

ASSEMBLY, No. 3592

STATE OF NEW JERSEY

222nd LEGISLATURE

Sponsored by:

Assemblyman LOUIS D. GREENWALD

District 6 (Burlington and Camden)

Assemblyman ALEXANDER "AVI" SCHNALL

District 30 (Monmouth and Ocean)

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex and Hudson)

Co-Sponsored by:

Assemblyman Tully, Assemblywomen Murphy, Park, Donlon and Peterpaul

SYNOPSIS

Requires NJ FamilyCare payment for multiple medical encounters per day for enrollee at federally qualified health center.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee with technical review.



(Sponsorship Updated As Of: 10/5/2026)

1 AN ACT concerning federally qualified health centers and
2 supplementing Title 30 of the Revised Statutes.

3

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

6

7 1. a. To the extent not otherwise prohibited by federal statute,
8 the NJ FamilyCare program shall reimburse for multiple medical
9 encounters per day at a federally qualified health center for an
10 enrollee, provided:

11 (1) the referring health care provider documents, in a manner to
12 be determined by the Commissioner of Human Services, the
13 medical necessity of each referral to a specialty provider; and

14 (2) each of the enrollee's medical encounters in a given day is
15 with a different specialty provider.

16 b. Nothing in this act shall be construed to authorize the
17 Commissioner of Human Services to waive or limit any provisions
18 of federal statute or any other State reimbursement methodologies
19 governing NJ FamilyCare reimbursement for services provided by
20 federally qualified health centers.

21 c. As used in this section:

22 "Federally qualified health center" means a community-based
23 health care provider that delivers integrated primary care services in
24 medically underserved areas and meets the criteria established
25 under section 1905(l)(2)(B) of the Social Security Act (42 U.S.C.
26 s.1396d).

27 "NJ FamilyCare" means the program established pursuant to
28 P.L.2005, c.156 (C.30:4J-8 et al.), which includes the Medicaid
29 program and the Children's Health Insurance Program.

30 "Specialty provider" means a licensed physician who:

31 (1) is a diplomate of a specialty board approved by the
32 American Board of Medical Specialties or the Bureau of
33 Osteopathic Specialists of the American Osteopathic Association;

34 (2) is a fellow of the appropriate American specialty college or a
35 member of an osteopathic specialty college;

36 (3) is currently admissible to take the examination administered
37 by a specialty board approved by the American Board of Medical
38 Specialties or the Bureau of Osteopathic Specialists of the
39 American Osteopathic Association, or has evidence of completion
40 of an appropriate qualifying residency approved by the American
41 Medical Association or American Osteopathic Association;

42 (4) holds an active staff appointment with specialty privileges in
43 a hospital which is licensed pursuant to P.L.1971, c.136 (C.26:2H-1
44 et seq.) and which is approved for training in the specialty in which
45 the physician has privileges; or

46 (5) is recognized in the community as a specialist by the
47 physician's peers.

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

6
7 3. The Commissioner of Human Services, pursuant to the
8 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
9 seq.), shall adopt rules and regulations necessary to implement the
10 provisions of this act.

11
12 4. This act shall take effect on the first day of the fourth month
13 next following the date of enactment.