elect to buy into NJ FamilyCare.

The bill eliminates a provision of current law that requires certain children who were voluntarily disenrolled from employer-sponsored group insurance coverage to be deemed ineligible for enrollment in NJ FamilyCare for a certain period, and provides that no waiting periods may be imposed against any applicant for the program who is otherwise eligible for enrollment.

Under the bill, the Commissioner of Human Services is directed to provide information regarding other health care programs for which an enrollee may be eligible to any enrollee terminated from the program.

Pursuant to existing law, and unchanged by the bill, the Commissioner of Human Services is directed to establish an enhanced NJ FamilyCare outreach and enrollment initiative to increase public awareness about the availability of, and benefits to enrolling in, Medicaid, NJ FamilyCare, and the NJ FamilyCare Advantage buy-in program, including culturally sensitive, Statewide and local media public awareness campaigns and the provision of training and support services to enable certain entities to assist in enrollment activities.

Under the bill as amended, the initiative is also to be coordinated with any outreach efforts related to: 1) the ongoing enrollment initiative coordinated in consultation with the Commissioner of Education established under current law; or 2) enrollment in the State's health insurance Exchange established pursuant to the federal "Patient Protection and Affordable Care Act," Pub.L.111-148, as amended by the "Health Care and Education Reconciliation Act of 2010," Pub.L.111-152. The initiative is to additionally provide the Commissioner of Banking and Insurance with input for the provision



of training to Exchange enrollment assistors, and as determined by the commissioner, local officials and any other pertinent staff on the eligibility requirements of NJ FamilyCare and how to enroll children in the program.

In addition to the enhanced NJ FamilyCare outreach and enrollment initiative, existing law requires the commissioner to establish an Outreach, Enrollment, and Retention Working Group. In addition to the seven ex-officio members and six public members of the working group currently required under statute, the bill adds the Commissioner of Children and Families as an ex-officio member and the following four public members: one person who represents the New Jersey Health Care Quality Institute; one person who represents county navigators; and two people who represent the New Jersey for Health Care coalition. The bill directs the working group to organize and hold a meeting no later than 60 days following the date of enactment of the bill.

As amended, the bill directs the Legislature to annually appropriate \$20 million from the General Fund to implement its provisions.

#### COMMITTEE AMENDMENTS:

The committee amendments remove an amendatory section of the bill, which would have amended section 11 of P.L.2005, c.156 (C.30:4J-14) and established additional reporting requirements concerning the NJ FamilyCare program.

The committee amendments revise the bill to only allow the NJ FamilyCare outreach and enrollment initiative to provide input to the Commissioner of Banking and Insurance for the provision of training to Exchange enrollment assistors, and, as determined by the commissioner, local officials and any other pertinent staff, rather than directly providing the training.

The committee amendments remove language from the bill that would require the Department of Banking and Insurance to ensure the full incorporation of the Medicaid, NJ FamilyCare, and NJ FamilyCare Advantage Programs on the State's health insurance Exchange and the individual health coverage marketplace.

The committee amendments revise the bill to change a direct supplemental appropriation of \$20 million to direct that an annual appropriation of \$20 million be made to implement the provisions of the bill.

The committee amendments revise the synopsis and title of the bill to reflect these changes.

#### FISCAL IMPACT:

The Office of Legislative Services (OLS) notes that this bill implements the Cover All Kids Initiative that is proposed in the Governor's FY 2022 Budget. The Department of Human Services estimates that the initiative would cost the State \$68.5 million to

implement in FY 2022, with the federal government anticipated to reimburse the State for \$38.5 million of the total. Of note, these amounts include an estimate of \$30.0 million in State costs, of which the federal government would reimburse the State an estimated \$20.0 million, for the elimination of Children's Health Insurance Program (CHIP) premiums. Because these premiums are suspended during the current federal public health emergency, however, the department does not attribute any costs to this provision in FY 2022. As a result, the Governor's FY 2022 Budget only includes \$38.5 million as the cost of the Cover All Kids initiative in FY 2022 with the federal government estimated to reimburse the State \$18.5 million of the total, thereby yielding a net State cost of \$20.0 million.

The OLS determines that the Executive estimate of the FY 2022 impacts falls within the range of plausible outcomes. For subsequent fiscal years, the OLS estimates that this bill would cost between \$58.3 million and \$114.9 million per year, with an increase in federal cost reimbursements under the Medicaid program and the Children's Health Insurance Program of \$33.6 million to \$60.8 million. These amounts exceed the FY 2022 estimates because the fiscal impacts of eliminating Children's Health Insurance Program premiums would become attributable to the bill upon the expiration of the temporary suspension of the premiums under federal law during the current federal public health emergency.

# Governor Murphy Takes Action on Legislation

06/29/2021

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

**A-13/S-4000 (Freiman, Armato, Pintor Marin, Mazzeo, Houghtaling, Coughlin/Sarlo, Sweeney, Addiego)** – Establishes "New Jersey Debt Defeasance and Prevention Fund," appropriates \$3.7 billion.

**S-1255/A-1925 (Singleton, Pou/Wimberly, Reynolds-Jackson, Tucker)** - Requires that certain realty transfer fee revenues be dedicated to the Special Needs Housing Trust Fund.

**S-3949/A-5871 (Sarlo, Cunningham/Pintor Marin, Burzichelli)** – FY 2021 State supplemental appropriation; appropriates \$100.3 million in General Fund monies and \$14.4 million in Property Tax Relief Fund monies.

**A-12/S-3997 (Coughlin, McKeon, Jasey, McKnight, Chiaravalloti/Addiego, Cunningham)** – “New Jersey College Affordability Act”; appropriates \$10 million.

**A-5539/S-3954 (Burzichelli, Benson, Zwicker/Sarlo, Sweeney)** – Provides partial pension and retirement income exclusion for taxpayers with incomes between \$100,000 and \$150,000.

**A-5345/S-3428 (Reynolds-Jackson, Mukherji, Vainieri Huttel/Lagana, Ruiz)** – Expands eligibility under New Jersey earned income tax credit program to allow taxpayers who are at least 18 years of age or older to qualify for modified benefit.

**A-5520/S-3633 (Vainieri Huttel, McKnight, Benson/T. Kean, Diegnan)** – Increases income eligibility limits for PAAD program and Senior Gold Prescription Discount Program by \$10,000.

**S-3798/A-5805 (Vitale, Turner/Lopez, Benson, Johnson)** – Eliminates premiums and waiting periods for certain NJ FamilyCare enrollees and directs DHS to implement additional targeted outreach initiatives to increase enrollment.