

# ASSEMBLY, No. 1662

## STATE OF NEW JERSEY 218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

**Sponsored by:**

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**SYNOPSIS**

Provides Medicaid coverage for doula care.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



**(Sponsorship Updated As Of: 1/25/2019)**

1 AN ACT concerning Medicaid coverage for doula care and  
2 amending P.L.1968, c.413.

3

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

6

7 1. Section 6 of P.L.1968, c.413 (C.30:4D-6) is amended to read  
8 as follows:

9 6. a. Subject to the requirements of Title XIX of the federal  
10 Social Security Act, the limitations imposed by this act and by the  
11 rules and regulations promulgated pursuant thereto, the department  
12 shall provide medical assistance to qualified applicants, including  
13 authorized services within each of the following classifications:

14 (1) Inpatient hospital services;

15 (2) Outpatient hospital services;

16 (3) Other laboratory and X-ray services;

17 (4) (a) Skilled nursing or intermediate care facility services;

18 (b) Early and periodic screening and diagnosis of individuals  
19 who are eligible under the program and are under age 21, to  
20 ascertain their physical or mental defects and the health care,  
21 treatment, and other measures to correct or ameliorate defects and  
22 chronic conditions discovered thereby, as may be provided in  
23 regulations of the Secretary of the federal Department of Health and  
24 Human Services and approved by the commissioner;

25 (5) Physician's services furnished in the office, the patient's  
26 home, a hospital, a skilled nursing, or intermediate care facility or  
27 elsewhere.

28 As used in this subsection, "laboratory and X-ray services"  
29 includes HIV drug resistance testing, including, but not limited to,  
30 genotype assays that have been cleared or approved by the federal  
31 Food and Drug Administration, laboratory developed genotype  
32 assays, phenotype assays, and other assays using phenotype  
33 prediction with genotype comparison, for persons diagnosed with  
34 HIV infection or AIDS.

35 b. Subject to the limitations imposed by federal law, by this  
36 act, and by the rules and regulations promulgated pursuant thereto,  
37 the medical assistance program may be expanded to include  
38 authorized services within each of the following classifications:

39 (1) Medical care not included in subsection a.(5) above, or any  
40 other type of remedial care recognized under State law, furnished  
41 by licensed practitioners within the scope of their practice, as  
42 defined by State law;

43 (2) Home health care services;

44 (3) Clinic services;

45 (4) Dental services;

**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 (5) Physical therapy and related services;
- 2 (6) Prescribed drugs, dentures, and prosthetic devices; and  
3 eyeglasses prescribed by a physician skilled in diseases of the eye  
4 or by an optometrist, whichever the individual may select;
- 5 (7) Optometric services;
- 6 (8) Podiatric services;
- 7 (9) Chiropractic services;
- 8 (10) Psychological services;
- 9 (11) Inpatient psychiatric hospital services for individuals under  
10 21 years of age, or under age 22 if they are receiving such services  
11 immediately before attaining age 21;
- 12 (12) Other diagnostic, screening, preventive, and rehabilitative  
13 services, and other remedial care;
- 14 (13) Inpatient hospital services, nursing facility services, and  
15 intermediate care facility services for individuals 65 years of age or  
16 over in an institution for mental diseases;
- 17 (14) Intermediate care facility services;
- 18 (15) Transportation services;
- 19 (16) Services in connection with the inpatient or outpatient  
20 treatment or care of drug abuse, when the treatment is prescribed by  
21 a physician and provided in a licensed hospital or in a narcotic and  
22 drug abuse treatment center approved by the Department of Health  
23 pursuant to P.L.1970, c.334 (C.26:2G-21 et seq.) and whose staff  
24 includes a medical director, and limited to those services eligible  
25 for federal financial participation under Title XIX of the federal  
26 Social Security Act;
- 27 (17) Any other medical care and any other type of remedial care  
28 recognized under State law, specified by the Secretary of the federal  
29 Department of Health and Human Services, and approved by the  
30 commissioner;
- 31 (18) Comprehensive maternity care, which may include: the  
32 basic number of prenatal and postpartum visits recommended by the  
33 American College of Obstetrics and Gynecology; additional  
34 prenatal and postpartum visits that are medically necessary;  
35 necessary laboratory, nutritional assessment and counseling, health  
36 education, personal counseling, managed care, outreach, and  
37 follow-up services; treatment of conditions which may complicate  
38 pregnancy; doula care; and physician or certified nurse-midwife  
39 delivery services;
- 40 (19) Comprehensive pediatric care, which may include:  
41 ambulatory, preventive, and primary care health services. The  
42 preventive services shall include, at a minimum, the basic number  
43 of preventive visits recommended by the American Academy of  
44 Pediatrics;
- 45 (20) Services provided by a hospice which is participating in the  
46 Medicare program established pursuant to Title XVIII of the Social  
47 Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). Hospice  
48 services shall be provided subject to approval of the Secretary of

1 the federal Department of Health and Human Services for federal  
2 reimbursement;

3 (21) Mammograms, subject to approval of the Secretary of the  
4 federal Department of Health and Human Services for federal  
5 reimbursement, including one baseline mammogram for women  
6 who are at least 35 but less than 40 years of age; one mammogram  
7 examination every two years or more frequently, if recommended  
8 by a physician, for women who are at least 40 but less than 50 years  
9 of age; and one mammogram examination every year for women  
10 age 50 and over.

11 c. Payments for the foregoing services, goods, and supplies  
12 furnished pursuant to this act shall be made to the extent authorized  
13 by this act, the rules and regulations promulgated pursuant thereto  
14 and, where applicable, subject to the agreement of insurance  
15 provided for under this act. The payments shall constitute payment  
16 in full to the provider on behalf of the recipient. Every provider  
17 making a claim for payment pursuant to this act shall certify in  
18 writing on the claim submitted that no additional amount will be  
19 charged to the recipient, the recipient's family, the recipient's  
20 representative or others on the recipient's behalf for the services,  
21 goods, and supplies furnished pursuant to this act.

22 No provider whose claim for payment pursuant to this act has  
23 been denied because the services, goods, or supplies were  
24 determined to be medically unnecessary shall seek reimbursement  
25 from the recipient, his family, his representative or others on his  
26 behalf for such services, goods, and supplies provided pursuant to  
27 this act; provided, however, a provider may seek reimbursement  
28 from a recipient for services, goods, or supplies not authorized by  
29 this act, if the recipient elected to receive the services, goods or  
30 supplies with the knowledge that they were not authorized.

31 d. Any individual eligible for medical assistance (including  
32 drugs) may obtain such assistance from any person qualified to  
33 perform the service or services required (including an organization  
34 which provides such services, or arranges for their availability on a  
35 prepayment basis), who undertakes to provide the individual such  
36 services.

37 No copayment or other form of cost-sharing shall be imposed on  
38 any individual eligible for medical assistance, except as mandated  
39 by federal law as a condition of federal financial participation.

40 e. Anything in this act to the contrary notwithstanding, no  
41 payments for medical assistance shall be made under this act with  
42 respect to care or services for any individual who:

43 (1) Is an inmate of a public institution (except as a patient in a  
44 medical institution); provided, however, that an individual who is  
45 otherwise eligible may continue to receive services for the month in  
46 which he becomes an inmate, should the commissioner determine to  
47 expand the scope of Medicaid eligibility to include such an

1 individual, subject to the limitations imposed by federal law and  
2 regulations, or

3 (2) Has not attained 65 years of age and who is a patient in an  
4 institution for mental diseases, or

5 (3) Is over 21 years of age and who is receiving inpatient  
6 psychiatric hospital services in a psychiatric facility; provided,  
7 however, that an individual who was receiving such services  
8 immediately prior to attaining age 21 may continue to receive such  
9 services until the individual reaches age 22. Nothing in this  
10 subsection shall prohibit the commissioner from extending medical  
11 assistance to all eligible persons receiving inpatient psychiatric  
12 services; provided that there is federal financial participation  
13 available.

14 f. (1) A third party as defined in section 3 of P.L.1968, c.413  
15 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in  
16 this or another state when determining the person's eligibility for  
17 enrollment or the provision of benefits by that third party.

18 (2) In addition, any provision in a contract of insurance, health  
19 benefits plan, or other health care coverage document, will, trust,  
20 agreement, court order, or other instrument which reduces or  
21 excludes coverage or payment for health care-related goods and  
22 services to or for an individual because of that individual's actual or  
23 potential eligibility for or receipt of Medicaid benefits shall be null  
24 and void, and no payments shall be made under this act as a result  
25 of any such provision.

26 (3) Notwithstanding any provision of law to the contrary, the  
27 provisions of paragraph (2) of this subsection shall not apply to a  
28 trust agreement that is established pursuant to 42 U.S.C.  
29 s.1396p(d)(4)(A) or (C) to supplement and augment assistance  
30 provided by government entities to a person who is disabled as  
31 defined in section 1614(a)(3) of the federal Social Security Act (42  
32 U.S.C. s.1382c (a)(3)).

33 g. The following services shall be provided to eligible  
34 medically needy individuals as follows:

35 (1) Pregnant women shall be provided prenatal care and delivery  
36 services and postpartum care, including the services cited in  
37 subsection a.(1), (3), and (5) of this section and subsection b.(1)-  
38 (10), (12), (15), and (17) of this section, and nursing facility  
39 services cited in subsection b.(13) of this section.

40 (2) Dependent children shall be provided with services cited in  
41 subsection a.(3) and (5) of this section and subsection b.(1), (2), (3),  
42 (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and  
43 nursing facility services cited in subsection b.(13) of this section.

44 (3) Individuals who are 65 years of age or older shall be  
45 provided with services cited in subsection a.(3) and (5) of this  
46 section and subsection b.(1)-(5), (6) excluding prescribed drugs, (7),  
47 (8), (10), (12), (15), and (17) of this section, and nursing facility  
48 services cited in subsection b.(13) of this section.

1 (4) Individuals who are blind or disabled shall be provided with  
2 services cited in subsection a.(3) and (5) of this section and  
3 subsection b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10),  
4 (12), (15), and (17) of this section, and nursing facility services  
5 cited in subsection b.(13) of this section.

6 (5) (a) Inpatient hospital services, subsection a.(1) of this  
7 section, shall only be provided to eligible medically needy  
8 individuals, other than pregnant women, if the federal Department  
9 of Health and Human Services discontinues the State's waiver to  
10 establish inpatient hospital reimbursement rates for the Medicare  
11 and Medicaid programs under the authority of section 601(c)(3) of  
12 the Social Security Act Amendments of 1983, Pub.L.98-21 (42  
13 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be  
14 extended to other eligible medically needy individuals if the federal  
15 Department of Health and Human Services directs that these  
16 services be included.

17 (b) Outpatient hospital services, subsection a.(2) of this section,  
18 shall only be provided to eligible medically needy individuals if the  
19 federal Department of Health and Human Services discontinues the  
20 State's waiver to establish outpatient hospital reimbursement rates  
21 for the Medicare and Medicaid programs under the authority of  
22 section 601(c)(3) of the Social Security Amendments of 1983,  
23 Pub.L.98-21 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital  
24 services may be extended to all or to certain medically needy  
25 individuals if the federal Department of Health and Human Services  
26 directs that these services be included. However, the use of  
27 outpatient hospital services shall be limited to clinic services and to  
28 emergency room services for injuries and significant acute medical  
29 conditions.

30 (c) The division shall monitor the use of inpatient and outpatient  
31 hospital services by medically needy persons.

32 h. In the case of a qualified disabled and working individual  
33 pursuant to section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d), the  
34 only medical assistance provided under this act shall be the  
35 payment of premiums for Medicare part A under 42 U.S.C.  
36 ss.1395i-2 and 1395r.

37 i. In the case of a specified low-income Medicare beneficiary  
38 pursuant to 42 U.S.C. s.1396a(a)10(E)iii, the only medical  
39 assistance provided under this act shall be the payment of premiums  
40 for Medicare part B under 42 U.S.C. s.1395r as provided for in 42  
41 U.S.C. s.1396d(p)(3)(A)(ii).

42 j. In the case of a qualified individual pursuant to 42 U.S.C.  
43 s.1396a(aa), the only medical assistance provided under this act  
44 shall be payment for authorized services provided during the period  
45 in which the individual requires treatment for breast or cervical  
46 cancer, in accordance with criteria established by the commissioner.  
47 (cf: P.L.2012, c.17, s.359)

