2026-2027 Policy Priorities
Making Health Care Work For ALL of Us!

The urgency of addressing health care affordability has never been greater. Devastating federal cuts to Medicaid, Medicare, and Affordable Care Act (ACA) coverage are already having severe consequences for New Jersey residents. As the state adjusts to this new and challenging health care landscape, it will be critical to both sustain existing programs and pursue innovative solutions to rewrite health care and affordability to meet the growing needs of New Jerseyans.

NJ For Health Care Coalition is working to achieve a health care system that works for ALL of us. This requires the following:

- Making health care more affordable
- Lowering health care prices
- Giving patients a choice of coverage options
- Improving access to quality health care that covers all our needs
- Strengthening market accountability
- Preventing and mitigating medical debt
- Simplifying the system so it's easy to navigate

The Coalition's comprehensive list of short and long-term policy priorities is below.

Lowering The Price Of Health Care

- **Strengthen the New Jersey Prescription Drug Affordability Council (PDAC)**
  Authorize the PDAC to set Upper Payment Limits (UPL) for the most unaffordable prescription drugs, following models enacted in Colorado and Maryland. These are the first states to set UPLs which are anticipated to generate savings in those states of up to $32 million and nearly $200 million respectively

Increasing Health Care Affordability & Market Oversight

- **Codify the Office of Health Care Affordability and Transparency (OHCAT)**
  Enact A1729/S3012 to permanently establish OHCAT and its cost growth benchmark program, create a conflict-free Health Care Cost Containment and Price Transparency Commission, establish a hospital price growth benchmark, and implement meaningful enforcement mechanisms.

- **Strengthen DOBI's Rate Review Authority**
  Authorize the Department of Banking and Insurance (DOBI) to require prior approval of proposed premium increases and allow modification of insurer filings, modeled after successful approaches in Rhode Island and Colorado. (Links to helpful reference information can be found here and here)

Increasing Access & Choice

- **Implement a NJ FamilyCare Buy-In/Public Option**
  The Cover All Kids statute [P.L. 2021, c.132; N.J.S.A. 30:4J-12(j)] already authorizes the establishment of a NJ FamilyCare Advantage buy-in program for adults. Implementing this provision would expand access to affordable, comprehensive coverage for residents who are otherwise priced out of the marketplace.

- **Establish a Basic Health Plan (BHP)**
  Create a Basic Health Plan for lawfully present residents with incomes up to 200 percent of the federal poverty level. BHPs are funded at 95 percent federal subsidy levels, and four jurisdictions—Minnesota, New York, Oregon, and the District of Columbia—have already implemented or are implementing such programs. This program will help to recapture low income individuals who are dropping from health coverage.

- **Secure and Protect Cover All Kids**
  Protect children's access to health care by sustaining Cover All Kids (CAK). Explore the option of creating a pilot program that moves CAK from a Managed Care Organization (MCO) administration to an Administrative Service Organization (ASO) model to reduce cost and align new federal mandates.

Improving Quality & Value

- **Establish ACA Marketplace Premium Alignment**
  Advance legislation such as **S2993** to realign ACA marketplace Gold plan premiums so they are priced below Silver plans. This reform has been successfully implemented in several states and lowers out-of-pocket costs while providing better overall value to consumers.

Preventing & Mitigating Medical Debt

- **Establish a Medical Debt Court Diversion Program**
  Create a New Jersey Medical Debt Court Diversion Program, modeled after the state's foreclosure mediation program, to assist patients in resolving medical debt through mediation and counseling. The program could be housed within the Division of Consumer Affairs in the Office of the Attorney General. Tennessee has piloted a medical debt online dispute resolution program that uses mediators to assist in the resolution of filed patient medical debt cases.

- **Protect Consumers from harmful medical debt by** advancing legislation like S2108 which establishes homestead and bank account exemptions for persons in debt, and increases existing exemption amounts for household goods. It is important to ensure the protections under this bill are automatic, without placing the burden of execution on the consumer.

- **Amend the Medicaid Estate Recovery Program**
  Advance legislation such as S3010 to limit DHS's authority to impose liens and recover costs from a Medicaid recipient's estate after death.

Improving Transparency For Policy Innovation

- **Establish a New Jersey All-Payer Claims Database (APCD)**
  Create an APCD to collect and analyze aggregated health care claims data across public and private payers, providing critical insight into costs, utilization, and quality.

- **Improve Consumer Debt Data Collection**
  Enact A1340/S755 to require the Administrative Office of the Courts to collect and publish data on consumer debt lawsuits, including medical debt, to inform future policy solutions such as a medical debt court diversion program.

For questions, please contact NJ For Health Care Coalition convener,
Laura Waddell, Health Care Program Director, NJ Citizen Action, Laura@NJCitizenAction.org