

[First Reprint]

ASSEMBLY, No. 4688

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED SEPTEMBER 21, 2020

Sponsored by:

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

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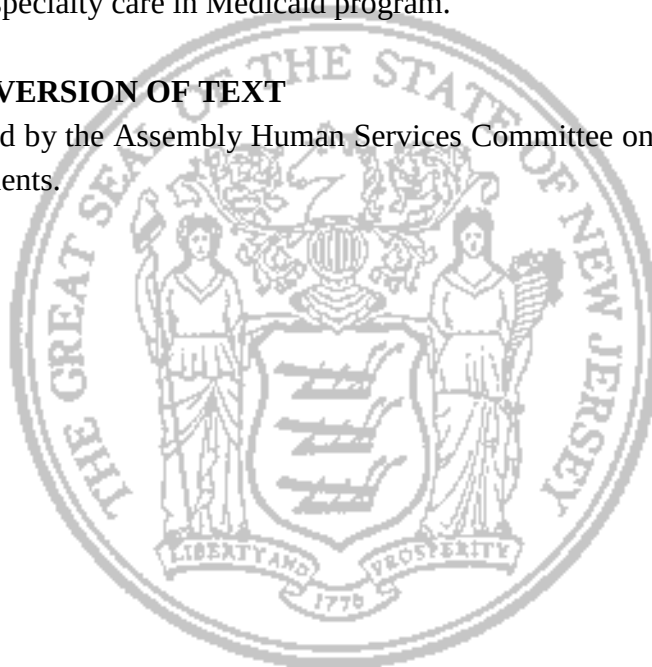
Assemblyman Johnson, Assemblywomen Reynolds-Jackson, Dunn and Lampitt

SYNOPSIS

Codifies and establishes certain network adequacy standards for pediatric primary and specialty care in Medicaid program.

CURRENT VERSION OF TEXT

As reported by the Assembly Human Services Committee on June 14, 2021, with amendments.



(Sponsorship Updated As Of: 6/1/2021)

1 AN ACT concerning network adequacy of pediatric providers in the
2 Medicaid program and supplementing P.L.1997, c.192 (C.26:2S-
3 1 et al.).

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

7
8 1. a. Pursuant to section 19 of P.L.1997, c.192 (C.26:2S-18),
9 the commissioner shall only approve the network adequacy of a
10 managed care plan provided by a managed care organization
11 contracted with the Division of Medical Assistance and Health
12 Services in the Department of Human Services to provide benefits
13 under Medicaid if the plan has:

14 (1) a sufficient number of pediatric primary care physicians
15 (PCPs) to assure that:

16 (a) at least two physicians eligible as PCPs are within five miles
17 or 10 minutes driving time or public transit time, whichever is less,
18 of 90 percent of the managed care plan's pediatric enrollees who
19 live in urban counties;

20 (b) at least two physicians eligible as PCPs are within 10 miles
21 or 15 minutes driving time or public transit time, whichever is less,
22 of 90 percent of the managed care plan's pediatric enrollees who
23 live in non-urban counties; and

24 (c) 100 percent of all pediatric enrollees live no more than 30
25 minutes from at least one physician eligible as a PCP;

26 (2) a sufficient number of pediatric medical specialists to assure:

27 (a) access within 15 miles or 30 minutes driving time or public
28 transit time, whichever is less, of 90 percent of the managed care
29 plan's pediatric enrollees who live in urban counties; and

30 (b) access within 40 miles or 60 minutes driving time or public
31 transit time, whichever is less, of 90 percent of the managed care
32 plan's pediatric enrollees who live in non-urban counties;

33 (3) a sufficient number of pediatric oncologists and
34 developmental and behavioral pediatricians to assure:

35 (a) access within 10 miles or 20 minutes driving time or public
36 transit time, whichever is less, of 90 percent of the managed care
37 plan's pediatric enrollees who live in urban counties; and

38 (b) access within 30 miles or 45 minutes driving time or public
39 transit time, whichever is less, of 90 percent of the managed care
40 plan's pediatric enrollees who live in non-urban counties; and

41 (4) the following types of pediatric medical specialties
42 represented within the plan's network: adolescent medicine; allergy
43 and immunology; cardiology; developmental and behavioral
44 pediatrics; ¹psychiatry,¹ emergency medicine; endocrinology and
45 diabetes; gastroenterology and nutrition; general pediatrics; general

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:

¹Assembly AHU committee amendments adopted June 14, 2021.

1 pediatrics – dermatology; hematology; human genetics and
2 metabolism; infectious disease; neonatology; nephrology;
3 neurology; oncology; ophthalmology; ¹**[orthopaedics]**
4 orthopedics¹; otolaryngology; plastic surgery; pulmonary medicine,
5 including sleep medicine; radiology; rehabilitative medicine; and
6 rheumatology.

7 b. A managed care organization that violates any provision of
8 this act shall be liable for penalties described under section 16 of
9 ¹**[P.L.2018, c. 32] P.L.1997, c.192¹ (C.26:2S-16).**

10 c. For the purposes of this section:

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

13 "Network adequacy" means the adequacy ¹of¹ the provider
14 network with respect to the scope and type of health care benefits
15 provided by the managed care plan, the geographic service area
16 covered by the provider network, and access to medical specialists
17 pursuant to the standards in the regulations promulgated pursuant to
18 section 19 of P.L.1997, c.192 (C.26:2S-18) and in the existing
19 contract between a managed care organization and the Division of
20 Medical Assistance and Health Services in the Department of
21 Human Services.

22 "Non-urban county" shall mean: ¹**[Hunterdon, Morris, Somerset,**
23 **Sussex, Warren,]**¹ Atlantic, Cape May, Cumberland, Gloucester,
24 ¹**[and]** Hunterdon, Morris,¹ Salem ¹, Somerset, Sussex, and
25 Warren¹ counties.

26 "Urban county" shall mean: Bergen, ¹**[Hudson, and Passaic,**
27 **Essex, Union, Middlesex, Mercer,]**¹ Burlington, Camden,
28 ¹**[Monmouth and Ocean]** Essex, Hudson, Mercer, Middlesex,
29 Monmouth, Ocean, Passaic, and Union¹ counties¹.¹
30

31 2. The Commissioner of Banking and Insurance, in conjunction
32 with the Commissioner of Human Services, shall adopt rules and
33 regulations pursuant to the "Administrative Procedure Act,"
34 P.L.1968, c.410 (C.52:14B-1 et seq.) ¹,¹ to effectuate the purposes
35 of this act.
36

37 3. This act shall take effect on the first day of the third month
38 following enactment, except that the Commissioner of Banking and
39 Insurance, in conjunction with the Commissioner of Human
40 Services, may take such anticipatory administrative action in
41 advance thereof as shall be necessary for the implementation of this
42 act.