



**Testimony of New Jersey Appleseed Public Interest Law Center
with respect to S.3798 (NJ Family Care Amendments) Before the
Senate Committee on Health, Human Services and Senior Citizens**

June 10, 2021

Chairman Vitale, Vice-Chair Madden and members of the Committee:

My name is Renée Steinhagen, Executive Director for New Jersey Appleseed Public Interest Law Center, a nonprofit, nonpartisan legal advocacy center based in Newark that has been active in health care reform since its inception in 1998. We are a founding member of the New Jersey for Healthcare Coalition, which has been working to bring guaranteed, high-quality, affordable health care to all New Jersey residents. As part of the Coalition, we helped pass the Out of Network Consumer Protection and Accountability Act, to protect consumers from surprise medical bills, and the Health Impact Assessment law, which establishes a dedicated trust fund to provide health insurance subsidies to low-income households, and for the past two years, we have been pursuing passage of Cover All Kids legislation, which, as the name implies, seeks to make sure that all children in New Jersey have access to health care.

To that end, we support this legislation, which we see as a necessary first step to ensuring that all children in the State, regardless of income or immigration status, will have access to an affordable public health insurance plan. The proposed bill eliminates the 90-day waiting period for coverage, eliminates premiums for all children below 19 who are currently eligible for NJ Family Care, expands the advisory council and outreach efforts to include several consumer advocacy representatives, re-establishes the NJ Family Care Advantage buy-in program (but with no income minimum for eligibility) and authorizes a hardship waiver to permit some families not to pay part or all of the buy-in premium. All of these amendments are necessary to ensure that the Department of Human Services has the authority to establish and operate the NJ Family Care Advantage program so that all children regardless of immigration status will be eligible to be covered by such plan.

Notwithstanding our support for these changes, we believe that certain additional amendments to the bill as introduced are required to provide some certainty that the NJ Family Care program will not only be re-established, but will be implemented in a timely manner and will be maintained. As you know, the program was legislatively authorized years ago, and has not been up and running now for several years. Accordingly, we recommend the following changes:

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- 1) Require the buy-in program be established “and implemented within 12 months of the effective date of the legislation and be maintained thereafter until legislatively ended.”
- 2) Change the eligibility for the NJ Family Care program from 350 % of the FPL to 355%, which is the current eligibility threshold for CHIP.
- 3) Explicitly authorize the Department of Human Services to define the hardship waiver to include the use of income as a standard for waiving premiums (i.e., all children below a certain FPL are presumed to have a hardship) so that there is some mechanism to ensure all children under 355% of FPL will not pay a premium; and
- 4) Include “confidentiality language” that was in S.876. The proposed language that would not permit the Department to share identifying information with other agencies/entities unless it was required for the administration of the program, was modeled after California's MediCal language and was included to give greater assurance to all immigrant families that their identifying information would be protected. Given the fear that changes in the public charge rule made under the Trump administration have generated in the immigrant community, such language must be included if we seriously want to reach all New Jersey children.

Neither the bill nor our proposed amendments explicitly expand coverage to undocumented children or provide state subsidies to such children. Nevertheless, as currently written together, they would set the foundation for the State to expand coverage to all such children through the buy-in program and through administrative regulation.

However, should this strategy fail to result in a program that accomplishes our shared goal of covering all kids with similar benefits and costs as those currently eligible, we will be forced to revisit this issue only to advocate that the Legislature and Governor adopt a more straightforward solution in November.

Thank you for your consideration.

Respectfully submitted,

/s/Renée Steinhagen
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