2025 Health Care Affordability State Policy Snapshot

NEW JERSEY

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HEALTHCARE VALUE HUB

State Has Active Legislation

State Does Not Have Active Legislation

The Health Care Value Hub ("the Hub") is proud to launch the 2025 Health Care Affordability Policy Snapshot ("Affordability Snapshot"). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state's health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable **Data and Source Document available on the Dashboard page. Definitions and descriptions for each policy category can be found in the Glossary.**

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	Requires health systems or providers to notify the state of consolidation transactions	New Jersey requires the state Attorney General and Commissioner of Health be notified of acquisitions of nonprofit hospitals. Certificate of Need program must also be notified of transfers of ownership of general hospitals.
Authority to Modify or Reject Consolidation Transactions	Has authority to approve, set conditions, or disapprove consolidation transactions	The Attorney General and Commissioner of Health do not have approval authority. Instead, the Commissioner reviews transactions and submits recommendations to the AG, who then submits recommendations to the Superior Court with a note of approval or opposition to the acquisition. The Certificate of Need program has authority to approve or disapprove transactions.
Affordability Criteria included in Transaction Review	Does not include consumer affordability or price growth in review criteria, approval conditions, or both	The Commissioner of Health review criteria include whether the transaction will result in the deterioration of quality, availability, or accessibility of services. Certificate of Need criteria include no adverse effect on access to care. However, they do not address consumer affordability or pricing.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	⊗ State does not prohibit providers from charging any facility fees	Code defines facility fees for Ambulatory Surgery Centers
Facility Fee Transparency Laws	⊗ State does not require providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	
Limits Cost-Sharing for Facility Fees	⊗ The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	⊗ No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	⊗ No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	⊗ No statutes limiting physician non-competes	New Jersey has introduced legislation that would restrict the use of restrictive employment covenants for physicians and nurses, but the legislation has not passed.
Restricts Most-Favored Nation Contract Provisions	● Law restricts Most Favored Nation contract provisions	New Jersey bans Most Favored Nation clauses in carrier-provider contracts, prohibiting requirements for providers to match or lower rates based on other contracts.

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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	⊗ Does not prohibit balance billing for out-of-network ground ambulance services	
Prohibits Short-Term, Limited Duration Health Plans	● State law has eliminated short-term, limited duration health plans	Short-term, limited-duration health plans are not recognized as standard health benefit plans and are prohibited from being sold in New Jersey.

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Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	New Jersey requires hospitals to provide charity care or discounted care to individuals with incomes up to 300% of the federal poverty level (FPL).
Hospital Charity Care Screening Requirements	State law requires health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	Hospitals must screen patients for charity care eligibility based on state criteria and document the process, including whether the patient has insurance or qualifies for medical assistance programs. If a patient is uninsured or underinsured, the hospital must refer them for Medicaid screening and track the outcome. If the hospital fails to notify or screen an eligible patient within the required timeframe, it cannot bill the patient or claim reimbursement.
Hospital Charity Care Notification Requirement	State law requires health care providers to notify patients of charity care options before collecting payment	New Jersey law requires hospitals to give all patients written notice about the availability of charity care and affordable coverage options at the time of service or no later than when the first bill is issued.
Hospital Community Benefit Reporting Requirement	State law requires hospitals to annually report the amount of charity care provided	New Jersey hospitals are required to submit claims to the state which must include information related to charity care and bad debts.

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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law prohibits sending medical debts to collections for a prescribed period (see note)	Hospitals and medical debt collectors in New Jersey to wait at least 120 days after sending the first bill before selling a patient's debt to another party or initiating any other collection actions. Additionally, they must provide the patient with an extra bill and written notice at least 30 days before selling a patient's debt to another party and, If an insurance appeal is pending, hospitals and collectors may not attempt to collect the debt or pursue legal action until the appeal is resolved. New Jersey law requires hospitals to wait at least 120 days after sending the first bill before selling a patient's debt (or initiating any other collection actions). They are also required to provide the patient with an additional bill and written notice at least 30 days before taking further action. If an insurance appeal is pending, they are prohibited from selling a patient's debt until the appeal is resolved.
Limits on Liens or Foreclosures due to Medical Debt	State law does not prohibit initiating a lien or foreclosure to collect medical debt	
Limits Wage Garnishment due to Medical Debt	State law exceeds federal wage garnishment protections for residents with medical debt	New Jersey law prohibits wage garnishment for medical debt if a patient's annual income is below 600% of the federal poverty level (FPL). For those earning above that amount, up to 25% may be garnished.
Limits on the Amount of Interest Charged to Medical Debt	State law limits interest rates on medical debt	Hospitals and medical debt collectors in New Jersey cannot charge more than 3% interest per year on unpaid medical debt.

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Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	Has the authority to modify or reject premium rate increases	The New Jersey Department of Banking and Insurance (DOBI) has the authority to approve ("not disapprove") or deny rate filings in the individual and small group market.
Affordability Criteria Included in Premium Rate Review	Does not incorporate affordability criteria into premium rate review	

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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	⊗ State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	
Hospital Global Budgets	⊗ State has not implemented hospital global budgets	

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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	⊗ State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	⊗ State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	⊗ State does not operate a Basic Health Plan	
State-Based Premium Subsidies	● Supplementary state-funded premium subsidies are available to eligible residents	New Jersey Health Plan Savings provides monthly subsidies of $20–$100 for individuals (double for families) earning up to 600% FPL. The program will continue in 2025; its future in 2026 depends on whether federal subsidies are extended.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	State does not require express authorization for biologic substitution	
Biologic Substitution Laws: Prescriber Notification Requirements	Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in New Jersey are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	State does not participate in a drug purchasing consortium*	
Drug Coupon Prohibitions	State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	State Medicaid carves out any drug classes from their MCO benefits (see note)*	As of July 1, 2023, New Jersey carves out the following drugs/classes from MCO benefits: Hemophilia factor.
Mandatory Generics in Medicaid Fee-for-Service (FFS)	Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	New Jersey has policies or tools to promote mandatory generics.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	⊗ Medicaid Pharmacy Supplemental Rebate Agreement (SRA) not in place	
Drug Rebate Transparency and Reporting Requirements	● Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	● State prohibits pharmacy benefit managers from engaging in spread pricing	
Pharmacy Benefit Manager Reimbursement and Clawbacks	⊗ State does not prohibit PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	● State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	⊗ State does not prohibit copay accumulator programs	

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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	

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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	NJ FamilyCare, New Jersey's Medicaid MCO program, provides coverage to children under 19, adults 19-64 including some immigrant adults, pregnant people, and people over 65, blind, disabled, in long term care, or adults 19-64 who are dually eligible, so long as income requirements are met.
Medicaid Vendor — Eligibility and Enrollment	tate does not contract with a vendor for their Medicaid enrollment or eligibility*	
Integrated Medicaid-Medicare	State integrates Medicare-Medicaid to coordinate care for the dually eligible population	New Jersey has either or a combination of both highly integrated or fully integrated dual eligible special needs programs (HIDE/FIDE), as well as program of all-inclusive care for the elderly (PACE).

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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	⊗ State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	● State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	● State Medicaid program utilizes state-based funds to cover abortion care	
Medicaid Coverage for Transition-Related Care	● State Medicaid program explicitly covers any transition-related care for adults	
Medicaid Coverage for Hearing Aids	● State Medicaid program covers hearing aids for all adults	
Medicaid Coverage for Eye Exams and Glasses	● State Medicaid program covers annual eye exams and eyeglasses for all adults*	According to a study of 2022 Medicaid policies, New Jersey covers glasses and exams annually. However, the 2025 benefits manual is not public, and NJ Administrative Code does not list frequency.
Medicaid Coverage for Dental Services	● State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	

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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	
Retroactive Medicaid	State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	
Adult Medicaid Continuous Eligibility	State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees	New Jersey provides 12 months of continuous eligibility to adults whose Medicaid eligibility is based on Modified Adjusted Gross Income (MAGI).
12-Month Postpartum Coverage	State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	State offers Medicaid coverage to justice-involved individuals while they are in a correctional setting	New Jersey has a pending waiver to provide Medicaid pre-release coverage for individuals who are incarcerated.
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	State has expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond $2,000 for an individual applicant and $3,000 for joint applicants	New Jersey Medicaid has expanded its asset limit to $4,000 for individual applicants and $6,000 for joint applicants.
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	Life insurance exemption limits do not exceed $1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	State does not exempt retirement savings from Medicaid eligibility determinations	

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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	Covers pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option, but does not include post-partum coverage	New Jersey has not adopted the From Conception to End of Pregnancy option, but provides state-funded coverage to income-eligible pregnant people regardless of immigration status. It does not include postpartum coverage.
Immigrant Children without a Five-Year Bar	State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	Offers coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	Does not offer coverage for adults regardless of immigration status	

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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	⊗ State does not have a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	⊗ The state does not have an APCD operated by the state or another entity	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	⊗ The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	● Organizations are required to report prescription drug price information to a state entity	Drug manufacturers must annually report wholesale acquisition costs (WAC) and specific increases in WAC of drugs, introduction of new drugs exceeding the Medicare Part D specialty threshold, or a biosimilar that is not more than 15 less than the referenced biologic to the Division of Consumer Affairs.

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Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	⊗ State does not have a public-facing price transparency tool	
Prescription Drug Price Reporting Requirement	● Organizations are required to report prescription drug price information to a state entity	Drug manufacturers must annually report wholesale acquisition costs (WAC) and specific increases in WAC of drugs, introduction of new drugs exceeding the Medicare Part D specialty threshold, or a biosimilar that is not more than 15 less than the referenced biologic to the Division of Consumer Affairs.

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	● State has established a health care spending benchmark for providers, insurance carriers, or both	New Jersey's health care cost growth benchmark is set at 3.2% for 2024, 3% for 2025, and 2.8% for 2026-2027. Total medical expenses are calculated at the state level, by insurance market, by individual insurer, and for large provider entities.
Authority to Enforce Health Care Spending Benchmark	⊗ State does not have an enforcement mechanism for their health care spending benchmark(s)	The benchmark does not have an enforcement mechanism at this time.
Hospital or Primary Care Spending Oversight Entity	● State monitors and reports hospital spending, primary care spending, or both	The New Jersey Department of Health's Division of Health Facilities monitors hospital finances. Additionally, on 1/17/2025, New Jersey's Office Health Care Affordability and Transparency which monitors hospital spending and primary care spending was formally established within the Department of Health.

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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	New Jersey caps the out-of-pocket costs for a 30-day supply of prescription insulin at $35.00.
Waives or Reduces Cost-Sharing for Asthma Inhalers	The state has enacted legislation to limit cost-sharing for asthma inhalers	New Jersey caps cost-sharing for covered prescription asthma inhalers at $50.00 per thirty-day supply.
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has enacted legislation to limit cost-sharing for prescription epinephrine autoinjector (s)	New Jersey law exempts epinephrine injectors from insurance plan deductibles and limits copayment or coinsurance costs to $25.00 for a 30-day supply.
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	New Jersey limits the amount an insured individual can pay out-of-pocket for covered prescription drugs, including specialty medications, based on their health coverage plan tier. Cost-sharing for prescription drugs under a Silver, Gold, or Platinum plan is capped at $150 per month per prescription, while Bronze plans have a higher cap of $250 per month per prescription.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	State mandates private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	The state requires individual and small group health plans to offer coverage for in-vitro fertilization alone or in addition to fertility preservation services	New Jersey requires insurers with pregnancy related benefits to cover in-vitro fertilization for individuals meeting certain requirements. New Jersey also requires health insurance plans to cover standard fertility preservation services for individuals undergoing treatments that may cause iatrogenic infertility.
Individual and Small Group Health Plans Required to Cover Doula Services	State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	The state requires individual and small group health plans to cover abortion services	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law requires insurers to cover follow-up colorectal cancer screening tests with no cost-sharing	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law does not require coverage or waive cost-sharing for lung cancer screening exams*	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening but allows cost-sharing	Large group health insurance carriers are required to cover an initial Pap smear and any confirmatory test when medically necessary and as ordered by the covered person's physician and includes all laboratory costs associated with the initial Pap smear and any such confirmatory test.
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening but allows cost-sharing	New Jersey requires group health insurance carriers to cover digital tomosynthesis for breast cancer screening in women age 40 and older without cost-sharing. However, if the procedure is performed for other purposes or for women under age 40, cost-sharing may apply.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law does not require coverage or waive cost-sharing for ovarian cancer screening exams	New Jersey legislators introduced bills in 2025 that would have required individual and small group health plans and the state employee health benefit plan to cover ovarian cancer screenings, but they did not pass.
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State requires coverage of biomarker testing for cancer screening but allows cost-sharing	New Jersey law requires state-regulated health insurers, including Medicaid, to cover medically necessary biomarker testing for the diagnosis, treatment, management, and monitoring of disease when supported by scientific or clinical evidence. Medicaid enrollees receive this coverage without cost-sharing, while commercial plans may apply standard deductibles, copayments, or coinsurance.

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