S 2 (see companion bill A 2)

Increases the income eligibility threshold and eliminates asset test for Medicare Savings Programs; appropriates funds.

A 5588 (see companion bill S 3962)

Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system.

S 3962 (see companion bill A 5588)

Requires prescription drug services covered under Medicaid program to be provided via fee-for-service delivery system.

A 5626 (see companion bill S

3896)

Imposes certain rate filing requirements concerning certain health benefits plans available on State-based exchange.

S 3896 (see companion bill A 5626)

Imposes certain rate filing requirements concerning certain health benefits plans available on State-based exchange.

A 4538 (see companion bill S 3638)

Expands Medicare health care coverage to all New Jersey residents.

S 3638 (see companion bill A

4538)

Expands Medicare health care coverage to all New Jersey residents.

AB 417

Revises certificate of need program. Under the bill, an emergency medical services provider is to obtain a certificate of need from the Department of Health (DOH) in order to be licensed to operate in this State. The issuance of a certificate of need is to be valid for a period of three calendar years following the date of issuance. Thereafter, an emergency medical services provider will be required to reapply for a certificate of need with the DOH on a triennial basis. An emergency medical services provider licensed by the DOH before the bill's effective date is to apply for a certificate of need to continue operations as a emergency services provider within three calendar years following the bill's effective date.

S 1428

"New Jersey Public Option Health Care Act." The State shall obtain waivers and other approvals relating to Medicaid, NJ FamilyCare, Medicare, the Affordable Care Act, and any other appropriate federal programs, under which federal funds and

other subsidies that are paid to the State of New Jersey are used, as appropriate, to create a public option for New Jerseyans to purchase health insurance. The Department of Health shall create a New Jersey Public Option Health Care Program that includes as many providers as possible and comes at the lowest possible cost for New Jerseyans shopping for health insurance and that provides an efficient, competitive publicly-run alternative to the private insurance market.

SB 3756

Provides for increased competition to reduce State health care costs; provides member representatives access to claims data to increase transparency and accountability; enables SHBP and SEHBP members to choose claim administrators.