[First Reprint]

SENATE, No. 2504

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED FEBRUARY 5, 2024

Sponsored by:
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District 29 (Essex and Hudson)
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SYNOPSIS

Requires Medicaid reimbursement rates for certain primary and mental health care services match reimbursement rates under Medicare.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on March 14, 2024, with amendments.

(Sponsorship Updated As Of: 6/24/2024)

AN ACT concerning Medicaid reimbursement for primary care and mental health services supplementing Title 30 of the Revised Statutes.

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

1. a. As used in this section:

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

"Medicare" means the federal program established pursuant to Pub.L.89-97 (42 U.S.C. s.1395 et seq.) as amended, or its successor plan or plans.

"Mental health services" means procedures or services rendered by a health care provider, in a traditional setting as well in an integrated behavioral health setting or via a collaborative care program, for the treatment of mental illness, emotional disorders, or substance use disorder.

"Midwife" means a midwife licensed by the State Board of Medical Examiners as a certified midwife, a certified nurse midwife, or a certified professional midwife.

"Primary care services" means the same as defined in section 1202 of the federal "Health Care and Education Reconciliation Act of 2010," Pub.L.111-152.

b. Commencing on July 1, [1]**[**2023**]** 2024[1], and annually thereafter, the Medicaid reimbursement rate for primary care and mental health services shall be no less than 100 percent of the payment rate that applies to such services under part B of Medicare.

c. Primary care services as used in subsection b. of this section shall include those services furnished by:

(1) a physician with a primary specialty designation of family medicine, general internal medicine, general pediatric medicine, or obstetrics and gynecology;

(2) a health care professional, including, but not limited to, an advance practice nurse or a physician assistant, who is working in the area of family medicine, general internal medicine, general pediatric medicine, or obstetrics and gynecology; or

(3) a midwife.

d. Mental health services as used in subsection b. of this section shall include those services furnished by a provider listed in paragraphs (1), (2), or (3) of subsection c. of this section or a health care provider with one of the following specialty designations: licensed clinical social worker, psychologist, licensed professional counselor, licensed marriage and family therapist, licensed clinical

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:
[1]Senate SHH committee amendments adopted March 14, 2024.

alcohol and drug counselor, or psychiatrist.

e. The provisions of this section shall not be construed to require any decrease in the Medicaid reimbursement rate for a primary care or mental health service from the previous fiscal year's reimbursement level for the same service.

f. The provisions of this section shall apply to primary care and mental health services:

(1) reimbursed under the Medicaid fee-for-service delivery system or through the Medicaid managed care delivery system; and

(2) delivered by an approved Medicaid provider.

g. No later than one year after the effective date of this act, the Commissioner of Human Services shall submit a report to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, providing information on the implementation of this section, including data indicating any changes regarding access to primary care and mental health services, as well as the quality of care of these services, for Medicaid beneficiaries following any rate increases required under this section. The report shall also include any recommendations for further enhancements to the Medicaid rates for these services to improve provider access and quality of care for Medicaid beneficiaries in underserved areas of the State.

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

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

4. This act shall take effect immediately.