

**HCANJ BUSINESS MEETING
LEGISLATIVE AND REGULATORY UPDATE
July 10, 2024**

1. Rule Adoptions

- None to Report

2. Rule Proposals

- None to Report

3. Health Care Administration Board

- None to Report

4. Legislation Enacted into Law

Bill: A4700 (LIV)
Sponsors: Pintor Marin (D29); Wimberly (D35); Sarlo (D36); Greenstein (D14)
Summary: Appropriates \$56,635,803,000 in State funds and \$27,501,993,844 in federal funds for the State budget for fiscal year 2025.
Related: 2024:S2025
History: 06/26/2024—Introduced and referred to Assembly Budget Committee. Reported out of committee, 2nd reading in Assembly.
 06/28/2024—Passed Assembly 55-22-0. Received in Senate w/o committee reference. Substituted for S-2025. Passed Senate and sent to Governor 27-13.
Signed by the Governor w/line-item veto P.L.2024, c.22.
Position: Monitor

5. Legislation on Governor's Desk

Bill: A3861 AcaAca (2R)
Sponsors: Reynolds-Jackson (D15); DeAngelo (D14); Verrelli (D15); Conaway (D7); Turner (D15); Ruiz (D29) +23
Summary: "Louisa Carman Medical Debt Relief Act."
Related: 2024:S2806
History: 02/27/2024—Introduced to Assembly Financial Institutions & Insurance Committee.
 05/20/2024—Not Rep/Aca Afi.
 06/13/2024—Reported with committee amendments, 2nd reading in Assembly.
06/28/2024—Passed Assembly 60-2-12. Received in Senate w/o committee reference. Substituted for S-2806. Passed Senate and sent to Governor 25-15.
Position: Oppose
Notes: Prohibits a consumer reporting agency from creating a consumer report containing a patient's paid medical debt or a medical debt worth less than \$500. However, bill also prohibits a medical creditor or medical debt collector from reporting a patient's medical debt to any consumer reporting agency, no debt limit specified. The bill also provides certain protections to patients with medical debt from collection actions by medical creditors and medical debt collectors.

Bill: S2188 ScsSca (SCS/1R)
Sponsors: Ruiz (D29); Greenstein (D14); Speight (D29); Karabinchak (D18); Verrelli (D15) +5
Summary: Requires DEP, DOH, owners or operators of certain public community water systems, and owners or operators of certain buildings or facilities to take certain actions to prevent and control cases of Legionnaires' disease.
Related: 2024:A1970; 2022:A2836; 2022:S1006; 2020:A1075; 2020:S695; 2018:A5636; 2018:S3965
History: 01/09/2024—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.
 05/09/2024—Reported with committee substitute. Referred to Senate Budget and Appropriations Committee.
 06/24/2024—Reported with committee amendments, 2nd reading in Senate.
06/28/2024—Passed Senate 27-12. Received in Assembly w/o committee reference. Substituted for A-1970. Passed Assembly 64-7-2. Sent to Governor.
Position: Monitor

Bill: S2311 Sca (1R)
Sponsors: Singleton (D7); Singer (R30); DiMaio (R23); Matsikoudis (R21) +4
Summary: **Requires criminal history background check for individuals seeking licensure issued by boards regulating certain health care professions.**
Related: 2024:A1128; 2022:A5864
History: 01/25/2024—Introduced and referred to Senate Commerce Committee.
06/10/2024—Reported out of committee, 2nd reading in Senate.
06/26/2024—Recommitted to Senate Budget and Appropriations Committee.
Reported out of committee with committee amendments, 2nd reading in Senate.
06/28/2024—Passed Senate 40-0. Received in Assembly. Substituted for A-1128. Passed in Assembly and sent to Governor 73-0-0.
Position: Monitor
Comments: Extends criminal background check to dietitians and fingerprinting for continued licensure – like LNHAs, CALAs, etc.

6. Legislative Activity

Bill: A2369 Aca (1R)
Sponsors: Spearman (D5); Quijano (D20); Reynolds-Jackson (D15) +16
Summary: **"New Jersey Works Act"; concerns businesses and pre-employment training programs; provides tax credit to businesses supporting pre-employment training programs; appropriates \$1 million.**
Related: 2024:S2306; 2022:A583; 2022:S1485; 2020:A1534; 2020:S1573; 2018:A5421
History: 01/09/2024—Introduced and referred to Assembly Labor Committee.
03/11/2024—Reported out of committee, referred to Assembly Appropriations.
06/24/2024—Reported with committee amendments, 2nd reading in Assembly.
Position: Support

Bill: A3857 Aca (1R)
Sponsors: Morales (D34); Reynolds-Jackson (D15); Sampson (D31) +2
Summary: **Allows social worker to acquire four hours of continuing education credit for volunteering as poll worker.**
Related: 2024:S2985
History: 02/27/2024—Introduced to Assembly Regulated Professions Committee.
06/03/2024—Reported with committee amendments, referred to Assembly State and Local Government Committee.
Position: Monitor

- Bill:** A3860 AcaAca (2R)
- Sponsors:** Reynolds-Jackson (D15); DeAngelo (D14); Verrelli (D15) +6
- Summary:** **Establishes certain medical billing requirements concerning specific nature of charges or expenses for health care services.**
- Related:** 2024:S2795
- History:** 02/27/2024—Introduced and referred to Assembly Financial Institutions and Insurance Committee.
05/20/2024—Not Rep/Aca Afi.
06/13/2024—Reported out of committee with committee amendments, 2nd reading in Assembly.
06/26/2024—Recommitted to Assembly Budget Committee. Reported out of committee, 2nd reading in Assembly.
06/28/2024—Passed in Assembly 62-7-7.
- Position:** Oppose
- Notes:** The bill requires a health care provider to provide to the patient or to the patient's survivor or legal guardian a statement or bill detailing the specific nature of the charges or expenses for the health care services the patient received from the provider, if the patient owes all or a portion of the amount due for the received health care service. If the patient owes all or a portion of the amount due for the health care service, then the health care provider must provide the statement or bill within 30 days after a claim for the health care service is adjudicated by a carrier. If a statement or bill is sent to the patient, the statement or bill provided must contain conspicuous language stating that a plain language statement or bill is available upon written request, which will be provided to the patient within 10 days after the written request is received. The description of billed charges in the plain language statement or bill will detail, with certain exceptions, the specific nature of the charges or expenses for the health care services the patient received from the provider, among other requirements.
- Bill:** A3908
- Sponsors:** DePhillips (R40); Barlas (R40); Speight (D29) +6
- Summary:** **Increases personal needs allowance to \$140 for low-income persons residing in certain facilities.**
- Related:** 2024:S3319
- History:** 02/27/2024—Introduced and referred to Assembly Aging and Human Services Committee.
06/24/2024—Reported out of committee, 2nd reading in Assembly.
- Position:** Support
- Bill:** A4089 Aca (1R)
- Sponsors:** Speight (D29); Wimberly (D35); Hall (D28) +2
- Summary:** **The "Certified Medication Aide in Nursing Homes Staffing Support Act;" authorizes certified medication aides to administer medications to nursing home residents.**
- History:** 03/18/2024—Introduced to Assembly Aging and Human Services Committee.
06/24/2024—Reported with committee amendments, 2nd reading in Assembly.
- Position:** Support

- Bill:** A4134 Aca (1R)
Sponsors: Speight (D29); Sumter (D35); Atkins (D20) +2
Summary: Requires homemaker-home health aide and nursing assistant certification examinations to be translated into multiple languages.
Related: 2024:S3133
History: 04/04/2024—Introduced to Assembly Regulated Professions Committee.
06/03/2024—Reported out of committee with committee amendments, referred to Assembly Appropriations Committee.
Position: Support
- Bill:** A4150 Aca (1R)
Sponsors: Speight (D29); Stanley (D18); Sumter (D35) +3
Summary: Permits certified nurse aides to be employed as personal care assistants.
History: 04/04/2024—Introduced to Assembly Regulated Professions Committee.
06/03/2024—Reported with committee amendments, 2nd reading in Assembly.
06/28/2024—Passed in Assembly 75-1-0.
Position: Oppose
- Bill:** A4151 Aca (1R)
Sponsors: Danielsen (D17); Quijano (D20); McCoy (D14) +4
Summary: Requires transparency concerning compensation with promotional opportunities and in employment listings.
Related: 2024:A4683; 2024:S2310; 2022:A3937; 2022:S3663
History: 04/04/2024—Introduced and referred to Assembly Labor Committee.
06/06/2024—Reported out of committee with committee amendments, referred to Assembly Commerce, Economic Development and Agriculture Committee.
06/24/2024—Transferred to Assembly Regulated Professions Committee. Reported out of committee, 2nd reading in Assembly.
Position: Oppose
- Bill:** S2310 Sca (1R)
Sponsors: Moriarty (D4); Turner (D15)
Summary: Requires transparency concerning compensation with promotional opportunities and in employment listings.
Related: 2024:A4151; 2024:A4683; 2022:A3937; 2022:S3663
History: 01/25/2024—Introduced and referred to Senate Labor Committee.
05/06/2024—Reported with committee amendments. Referred to Senate Budget and Appropriations Committee.
06/24/2024—Reported out of committee, 2nd reading in Senate.
06/28/2024—Passed in Senate 40-0.
Position: Oppose

- Bill:** S2472
Sponsors: Lagana (D38) +1
Summary: Establishes minimum Medicaid and NJ FamilyCare reimbursement rate for pediatric special care nursing facilities.
Related: 2024:A2940; 2022:A5617; 2022:S4033
History: 02/05/2024—Introduced to Senate Health, Human Services & Senior Citizens Comm.
06/20/2024—Reported out of committee, 2nd reading in Senate. Referred to Senate Budget and Appropriations Committee.
Position: Monitor
- Bill:** S2493
Sponsors: Sarlo (D36); O'Scanlon (R13) +2
Summary: Establishes minimum base NJ FamilyCare per diem reimbursement rate of \$1,100 for special care nursing facility with neurologically impaired young adult unit.
Related: 2024:A2075; 2022:A5832; 2022:S4193
History: 02/05/2024—Introduced to Senate Budget and Appropriations Committee.
06/26/2024—Reported out of committee, 2nd reading in Senate.
06/28/2024—Passed in Senate 40-0. Received in Assembly and referred to Assembly Appropriations Committee.
Position: Support
- Bill:** S2920 Sca (1R)
Sponsors: Bramnick (R21)
Summary: Requires parity in Medicaid reimbursement rates for certain routine inpatient hospice room and board services.
History: 03/07/2024—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.
06/06/2024—Reported out of committee with committee amendments, 2nd reading in Senate. Referred to Senate Budget and Appropriations Committee.
Position: Support
- Bill:** S3100 Scs (SCS)
Sponsors: Greenstein (D14); Mukherji (D32)
Summary: Requires businesses in financial essential infrastructure, and health care industries to develop cybersecurity plans and report cybersecurity incidents.
Related: 2024:A2200; 2022:A1981; 2020:A6102; 2020:S4035
History: 04/15/2024—Introduced and referred to Senate Law and Public Safety Committee.
06/13/2024—Reported out of committee with committee substitute, 2nd reading in Senate. Referred to Senate Budget and Appropriations Committee.
Position: Oppose

7. Legislation Scheduled

- None to report.

8. Legislation Introduced

Bill: A4483
Sponsors: Bagolie (D27); Hall (D28); Atkins (D20) +21
Summary: "Cancer Patient Care and Compassion Act."
Related: 2024:S3422
History: 06/06/2024—Introduced to Assembly Financial Institutions & Insurance Committee.
Position: Monitor
Notes: Contains some debt collection restrictions.

Bill: A4574
Sponsors: Atkins (D20); McCann Stamato (D31)
Summary: Expands oversight and regulation of long-term care facilities; makes appropriation.
History: 06/13/2024—Introduced to Assembly Aging and Human Services Committee.
Position: Review
Notes: Establishes multiple "Mission Critical Long-Term Care Team." Applies only to nursing homes.

Bill: A4576
Sponsors: Miller (D4)
Summary: Requires DOH to revise emergency response plan for pandemic influenzas.
History: 06/13/2024—Introduced and referred to Assembly Health Committee.
Position: Review

Bill: A4578
Sponsors: Schnall (D30)
Summary: Requires DOH to prepare comprehensive plan to invest in State's public health system.
History: 06/13/2024—Introduced and referred to Assembly Health Committee.
Position: Monitor

Bill: A4580
Sponsors: Rodriguez (D33); Sampson (D31); Hall (D28)
Summary: Enhances access to public health emergency supplies and services.
History: 06/13/2024—Introduced and referred to Assembly Health Committee.
Position: Review

Bill: A4582

Sponsors: Conaway (D7); Hall (D28)

Summary: Requires DOH to make various changes to provision of long-term care.

History: 06/13/2024—Introduced to Assembly Aging and Human Services Committee.

Position: OPPOSE?

Notes: Requires Commissioner of Health to: 1) develop a demonstration project to incentivize the creation of dementia care villages that consist of small home models of care; 2) encourage new construction and major renovations of nursing homes with focus on private rooms and baths, clustering, neighborhood unit configuration, and increased outdoor recreation space and access to natural sunlight; 3) aim to eliminate higher occupancy bedrooms in nursing homes that consist of three or more persons per bedroom; 4) promulgate regulations to prevent the construction of new large, hospital-style nursing homes; 5) facilitate a planned and orderly downsizing of nursing homes, through a grant program from available funds to fund certain downsizing expenses for voluntary bed reductions to promote single rooms or repurposing; 6) update State nursing home regulations to meet or exceed federal regulations, with particular focus on the regulations that concern the rights of residents; 7) curtail admissions in appropriate circumstances if a nursing home consistently fails to meet minimum staffing ratios; 8) review results of federal research on nursing home staffing standards and determine whether further refinement or modification of New Jersey’s existing minimum staffing standards is necessary; 9) in conjunction with the Department of Human Services, include detailed and verifiable ownership information about any person or group that owns any part of a nursing home in State cost reports; 10) require annual independently audited financial statements for individual nursing homes that report nursing home spending on related party transactions; 11) reform the State’s quality incentive payment program for nursing homes in order to incorporate meaningful and actionable performance metrics such as 24 hour per day registered nurse coverage, nursing turnover rate, weekend staffing, and presence of single rooms for residents; 12) establish standards for improving airflow systems in nursing homes; 13) adopt more rigorous certification standards for infection preventionists working in nursing homes than what is required by the federal government; 14) work with the federal government to streamline and align federal policy guidance regarding infection control and prevention to the maximum extent appropriate; 15) develop a Statewide essential caregiver policy, which is consistent with applicable federal and State laws, regulations, and guidance, that permits residents to designate essential caregivers who may visit with them during an outbreak, epidemic, or pandemic of an infectious disease; 16) provide incentives for nursing homes that vaccinate at least 90 percent of the residents; and 17) prioritize enforcement of the federal requirement that nursing homes have an active resident council, and develop a plan to expand the number of family councils present in nursing homes.

Bill: A4583
Sponsors: Tully (D38); Atkins (D20)
Summary: Requires DHS to review, and implement certain improvements to, Medicaid Managed Long-Term Services and Supports Program and to establish public-facing report card of managed care organization's coordination of program.
History: 06/13/2024—Introduced to Assembly Aging and Human Services Committee.
Position: Review
Notes: This bill requires the Division of Medical Assistance and Health Services (division) in the Department of Human Services (department) to identify and implement certain improvements to the Medicaid Managed Long-Term Services and Supports (MLTSS) Program. The bill also requires the division to establish a public-facing report card for each of the managed care organizations (MCOs) that administer and coordinate the program under the Medicaid program. The MLTSS program uses MCOs to coordinate all long-term services and supports under Medicaid - whether at home, in an assisted living facility, in community residential services, or in a nursing home.

Under the bill, the division is directed to conduct a review of the MLTSS Program. The review, at a minimum, is to include: 1) a survey and evaluation of the existing quality oversight measures in place used to assess the performance of MCOs; 2) an assessment of the State's barriers to transitioning Medicaid members enrolled in the MLTSS Program from nursing home to community settings; and 3) a nationwide study of MLTSS Program payment models that have high rates of success in transitioning members from nursing home to community settings.

Following the completion of this review, the division is required to identify and implement improvements to the MLTSS Program based upon the division's findings. The improvements are also to include requiring managed care organizations to: 1) reduce care management caseloads for nursing home residents; 2) more frequently visit nursing home residents on a face-to-face basis; 3) annually review the preferences and clinical needs of members residing in nursing homes and to transition any member, as appropriate, to a community setting; and 4) establish a process for complex transitions from nursing home to community care.

The bill also directs the division to establish, and update annually, a public-facing report card on the department's website for each MCO's administration and coordination of the MLTSS Program.

The bill provides that the report card is to include the following information for each MCO: 1) the number of members enrolled in the MLTSS Program; 2) monthly disenrollment data within the MLTSS Program; 3) data on performance, quality, and compliance; 4) available member feedback and reviews; and 4) any additional information deemed appropriate by the Commissioner of Human Services.

Bill: A4584
Sponsors: Peterpaul (D11); Hall (D28)
Summary: Establishes long-term services and supports workforce engagement and sustainability program in DOH.
History: 06/13/2024—Introduced to Assembly Aging and Human Services Committee.
Position: Support
Notes: This bill establishes a long-term services and supports (LTSS) workforce engagement and sustainability program in the Department of Health. The purpose of the program will be to employ various strategies to support, and increase the supply of, LTSS direct care workers in this State in both institutional and community-based settings.

The program will, at a minimum, require the Department of Health to: (1) in collaboration with the Department of Human Services, conduct a periodic review of the impact of the State's Medicaid payment policies on LTSS direct care workers' total compensation, including paid time off; (2) identify any available federal COVID-19 funds that can be used to provide bonuses to individuals who worked in LTSS settings during the COVID-19 pandemic; (3) to the extent possible, develop a single curriculum and training program for LTSS direct care workers in both institutional and community-based system; (4) develop incentives for LTSS providers to establish advanced roles to facilitate career advancement for LTSS direct care workers; (5) adopt regulations to permit certified medication aides to work in nursing homes; (6) provide free or reduced tuition, award scholarships, or loan forgiveness to individuals interested in working in LTSS; (7) develop an online, hybrid approach to credentialing or certification for direct care workers; (8) develop additional testing sites for certified nurse aides and certified homemaker home-health aides; (9) identify opportunities to streamline the out-of-state reciprocity process for LTSS direct care workers and assess the feasibility of adopting interstate compacts to encourage LTSS direct care workers from other States to work in New Jersey; (10) conduct a public awareness campaign to inform the public about the positive and rewarding aspects of working in an LTSS setting; (11) in collaboration with the Department of Education, seek to establish credit programs for high school students interested in working in LTSS; (12) in collaboration with the Department of Education, encourage institutions of higher education in this State that provide medical education to require students to complete a clinical rotation through a LTSS setting and to include geriatric and palliative medicine into any applicable curriculum; and (13) develop incentives for nurses to become nurse instructors and assess whether the educational requirements for nurse instructors should be modified to fulfill the State's need for nurse instructors and nurses.

The bill requires the Commissioner of Health, no later than one year after the effective date of this bill and annually thereafter, to prepare and submit to the Governor and the Legislature a report on the implementation of the program, which report will include any recommendations for administrative or legislative action that the commissioner deems necessary to implement the provisions of this bill and to support, and increase the supply of, LTSS direct care workers in this State.

Bill: A4585

Sponsors: Speight (D29); Reynolds-Jackson (D15); Atkins (D20) +2

Summary: **Requires DHS to increase home and community-based services under Medicaid.**

History: 06/13/2024—Introduced to Assembly Aging and Human Services Committee.

Position: Oppose

Notes: Under the bill, the Commissioner of Human Services is required to: 1) by 2027, aim to place 80 percent Medicaid participants, who are eligible to receive nursing home care, in home and community-based services, with 60 percent of the Medicaid funding for long-term services and supports allocated to home and community-based services; 2) by 2029, aim to allocate 70 percent of the Medicaid funding for long-term services and supports to home and community-based services; 3) establish a five-year strategic plan to rapidly expand home and community-based services by investing monies from available funds in a manner that decreases the number of individuals who are institutionalized in State developmental centers; 4) take measures to reduce institutional bias in State policy, including Medicaid eligibility changes, more timely authorizations for home and community-based services, and Medicaid coverage changes designed to promote home and community-based services; 5) develop an equitable plan across health care provider types with stakeholder input prior to expiration of enhanced federal funding contained in the federal American Rescue Plan Act of 2021; 6) manage Medicaid payment methods for home and community-based services in a manner that ensures a living wage for caregivers, and periodically review the adequacy of rates in a transparent, verifiable manner, with predictable adjustments in wages to account for inflation; and 7) in collaboration with the Department of Community Affairs, increase affordable supportive housing through various policies, including better coordination of programs at the State level, and promoting the integration of acute, primary, and long-term care through the expansion of integrated care models, such as the Program of All-Inclusive Care for the Elderly.

Bill: A4594
Sponsors: Danielsen (D17); Speight (D29)
Summary: Requires DOH to evaluate technology uses in long-term care settings, implements certain technological requirements within long-term care settings, and clarifies existing telehealth reimbursement parity includes long-term care settings.
History: 06/17/2024—Introduced to Assembly Aging and Human Services Committee.
Position: Review
Notes: This bill implements a variety of provisions regarding technology in long-term care settings.

The bill requires the Department of Health (DOH) to evaluate, review, and provide recommendations for the use of technology in long-term care. The goal of this review is to identify existing uses, and potential new and expanded uses, of technology within long-term care settings.

Following the review, the department will encourage and support providers in implementing the department's recommendations regarding the uses of technology via the distribution of available federal and State funds, the establishment of grant or low interest loan programs, the implementation of performance incentives, or the provision of other aid deemed appropriate and necessary.

The bill expands an existing law requiring long-term care facilities to implement an electronic medical records requirement, and that provides need-based grants via the DOH to implement this requirement, to also include home and community-based service providers. The bill also requires the DOH to provide grants to long-term care providers to support the exchange of user-friendly clinical information via an electronic health record system with State hospitals.

Commencing six months following the effective date of the bill, the DOH is to require each long-term care facility in the State, as a condition of licensure, to provide internet, television, and telephone services within each residential room. To the extent possible, the long-term care facility will also provide residents with the necessary equipment to utilize these services. The department will distribute federal and State funds to facilities in compliance with this provision, and to determine compliance with the provision during facility inspections. In addition to any other applicable penalties provided by law, a long-term care facility that fails to comply with these provisions is liable to pay an administrative penalty and may be subject to adverse licensure action.

Finally, this bill amends section 11 of P.L.2021, c.310 to clarify that the provisions of that law requiring a health benefits plan to provide coverage and payment parity for health care services delivered to a covered person from December 31, 2023 to December 31, 2024 through telemedicine or telehealth at a provider reimbursement rate that equals the in-person provider reimbursement rate, includes those health care services provided in a long-term care setting.

Bill: A4595
Sponsors: Bailey (D3); Reynolds-Jackson (D15)
Summary: Requires Executive Branch departments, agencies, and instrumentalities to identify and assess COVID-19 measures and their viability for future potential emergency scenarios.
History: 06/17/2024—Introduced and referred to Assembly Health Committee.
Position: Monitor
Notes: This bill requires each Executive Branch department, agency, and instrumentality to establish an inventory of regulations, policies, guidelines, waivers, plans, programs, directives, and any other actions developed in response to the COVID-19 pandemic and the subsequent executive orders declaring a state of emergency and public health emergency and assess the effectiveness of such measures, their applicability to potential future emergency scenarios, and promulgate rules and regulations, or take any other actions as shall be necessary, to implement such measures in a manner which effectuates a rapid and effective response to potential future emergency scenarios.

Bill: A4596
Sponsors: Hutchison (D4); Collazos-Gill (D27); Reynolds-Jackson (D15) +1
Summary: Requires DOH to establish partnerships with certain entities to improve emergency response to public health crisis.
History: 06/17/2024—Introduced and referred to Assembly Health Committee.
Position: Monitor
Notes: This bill requires the Department of Health to establish partnerships with certain entities to improve emergency response to public health crisis.

Under the bill, the Commissioner of Health is to:

- (1) identify goods and services that are critical to the Department of Health's ability to provide a robust emergency response to a public health crisis;
- (2) identify partnerships that are critical to the Department of Health's ability to provide a robust emergency response to a public health crisis;
- (3) establish mechanisms for the creation and maintenance of the partnerships described in the bill;
- (4) identify groups that are most at-risk during a public health crisis;
- (5) establish and maintain institutionalized partnerships with businesses, community groups, governments, health care facilities and professionals, industries, universities, and other stakeholders that will enable the Department of Health to expand and improve its ability to provide a robust emergency response to a public health crisis;
- (6) formulate collaborative public health crisis response plans through the partnerships that were formed pursuant to the bill's provisions;
- (7) participate in joint training and exercises with partners for the execution of collaborative public health crisis response plans;
- (8) regularly engage partners on topics related to the delivery of services and emergency preparedness;
- (9) coordinate with partners during nonemergency government operations; and
- (10) coordinate with other local and State agencies and departments to develop a system to share and track contacts and partnership activity.

Bill: A4612
Sponsors: Speight (D29); Peterpaul (D11) +1
Summary: Increases income and resource threshold limit for certain Medicaid eligibility groups.

History: 06/20/2024—Introduced to Assembly Aging and Human Services Committee.

Position: Review

Notes: This bill increases income and resource threshold limits for certain Medicaid eligibility groups. Specifically, the bill increases the income eligibility for the Aged, Blind, and Disabled (ABD) eligibility group from 100 percent of the federal poverty level to 138 percent of the federal poverty level, which, in 2024, would increase the income threshold from \$15,060 per year to \$20,783 per year for an individual. In doing so, the bill provides for an identical income threshold under Medicaid for the ABD population as is currently used for individuals under 65 years of age without disabilities. The Medicaid ABD pathway provides medical coverage to individuals who are age 65 years or older as well as individuals determined blind or disabled by the federal Social Security Administration or by the State.

The bill also increases the Medically Needy Income Limit, which allows an income ineligible applicant for ABD benefits to deduct certain medical expenses from the applicant's income in order to become eligible for Medicaid. Under the bill, this threshold would also be 138 percent of the federal poverty level. In 2024, the State's Medically Needy Income Limit is \$367 per month for an individual, which would increase to \$1,732 under the bill.

Finally, the bill increases the resource eligibility limit for the ABD eligibility group and the Medically Needy eligibility group, as well as for qualified applicants for the State's Managed Long-Term Services and Supports (MLTSS) Program and Medicare Savings Programs, to \$40,000 for an individual and \$60,000 for a couple. The current resource thresholds for an individual under these eligibility pathways are as follows: \$4,000 for the ABD and Medically Needy; \$2,000 for the MLTSS; and \$9,090 for the Medicare Savings Programs.

Bill: A4621
Sponsors: Quijano (D20)
Summary: Requires employer to disclose information concerning leave eligibility in hiring package.

History: 06/24/2024—Introduced and referred to Assembly Labor Committee.

Position: Review

Bill: A4622
Sponsors: Rumpf (R9); Myhre (R9)
Summary: Increases resource threshold for certain Medicaid eligibility groups.

Related: 2024:S3482

History: 06/24/2024—Introduced and referred to Assembly Aging and Human Services Committee.

Position: Review

Bill: A4625
Sponsors: Danielsen (D17)
Summary: Requires employers to include in job posting whether posting is for existing position and sets additional job posting requirements.

Related: 2024:S3509
History: 06/24/2024—Introduced and referred to Assembly Labor Committee.
Position: Monitor

Bill: S3422
Sponsors: Burgess (D28); Timberlake (D34) +1
Summary: "Cancer Patient Care and Compassion Act."
Related: 2024:A4483
History: 06/10/2024—Introduced to Senate Health, Human Services and Senior Citizens Committee.
Position: Monitor
Notes: Contains some debt collection restrictions.

Bill: S3438
Sponsors: Burgess (D28); Bucco (R25)
Summary: Requires Medicaid coverage for motorized wheelchairs for nursing facility residents under certain circumstances.
Related: 2024:A4690
History: 06/13/2024—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.
Position: Support

Bill: S3442
Sponsors: Beach (D6) +1
Summary: Permits home health care services agencies to employ certified nurse aides as homemaker-home health aides.
History: 06/17/2024—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.
Position: Review

Bill: S3459
Sponsors: Pou (D35)
Summary: Establishes Task Force on Aging in State of New Jersey in DOH.
Related: 2024:A4451
History: 06/17/2024—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.
Position: Monitor
Notes: Get HCANJ representative appointment to task force. Membership includes ombudsman and four public members appointed by the Governor who represent organizations that advocate for the aging community or provide programs or services to senior citizens; and nine public members, including, representatives of various organizations that advocate for older adults, a health care provider specializing in geriatric services, a family caregiver, an individual 65 years of age or older who lives in a long-term care facility, and an individual who is 65 years of age or older living at home.

Bill: S3509

Sponsors: Moriarty (D4)

Summary: Requires employers to include in job posting whether posting is for existing position and sets additional job posting requirements.

Related: 2024:A4625

History: 06/26/2024—Introduced and referred to Senate Labor Committee.

Position: Monitor