



## Need to Restore \$1 million in NJ FY10 State Budget for Outreach and Enrollment in NJ FamilyCare

### **Background**

Last year, the NJ Legislature passed and Governor Corzine signed **S-1557** (Chapter 38), requiring that all NJ children have health insurance as of July 2009. With the passage of this law, NJ has a responsibility to make sure ALL children in the State have access to quality, affordable health care. Another important feature of this legislation is that for the first time in several years, it provided \$1 million for outreach (which matches \$1.8 million in federal funds). About \$150,000 of these funds have been distributed to six community-based organizations to reach families that are not likely to apply for FamilyCare, such as immigrants, and another \$150,000 has been dedicated for Technical Assistance Payments (TAP) for each successfully enrolled child. Additionally, \$300,000 shall be used to help schools and food pantries enroll families. The balance of the outreach funds has been obligated for a media campaign.

### **Highlights: State Practices in Health Coverage for Immigrants: A Report for New Jersey** Rutgers Center for State Health Policy, June 2009

- ✓ This report provides background for a greater understanding of the current environment for health coverage of immigrants in NJ by: 1) identifying policies for providing coverage to immigrants, 2) describing policies in NJ, and 3) describing policies in other high immigrant states.
- ✓ In doing so, the report illustrates the need for effective outreach and enrollment strategies “such as streamlining enrollment forms and processes, making forms and information available in multiple languages, and engaging trusted community organizations” (5) in order to bolster access to and enrollment in public health insurance programs generally.
- ✓ Successful outreach and enrollment strategies in four high immigrant states:
  - **California:** State partnerships with local and community-based organizations, hospitals, schools, and religious organizations (14)
  - **Illinois:** Application agents including community-based organizations, day care centers, local governments, unions, medical providers, school districts, and insurance agents receive \$50 Technical Assistance Payment (TAP) for each successfully enrolled child (15)
  - **Massachusetts:** One-stop website where residents and employers compare insurance programs and obtain coverage (private and public); FY09 budget allocates \$3.5 million for grants to community and consumer-focused public and private non-profit organizations for outreach, enrollment, application assistance, and education (16)
  - **New York:** Community based organizations serve as facilitators helping people apply and enroll (including weekends/evenings); families no longer required to show proof of income; Department of Health website clearly lists all available public health insurance programs and eligibility requirements; Access New York website allows residents to anonymously determine eligibility for over 30 public programs and/or apply for services (17)

### **NJ For Health Care Policy Recommendations**

- ✓ NJ should restore \$1 million for FamilyCare outreach and enrollment in NJ’s FY2010 State Budget (there is currently a budget resolution for this in the State Senate but not in the Assembly).
- ✓ Much more funding needs to be directed to partnerships with local and community-based organizations to reach immigrants and others who may be reluctant to apply for FamilyCare based on the above models in other states.
- ✓ A user-friendly one-stop website needs to be created that allows a person to apply for many programs with one application and to send additional required support documents over the internet.

*NJ For Health Care is a broad-based alliance of health care, consumer, senior, student, disability, women's, labor, faith-based, civil rights and social justice organizations working to bring guaranteed, high quality, affordable health care to all New Jersey residents.*

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