

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

[Second Reprint]
ASSEMBLY, No. 4613

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 4, 2024

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Assembly Bill No. 4613 (2R).

This bill broadens eligibility for the Primary Care Practitioner Loan Redemption Program established within the Higher Education Student Assistance Authority (HESAA).

The bill specifically:

- renames the program as the Health Care Professional Loan Redemption Program;
- provides for the participation in the program of psychiatrists and other health professionals working in fields designated by the Commissioner of Health for inclusion in the program;
- permits the Commissioner of Health, after consultation with the Commissioner of Labor and Workforce Development and the Director of Consumer Affairs, to designate additional health care fields experiencing critical Statewide labor shortages for inclusion in the program;
- requires HESSA to annually submit a report on the Health Care Professional Loan Redemption Program to the Governor and the Legislature no later than August 1 of each year;
- increases the maximum loan redemption amount under the program from \$120,000 to \$200,000;
- expands the definition of “State designated underserved area” to include municipalities where more than 50 percent of households are at or below 185 percent of the federal poverty line and municipalities with a medically underserved area or population designation reflecting health status and economic indicators as determined by the United States Health Resources and Services Administration;
- requires certain data and data sources to be transmitted and posted, as applicable, by the Commissioner of Health and the HESAA;

- permits a program participant to identify an approved site for designation and approval under the program;
- establishes criteria for a site to be automatically designated as an approved site under the program; and
- establishes eligibility requirements for approved sites and prohibits HESAA from requiring any additional eligibility requirements for approved sites.

The current law that dedicates 25 percent of the funds annually appropriated for the Health Care Professional Loan Redemption Program to the Nursing Faculty Loan Redemption Program is maintained. However, the amended bill specifies that any funds dedicated to the Nursing Faculty Loan Redemption Program that are in excess of the amount necessary to satisfy qualifying applications for the program are to be reallocated to the Health Care Professional Loan Redemption Program.

As amended and reported by the committee, Assembly Bill No. 4613 (2R) is identical to Senate Bill No. 3212, which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amended the bill to:

- increase the maximum loan redemption amount under the program from \$120,000 to \$200,000;
- specify that a municipality with a medically underserved area or population designation reflecting health status and economic indicators as determined by the United States Health Resources and Services Administration is to be included as a State designated underserved area as defined in the bill;
- require the Commissioner of Health to provide the specific data sources used to determine State designated underserved areas and the total percentage of Medicaid enrollees and uninsured persons in each county to the HESAA;
- require the HESAA to post various information on its Internet website concerning the program;
- specify that any applicant whose approved site under the program is a hospital-affiliated practice or clinic that provides comprehensive pediatric care, behavioral health care, preventative care, or primary care services is to be given fifth priority in the event that there are insufficient funds or approved sites to select all of the applicants who meet the eligibility criteria;
- stipulate that sites meeting the criteria specified in the bill are to be automatically deemed an approved site under the program;
- establish a process to permit HESAA to approve a site that is

unable to demonstrate that it serves medically underserved patients at the rate required by the bill;

- remove a \$10 million appropriation from the bill;
- update the title and synopsis of the bill to reflect the changes made by committee amendment; and
- make various technical updates.