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HEALTH

PUBLIC HEALTH SERVICES BRANCH

DIVISION OF HIV, STD, AND TB SERVICES

AIDS Drug Distribution Program and Health Insurance Premium Payment

Program; HIV Screening of Pregnant Persons and Newborns for HIV Infection

Proposed Readoption with Amendments: N.J.A.C. 8:61

Proposed Repeals: N.J.A.C. 8:61-2, 3.2, 4.4, 4.5, 4.7, 4.8, and 5

Proposed Repeals and New Rules: N.J.A.C. 8:61-3.1, 3.5, 4.1, 4.2, and 4.3

Proposed Recodifications with Amendments: N.J.A.C. 8:61-1.1 as 1.2, 3.3 as 3.2, 3.4 as 3.3, 3.6 as 3.4, 3.7 as 3.5, 4.6 as 4.4, and 4.9 as 4.5

Proposed New Rules: N.J.A.C. 8:61-1.1, 1.3, and 3.6, and N.J.A.C. 8:61

Appendices A through C

Authorized By: Kaitlan Baston, MD, MSc, DFASAM, Commissioner, Department of Health, in consultation with the Public Health Council.

Authority: N.J.S.A. 26:2-111.2; 26:4-129; 26:5C-1, et seq., particularly 5C-6, 8, and 20; and 30:4D-17.18a.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2024-

Submit written comments by _____, 2024, electronically to

<http://www.nj.gov/health/legal/ecomments.shtml>, or by regular mail postmarked by

_____, 2024, to:

Kimberly E. Jenkins, Director

Office of Legal and Regulatory Compliance

Office of the Commissioner

New Jersey Department of Health

PO Box 360

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The agency proposal follows:

Summary

In 1984, Governor Kean approved the “AIDS Assistance Act” (Act), P.L. 1984, c. 126 (approved August 8, 1984), codified in part at N.J.S.A. 26:5C-1, et seq. The Act requires the Commissioner (Commissioner) of the Department of Health (Department) to establish programs for the education of the public and health care professionals about AIDS, and programs for “early detection, counseling, social services, and referrals for those who suspect exposure to AIDS.” N.J.S.A. 26:5C-3.

In 1986, pursuant to N.J.S.A. 26:1A-15, Additional powers of Commissioner, the Department adopted N.J.A.C. 8:61-1.1, “Attendance at school by pupils or adults infected by Human Immunodeficiency Virus (HIV), also known as HTLV-III or LAV,” as a new rule, in response to “a great deal of controversy regarding the risk of uninfected children created by allowing children infected by HIV to attend school,” despite there being “a great deal of evidence of various types ... that there is no risk of transmission of HIV in the school setting.” 18 N.J.R. 1512(a), 2014(a). A companion rulemaking of the New Jersey Department of Education established a new rule at N.J.A.C. 6:29-4.4 addressing “Attendance at school by HIV (also known as HTLV-III or LAV)[-]infected children,” which would prohibit exclusion of HIV-infected children from school absent

their manifesting the exceptional exclusion criteria that N.J.A.C. 8:61-1.1 would establish. 18 N.J.R. 1509(a), 2206(a). These proposals appeared following a controversy arising in September of 1985, when Indiana teenager Ryan White, a hemophiliac who became infected with HIV from a contaminated blood treatment, was refused readmission to his middle school because of his infection. Despite medical opinions confirming that the fact of his infection posed no health risk to other students, Ryan and his family had to fight a year-long legal battle to secure his right to return to school. Because of his struggle with ignorance and prejudice, and the attendant publicity, Ryan White became a well-known national advocate for AIDS research and awareness and “helped pierce myths about AIDS, helping health experts and educators emphasize that it is not transmitted by casual contact, that it affects people from many walks of life and that ... the infection leaves many people able to continue normal lives for years.” Dirk Johnson, *Ryan White Dies of AIDS at 18; His Struggle Helped Pierce Myths*, N.Y. TIMES (April 9, 1990).

On March 20, 1987, the Food and Drug Administration announced its approval of the drug zidovudine, formerly or also known as azidothymidine or AZT, which was determined to prolong the lives of persons with HIV infection and AIDS. The Federal Supplemental Appropriations Act of 1987, Pub. L. 100-71, enacted on July 11, 1987, made one-time supplemental grants available to states to fund the purchase of AZT, marketed as RETROVIR®, for low-income patients. In 1987, again pursuant to N.J.S.A. 26:1A-15, the Department promulgated, by an emergency rulemaking adoption and concurrent proposal, N.J.A.C. 8:61-2, a new subchapter establishing “Eligibility Criteria to Participate in Retrovir Drug Program.” 19 N.J.R. 2067(a), 20 N.J.R. 89(b). The new

rule created the “AIDS Drug Program,” to enable uninsured persons whose income was too high, or who were too young, to qualify for either Medicaid or the State’s Pharmaceutical Assistance to the Aged and Disabled (PAAD) program to have access to the costly new drug (\$10,000 per patient annually). At that time, over 2,000 New Jerseyans had been diagnosed with AIDS and an estimated 150,000 were HIV-infected. 19 N.J.R. at 2067.

Shortly after Ryan White’s death in April 1990, President George H. W. Bush approved the Federal Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, Pub. L. No: 101-381 (approved August 18, 1990), which eventually became the largest Federal funding source for services to people living with HIV/AIDS in the United States. By establishing the AIDS Drug Assistance Program (ADAP), the Ryan White CARE Act made funds available to the states, in the years after the initial 1987 Supplemental Appropriation, to fund the high cost of drugs to treat HIV and AIDS.

In 1991, because the FDA had approved additional drugs to treat and prevent HIV-related “opportunistic infections,” the Department amended N.J.A.C. 8:61, pursuant to N.J.S.A. 26:1A-15, to retitle Subchapter 2 as the AIDS Drug Distribution Program (ADDP) rules, and to delete RETROVIR®-specific references. 23 N.J.R. 2247(a), 3334(a). In that same rulemaking, the Department promulgated a new rule specifically excluding from ADDP participation persons who were eligible for entitlement or third-party prescription coverage, consistent with the Federal requirement that ADAP programs operate as payer of last resort. *Id.* By then, over 10,000 New Jerseyans had AIDS diagnoses, an estimated 20,000 to 40,000 additional New Jerseyans were HIV

infected, and the State ranked fifth nationally in the cumulative number of AIDS cases reported to the Centers for Disease Control and Prevention (CDC). *Id.*

In a separate 1991 rulemaking that reflected increasing medical understanding of HIV and its transmission methods, pursuant to N.J.S.A. 26:1A-15, the Department readopted N.J.A.C. 8:61 with amendments at Subchapter 1 that deleted references to “HTLV-II” and “LAV,” which were outdated terms for HIV; established that schools could only exclude children with HIV infection from attendance if they could exclude pupils without HIV-infection for those same reasons; deleted, as superfluous, references to the Medical Advisory Panel, which the chapter had established within the Department to rule on school boards’ objections to school attendance by children with HIV; and emphasized the confidential nature of the status of students and employees whose HIV infection is known to the school. 23 N.J.R. 2245(b), 3332(a).

In 1994, researchers demonstrated that an AZT regimen reduced the incidence of perinatal HIV transmission from 22.6 to 7.6 percent, following which the United States Public Health Service issued recommendations for adherence to the AZT regimen. CDC, “Recommendations of the U.S. Public Health Service Task Force on the Use of Zidovudine to Reduce Perinatal Transmission of Human Immunodeficiency Virus,” MMWR 1994:43 (No. RR-11) (August 5, 1994), available at https://www.cdc.gov/mmwr/preview/ind94_rr.html.

In 1995, responding to these recommendations, Governor Whitman approved P.L. 1995, c. 174, “An Act requiring notification of pregnant women of the benefits of being tested for the presence of antibodies to the human immunodeficiency virus and supplementing Title 26 of the Revised Statutes” (approved July 7, 1995), codified at

N.J.S.A. 26:5C-15 through 20, which required healthcare providers to inform pregnant persons of the benefits of HIV testing, to offer them the option to be tested, and to counsel those who tested positive for HIV infection as to the availability of treatment that could prevent transmission to their developing fetuses and newborns. See Sponsor Statement to A1669 (May 2, 1994). N.J.S.A. 26:5C-20 requires the Department to promulgate rules to implement these requirements.

In late 1996, the Department reported that over 30,000 New Jerseyans had AIDS diagnoses, an estimated 35,000 to 50,000 additional New Jerseyans were HIV-infected, and the State continued to rank fifth nationally in cumulative number of AIDS cases reported to the CDC. 28 N.J.R. 4019(a). The Department further reported that, as of June 30, 1996, 26 percent of the New Jerseyans with AIDS diagnoses were women, compared to 15 percent nationally; from 1993 to 1996, women represented 30 percent of the newly diagnosed AIDS cases in New Jersey; almost all HIV infections among women in New Jersey were related to injection of illicit drugs, either because the woman was a user, or had sexual contact with a male user; almost all New Jersey women with AIDS were of childbearing age; New Jersey had reported 634 cases of AIDS diagnoses in children, thereby ranking the State third nationally in cases among children; and 94 percent of HIV-infection of these children was due to perinatal transmission from mother to infant. *Id.*

In late 1996, pursuant to N.J.S.A. 26:1A-15 and the Act, the Department readopted N.J.A.C. 8:61, and adopted amendments and new rules at Subchapters 3 and 4. 28 N.J.R. 4202(a); 4787(a). The new rules at Subchapter 3 implemented P.L. 1995, c. 174, described above, to require health care providers to inform pregnant

persons of the benefits of, and to offer them, HIV testing. *Id.* The new rule at Subchapter 4 authorized health care providers to disclose children's HIV status to the Division of Youth and Family Services (DYFS) within the Department of Human Services (now known through administrative reorganization as the Division of Child Protection and Permanency of the Department of Children and Families); and authorized DYFS and child placement agencies to notify foster and pre-adoptive parents of a child's HIV status prior to placement. *Id.*

N.J.A.C. 8:61 expired on October 4, 2001, pursuant to Executive Order No 66 (1978) and N.J.S.A. 52:14B-5.1.

In 2005, pursuant to N.J.S.A. 26:1A-15 and the Act at N.J.S.A. 26:5C-8 and 20, the Department adopted new rules at N.J.A.C. 8:61, which largely tracked the chapter that expired in 2001, added new Subchapter 1 containing definitions, and recodified expired Subchapters 1 through 4 as new Subchapters 2 through 5. 35 N.J.R. 5338(a), 37 N.J.R. 60(a).

In 2007, Governor Codey approved P.L. 2007, c. 218 (December 26, 2007), which amended N.J.S.A. 26:5C-16 through 20 to make New Jersey the first state to require universal opt-out HIV testing for pregnant persons as part of routine prenatal care, and established N.J.S.A. 26:2-111.2, which requires, absent parental religious objection, birthing facilities to test a newborn whose delivering parent's HIV status is either positive or unknown upon delivery. N.J.S.A. 26:2-111.2 requires the Department to promulgate rules to implement the newborn testing law.

In mid-2010, pursuant to N.J.S.A. 26:2-111.2 and the Act at N.J.S.A. 26:5C-20, the Department adopted a repeal of existing Subchapter 4 and adopted new rules

implementing P.L. 2007, c. 218, to require HIV testing of a pregnant person, absent refusal (“opt-out”), and a newborn whose delivering parent’s HIV status is either positive or unknown upon delivery. 41 N.J.R. 3354(a), 42 N.J.R. 1375(a). The Department noted on proposal that, since June 1981, 70,890 cumulative cases of HIV infection and AIDS had been reported, 1,337 of which were pediatric cases; the State continued to rank fifth in reported cases of HIV infection and AIDS, and third in pediatric cases, and had one of the highest proportions of women living with AIDS; and 93.5 percent of pediatric cases resulted from delivering parent-to-child transmission. 41 N.J.R. 3354(a). The Department also noted that the implementation of prenatal rapid HIV testing and the prompt initiation of treatment of HIV-infected pregnant persons had reduced the number of infants born with HIV infection in New Jersey from 94 cases, in 1993, to two births in 2007. *Id.*

In late 2010, pursuant to N.J.S.A. 26:2-111.2 and the Act at N.J.S.A. 26:5C-8 and 20, the Department readopted N.J.A.C. 8:61 without change. 42 N.J.R. 893(a), 2269(a).

In mid-2017, pursuant to 26:2-111.2 and the Act at N.J.S.A. 26:5C-6, 8, and 20, and in accordance with N.J.S.A. 52:14B-5.1, the Department readopted N.J.A.C. 8:61 with technical changes, to maintain the chapter’s effectiveness pending the Department’s development of rulemaking that would revise and update N.J.A.C. 8:61, which would “not be implemented in time to prevent the expiration of existing N.J.A.C. 8:61.” 49 N.J.R. 2796(a).

Pursuant to Executive Order No 66 (1978) and N.J.S.A. 52:14B-5.1, N.J.A.C. 8:61 was to expire July 17, 2024. The Commissioner, in consultation with the Public

Health Council, has reviewed N.J.A.C. 8:61 and determined that, subject to proposed amendments, repeals, and new rules described below, the existing chapter remains necessary, proper, reasonable, efficient, understandable, and responsive to the purposes for which the Department originally promulgated it, as amended over time, and should be readopted. Therefore, the Department proposes to readopt N.J.A.C. 8:61, with amendments, repeals, and new rules, described below. Pursuant to N.J.S.A. 52:14B-5.1, the filing of this notice of proposal prior to the chapter's expiration operated to extend the chapter expiration date by 180 days, to January 13, 2025.

The Department proposes amendments throughout the chapter to delete descriptive text that is redundant of defined terms and add instead the defined terms, to add or update contact information, to improve grammar and readability, and to reorganize sections to enhance their consistency with the authorizing statutes. The Department is proposing amendments throughout the chapter to delete the binary gender terms, "pregnant woman" and "mother," and replace these with the terms, "pregnant person" and "delivering parent."

Subchapter 1

Existing Subchapter 1 is headed, "HIV Services—Definitions." The Department proposes to amend the subchapter heading to be "General Provisions."

The Department proposes a new rule at N.J.A.C. 8:61-1.1, Purpose and scope, to establish the purpose and scope of the chapter as implementing the ADDP, the Act, and N.J.S.A. 26:2-111.2, which requires HIV testing of pregnant persons and certain newborns, and to indicate that the chapter is part of the State Sanitary Code and compliance is subject to N.J.S.A. 26:1A-10, 26:4-129, and 26:5C-14 and 18. The

Department proposes corresponding repeals of the rules establishing subchapter-specific purposes and scopes at N.J.A.C. 8:61-3.1, Purpose; scope, and 4.1, Purpose; scope.

Existing N.J.A.C. 8:61-1.1, Definitions, establishes definitions of words and terms the chapter uses. The Department proposes to amend this section to correct errors in alphabetization order and recodify it as N.J.A.C. 8:61-1.2. The Department proposes a corresponding repeal of the redundant definition section at N.J.A.C. 8:61-4.3, Definitions.

The Department proposes to incorporate into the chapter, by reference, at N.J.A.C. 8:61-1.2, as proposed for recodification with amendments, the definitions of the following words and terms that the Act establishes, particularly at N.J.S.A. 26:5C-5, 15, and 21, which the chapter uses: “AIDS,” “birthing facility,” “Commissioner,” “Department,” “HIV,” “HIV infection,” “HIV-related illness,” “HIV-related test,” “HIV test,” and “informed consent”; the following term that N.J.S.A. 26:2-111.2 establishes and the chapter uses: “birthing facility.”

The Department proposes to incorporate by reference within N.J.A.C. 8:61-1.2, as proposed for recodification with amendments, the following terms that 42 CFR §435.603, Application of modified adjusted gross income (MAGI), defines: “household,” “household income,” and “MAGI-based income.” 42 CFR Part 435 provides the income calculation standard that the Federal government uses to determine an individual’s financial eligibility for health insurance coverage waivers and incentives under the Affordable Care Act.

The Department proposes to delete from N.J.A.C. 8:61-1.2, as proposed for recodification with amendments, redundant definitions of terms defined by statute,, delete the definitions of the following terms, which the chapter would no longer use: “adult,” “clinical practitioner,” “full-time caregiver,” “need-to-know basis,” “physician,” and “student,” and add definitions of the following new words and terms: “Centers for Disease Control and Prevention” or “CDC,” “Division,” “Drug Utilization Review Board,” “Federal poverty guidelines,” “health care provider,” “Health Insurance Premium Payment program” or “HIPPP program,” and “parent.”

The Department proposes to establish within N.J.A.C. 8:61-1.2, as proposed for recodification with amendments, definitions to refer to the following publications, to be incorporated by reference, as amended and supplemented, and to provide updated references to publications that existing N.J.A.C. 8:61-4.2, Incorporated and referenced materials, proposed for repeal, incorporates by reference. The Department proposes a corresponding repeal of existing N.J.A.C. 8:61-4.2. These publications are the CDC’s Revised Surveillance Case Definition for HIV Infection — United States, 2014, to be referred to as the “HIV Case Definition”; the Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States, to be referred to as the “Perinatal HIV Clinical Guidelines”; and the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, to be referred to as the “Testing Recommendations.”

Subchapter 2

The Department proposes to repeal existing Subchapter 2, Participation and Attendance at School by Individuals with HIV Infection, specifically N.J.A.C. 8:61-2.1, Attendance at school by students or adults with HIV infection. Subchapter 2 is redundant of, and potentially in conflict with, existing State and Federal laws and their respective implementing rules and regulations that prohibit discrimination against persons who have, or are perceived to have disabilities, which those laws define to include HIV infection and AIDS. Among State and Federal laws that prohibit discrimination against persons who have, or are perceived to have, HIV-infection or AIDS, are the following: the New Jersey Law Against Discrimination (LAD), N.J.S.A. 10:5-1, et seq., and implementing rules at N.J.A.C. 13:13; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, and implementing regulations at 34 CFR Part 104; the Americans with Disabilities Act of 1990 (ADA), as revised by the ADA Amendments Act of 2008, 42 U.S.C. §§ 12101, et seq., and implementing regulations at 28 CFR Parts 35 and 36; the Individuals with Disabilities Education Act (IDEA) as amended, 20 U.S.C. §§ 1400, et seq., and implementing regulations at 34 CFR Part 300; the General Education Provisions Act (commonly known as the “Family Educational Rights and Privacy Act of 1974” or “FERPA”) at § 444(b), 20 U.S.C. §1232g, and implementing regulations at 34 CFR Part 99. Those parts of N.J.A.C. 8:61-2.1 that require schools and daycare facilities to develop generic policies and procedures regarding, and provide training and equipment for protection against, bloodborne pathogens, exceed the scope of this chapter, which is to implement HIV-specific laws. The Department proposes a corresponding amendment at existing

N.J.A.C. 8:61-1.1 to delete the definitions of the terms, “adult,” and “student,” which only N.J.A.C. 8:61-2 uses.

Subchapter 3

N.J.S.A. 26:1A-36, Federal grants, and the Prevention of Chronic Illness Act, N.J.S.A. 26:1A-92 through 106, authorize the Commissioner, with the approval of the Governor, to apply for and accept grants from the Federal government to advance the purposes of laws under the Commissioner’s jurisdiction. N.J.S.A. 26:1A-97, State Department of Health; duties, charges the Department to engage in activities for the prevention, early detection, and control of chronic illness, the rehabilitation of chronically ill people, and the maintenance and expansion of cooperative relationships with all professional, public, and private agencies responsible for and interested in these matters.

Pursuant to this statutory authority, the Division of HIV, STD, and TB Services (DHSTS), with the Governor’s approval, applies to the Federal government for funds to support the ADDP. The Ryan White CARE Act, described above, was amended and reauthorized in 1996, 2000, 2006, and 2009, and is now known as the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009) (hereinafter referred to as the Ryan White Act). The Ryan White Act amended Title XXIV of the Public Health Service Act to authorize and fund the Ryan White HIV/AIDS Program (RWHAP). 42 U.S.C. §300ff, et seq. The Health Resources and Services Administration of the United States Department of Health and Human Services administers the Ryan White Act and the RWHAP. Part B of the Ryan White Act provides grants to states and territories to improve the quality, availability, and

organization of HIV health care and support services, including AIDS Drug Assistance Program (ADAP) grants. 42 U.S.C. §300ff-21 through 38. ADAP grants enable states to provide access to HIV-related medications to clients by enabling states to fund clients' purchases of medications and/or health insurance coverage that includes prescription drug coverage.

The DHSTS uses ADAP grant funding to implement the ADDP, which encompasses the Health Insurance Premium Payment (HIPP) Program. Subchapter 3, Eligibility Criteria to Participate in the ADDP, establishes the eligibility criteria for persons to participate in the ADDP. These criteria are consistent with the Ryan White Act's minimum eligibility requirements, which are State residency, clinical eligibility, financial eligibility, State recertification of clients' eligibility at least every 12 months, and assurance that the ADDP is the payer of last resort. The Department proposes to amend the heading of Subchapter 3 to be AIDS Drug Distribution Program and the Health Insurance Premium Payment Program.

As described above, the Department proposes to repeal existing N.J.A.C. 8:61-3.1, Purpose and scope, and N.J.A.C. 8:61-3.2, Coverage. The Department proposes a new rule at N.J.A.C. 8:61-3.1, Covered medications, which would identify the procedure for establishment of the formulary, or list of covered medications, for which the ADDP will pay, by reference to the responsibility of the Department of Human Services, in consultation with the AIDS/HIV Drug Utilization Review Committee of the Drug Utilization Review Board, and with the consent of the Commissioner of Health, to establish the formulary, in accordance with N.J.S.A. 30:4D-17.16 through 17.18a, especially 17.17a.

Existing N.J.A.C. 8:61-3.3, Clinical eligibility, establishes the health criteria that applicants are to meet. The Department proposes to recodify this section with amendments as new N.J.A.C. 8:61-3.2, Clinical eligibility criteria, and to state that applicants for enrollment in the ADDP must meet the clinical criteria of the HIV Case Definition, as determined by a health care provider.

Existing N.J.A.C. 8:61-3.4, ADDP income eligibility, establishes the financial criteria that applicants are to meet and factors relevant to calculation of an applicant's income. The Department proposes to recodify this section with amendments as new N.J.A.C. 8:61-3.3, ADDP income and residency eligibility criteria, to state that the Department will calculate an applicant's financial eligibility for participation in the ADDP based on the applicant's MAGI-based income, and that a person is financially eligible to participate in the ADDP if the person has a household income that does not exceed 500 percent of the Federal poverty guidelines.

Existing N.J.A.C. 8:61-3.5, Residence, establishes residency eligibility criteria that applicants for participation in the ADDP must meet, by reference to the residency eligibility determination criteria in the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program manual. The Department proposes to repeal this section, relocate the residency criteria therein to N.J.A.C. 8:61-3.3(g), as proposed for amendment, and revise this section to reflect that the PAAD eligibility manual governing the Pharmaceutical Assistance to the Aged and Disabled program was recodified from N.J.A.C. 8:83 to 10:167, upon the reorganization of the Division of Aging Services from the Department to the Department of Human Services pursuant to N.J.S.A. 30:1A-14; see also N.J.S.A. 26:1A-107 and 46 N.J.R. 1643(a) (recodification notice).

Existing N.J.A.C. 8:61-3.6, Third party coverage, establishes that the ADDP is the payer of last resort. The Department proposes to recodify existing N.J.A.C. 8:61-3.6 as new N.J.A.C. 8:61-3.4, Third-party coverage.

N.J.A.C. 8:61-3.7, Application process, establishes the ADDP application process. The Department proposes to recodify existing N.J.A.C. 8:61-3.7 as new N.J.A.C. 8:61-3.5, ADDP application process. The Department proposes to amend subsection (a) to identify the application and health care provider certification forms that an applicant must submit in support of an application for enrollment in the ADDP, and to indicate how one may obtain these forms. These forms appear as chapter Appendices A-1 and A-2, "Application for Participation in the AIDS Drug Distribution Program" (DHSTS-27), and "Addendum to the Application for Participation in the AIDS Drug Distribution Program" (DHSTS-27b); and chapter Appendix B, the "Certification of Licensed Health Care Provider," (DHSTS-37), and would be incorporated by reference. The Department proposes to delete existing subsection (b). The Department proposes to amend subsection (c) by recodifying it as new subsection (b) and to indicate that the Department will notify the applicant whether the Department has approved the application and, if the applicant is enrolled in the ADDP, the applicant's health care provider.

Proposed new N.J.A.C. 8:61-3.6, Health Insurance Premium Payment (HIPP) program eligibility and application process, would establish the process by which persons who are eligible for the ADDP can apply to participate in the HIPP program. Through the HIPP program, the Department uses Ryan White (Federal) funds to pay health insurance premiums for persons enrolled in the ADDP. A medical case manager

who operates within the applicant's health care provider's practice, or whom the Department assigns from among regional Ryan White medical case managers, assists an applicant with HIPP program enrollment by completing a HIPP Application Form, in the form at Appendices C-1, and C-2, Instructions for Completing HIPP Program Application Form, to be incorporated by reference and, as appropriate, in navigating the health insurance marketplace to select appropriate coverage that includes prescription drug coverage. The HIPP application form is available to the medical case manager who is assisting the applicant.

Subchapter 4

As described above, existing Subchapter 4, Testing of Pregnant Women and Newborns for HIV or Human Immunodeficiency Virus, implements N.J.S.A. 26:2-111.2 and 26:5C-15 through 20, by establishing standards for HIV testing of a pregnant person, absent refusal, and a newborn whose delivering parent's HIV status is either positive or unknown upon delivery.

The Department proposes to amend the heading of Subchapter 4 to delete the redundant reference to "human immunodeficiency virus," to add the word, "infection," and to indicate that the chapter addresses interventions to reduce perinatal HIV transmission rates. Existing N.J.A.C. 8:61-4.8, Policies and procedures for routine HIV testing of pregnant women and newborns, requires birthing facilities to establish policies and procedures. The Department proposes to restate the obligations at existing N.J.A.C. 8:61-4.8 as a new rule at N.J.A.C. 8:61-4.1, Birthing facilities to establish policies and procedures, and proposes a corresponding repeal of existing N.J.A.C. 8:61-4.8.

The Department proposes to repeal existing N.J.A.C. 8:61-4.4, HIV screening procedures for pregnant women, and 4.5, HIV screening and testing procedures in labor and delivery, and proposes to restate the obligations contained therein in new rules at N.J.A.C. 8:61-4.2, HIV screening of pregnant persons as part of routine prenatal and perinatal care, and N.J.A.C. 8:61-4.3, Obligations of birthing facilities regarding HIV screening of pregnant persons in labor and delivery; documentation and communication of results. The proposed new rules would reorganize the sections and more closely track the obligations of health care providers and birthing facilities at N.J.S.A. 26:5C-15 through 20.

N.J.A.C. 8:61-4.6, HIV Screening and rapid testing procedures of a newborn infant post-delivery, establishes post-delivery procedures for HIV screening and testing of newborn infants. The Department proposes to amend N.J.A.C. 8:61-4.6 to recodify it as new N.J.A.C. 8:61-4.4, rename it, "HIV testing of newborns," reorganize and restate the section to more closely track the obligations of health care providers and birthing facilities at N.J.S.A. 26:2-111.2, and recognize that the delivering parent of a newborn does not necessarily remain the newborn's "parent" for the purposes of receiving information and making decisions relating to the newborn's care.

N.J.A.C. 8:61-4.7, HIV test results, confidentiality, and reporting, establishes procedures for counseling pregnant persons who test positive for HIV, reporting positive results, and follow-up contact by the Department. The Department proposes to repeal this section, and segregate and relocate the respective obligations contained therein of health care providers and birthing facilities into appropriate locations in the proposed new rules at N.J.A.C. 8:61-4.1 through 4.4.

Existing N.J.A.C. 8:61-4.9, Quality improvement for rapid HIV testing of pregnant women and newborns, establishes the obligation of birthing facilities to establish quality improvement measures with respect to subchapter compliance. The Department proposes to recodify this section as new N.J.A.C. 8:61-4.5, Quality improvement for rapid HIV testing of pregnant persons and newborns.

Subchapter 5

Existing Subchapter 5, Disclosure of Information to Full-time Caregivers, at N.J.A.C. 8:61-5.1, Disclosure of information to full-time caregivers, establishes confidentiality provisions applicable to (1) “health care providers,” an undefined term that presumably includes professionals under the jurisdiction of the health professional regulatory boards of the Division of Consumer Affairs (DCA) in the Department of Law and Public Safety; (2) the Division of Child Protection and Permanency (DCPP); and (3) entities with which the DCF contracts that are involved in adoption and foster care. Pursuant to N.J.S.A. 9:3A-1 et seq., the DCPP of the New Jersey Department of Children and Families administers State laws and establishes rules that govern required and authorized disclosures of the health status of children under its jurisdiction. See, for example, N.J.A.C. 3A:3, promulgated pursuant to N.J.S.A. 9:6-8.10a and 8.14, 30:4-24.3, and 30:4C-4(h). The DCPP administers those State standards, subject to applicable Federal standards, including the Health Insurance Portability and Accountability Act of 1996, commonly known as HIPAA, 42 U.S.C. §§ 1301, et seq., the Family Educational Rights and Privacy Act, commonly known as FERPA, 20 U.S.C. §

1232g, and the Child Abuse Prevention and Treatment Act, commonly known as CAPTA, 42 U.S.C. §§ 5101, et seq.

Existing N.J.A.C. 8:61-5.1 potentially conflicts with these Federal and State laws. Therefore, the Department proposes to repeal Subchapter 5, in deference to the respective expertise and jurisdiction of both the DCCP, in administering and establishing confidentiality standards to govern its clients' personal information, including its clients' health information, and the DCA boards that regulate health professionals. Applicable confidentiality provisions contained in the Act, particularly at N.J.S.A. 26:5C-7 through 14, would continue to apply. The Department proposes a corresponding amendment at existing N.J.A.C. 8:61-1.1, proposed for recodification as new N.J.A.C. 8:61-1.2, to delete the definitions of the terms, "full-time caregiver," and "need-to-know basis," which only N.J.A.C. 8:61-5.1 uses.

The Department is providing a 60-day comment period for this rulemaking. Therefore, the notice of proposal is excepted from the rulemaking calendar requirement, pursuant to N.J.A.C. 1:30-3.3(a)5.

Social Impact

The rules proposed for readoption and the proposed amendments, repeals, and new rules at N.J.A.C. 8:61 would continue without interruption the beneficial social impact of this chapter. N.J.A.C. 8:61-3 as proposed for amendment has provided and would continue to provide a regulatory framework to maintain the ADDP and the HIPP program to benefit individuals who otherwise would not be able to afford costly HIV medications. Use of these medications restores the health of many individuals with HIV and has enabled them to participate in the workforce and engage in other productive

activities. Ensuring that persons with HIV have uninterrupted access to medications through the ADDP and the HIPP is particularly important as a public health measure because the interruption of certain medication regimens could lead to the development of medication-resistant strains of HIV.

N.J.A.C. 8:61-4, as proposed for amendment, would continue to ensure that health care providers perform HIV screening of pregnant persons and newborns unless the pregnant person refuses to be tested or the newborn's parent refuses to permit the newborn to be tested. In most cases, HIV testing early in pregnancy or during delivery when a pregnant person's status is unknown allows clinical practitioners to have preliminary HIV test results before the pregnant person delivers.

Timely identification of HIV in pregnant persons is critical both from a clinical and public health perspective. A delay in diagnosis until late in the progression of HIV infection may be associated with irreversible damage and related medical complications. Early identification provides an opportunity for the administration of antiretroviral therapy, thereby affording an additional public health benefit by further reducing HIV transmission.

Since its inception, the ADDP has enrolled 23,000 clients, with approximately 5,600 individuals currently enrolled. As of June 30, 2020, 85,496 cumulative HIV and AIDS cases in New Jersey had been reported. NJ Division of HIV, STD, and TB Services, New Jersey Department of Health, *New Jersey HIV/AIDS Report* (June 30, 2020) at 6, 7, and 11, Tables 1, 3, and 5 (adolescent and adult cases), and 13, Table 7 (pediatric cases), available at https://www.nj.gov/health/hivstdtb/hiv-aids/June2020_HIV_AIDS_Report.pdf. Nationally, as of December 31, 2021, the CDC

ranked New Jersey as seventh in the United States of America in the rate of HIV diagnoses among all ages, as having 35,246 persons living with HIV infection diagnoses, and as 15th in the nation for the rate of prevalence of pediatric patients. CDC, *HIV Surveillance Report*, 2021; Vol. 34 (May 2023), at Table 20, available at <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>.

Of the 1,339 pediatric HIV/AIDS cases reported to date in New Jersey, 93 percent are the result of pregnant person-to-child transmission. As a result of HIV testing and the consequent increase of prenatal rapid testing, and the prompt initiation of treatment to HIV-infected pregnant persons to prevent pregnant person-to-child transmission, the number of infants born with HIV infection each year has dropped from 94 in 1993 to zero infants in 2020. *New Jersey HIV/AIDS Report*, *supra*, at 9.

Screening, along with appropriate obstetrical care, has reduced the risk of pregnant person-to-child HIV transmission from 25 percent to one to two percent. CDC, *Achievements in Public Health: Reduction in Perinatal Transmission of HIV Infection --- United States, 1985—2005* (June 2, 2006), MMWR 55(21), 592-597, available at <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5521a3.htm>.

Economic Impact

N.J.A.C. 8:61-3 as proposed for readoption with amendments would allow the continuation of the ADDP to help individuals who otherwise would not be able to afford their HIV medications. The operating budget for the ADDP was \$106 million in fiscal year 2022, including the allocation from the Ryan White CARE Act of 1990, *supra*, and pharmaceutical rebates. According to internal data reports, as of December 31, 2022, and since its inception, the ADDP has enrolled 36,237 clients. As of December 31,

2020, approximately 6,786 persons living with HIV in New Jersey are enrolled in the ADDP. Health Resources and Services Administration, Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Annual Client-Level Data Report 2021 (published September 2023) at 19, Table 8, available at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/hrsa-adap-data-report-2021.pdf>.

ADDP drug cost coverage and HIPP program insurance premium payments allow persons living with HIV to maintain good health, enabling many of these individuals to participate in the workforce and contribute to the State's economy. In addition, participating individuals use ADDP funds to purchase their medications from New Jersey licensed pharmacies, or purchase health insurance coverage from licensed insurance carriers, which further contributes to the economy.

N.J.A.C. 8:61-4, as proposed for amendment, would continue to ensure that health care providers test pregnant persons and newborns for HIV. Perinatal exposure to HIV continues to be preventable with routine HIV testing. Routine HIV testing of pregnant persons makes possible early interventions to prevent HIV transmission to their newborns. The prevention of HIV infection among pregnant persons and their newborns continues to be cost-effective.

The initiation of antiretroviral therapy in pregnant persons and newborns has a significant economic benefit. Early diagnosis of HIV infection allows individuals to receive early treatment and, in many cases, slows the progression of disease. Bingham A, Shrestha RK, et al., Estimated Lifetime HIV-Related Medical Costs in the United States, *Sexually Transmitted Diseases* (April 1, 2021) at 299-304, available at

https://journals.lww.com/stdjournal/fulltext/2021/04000/estimated_lifetime_hiv_related_medical_costs_in.15.aspx, and at Doi: 10.1097/OLQ.0000000000001366. PMID: 33492100.

Detection of HIV early in pregnancy provides the opportunity for comprehensive medical management, thus optimizing a pregnant person's health, decreasing the infant's risk of becoming infected with HIV, and reducing or avoiding costly hospitalization. With early diagnosis and treatment, pregnant persons have been able to care for their newborns and remain productive in the workforce.

Obstetrical providers, and birthing and health care facilities would continue to incur costs because some pregnant persons whose HIV status is unknown present for the first time to a health care provider at the time of labor and delivery, requiring expedited testing. The costs of testing, recordkeeping, and reporting HIV cases to the Department would continue. Costs associated with rapid HIV testing are medically appropriate in routine obstetric practice and would continue to be offset by the revenue generated from third-party billing, including Medicaid and insurance reimbursement. The Department anticipates that the costs of rapid HIV testing would continue to diminish as efforts to increase prenatal HIV screening continue. Preventing HIV transmission avoids the high treatment costs for HIV-infected persons, thereby making rapid HIV testing in the labor and delivery setting cost effective.

Federal Standards Statement

The rules proposed for re-adoption and the proposed amendments, repeals, and new rules, would fulfill the Department's rulemaking obligations pursuant to the Act, specifically at N.J.S.A. 26:1A-15, and the terms and conditions of Federal funding that

the Department receives pursuant to the Ryan White Act, to establish the AIDS Drug Distribution Program. The rules proposed for readoption and the proposed amendments, repeals, and new rules would meet but not exceed the standards of the Ryan White Act. The Department proposes to incorporate by reference into the chapter otherwise non-mandatory Federal (CDC) guidelines and recommendations for the provision of prophylactic HIV treatment as a minimum standard to which health care professionals are to adhere to in providing testing and treatment to pregnant persons and newborns.

Except as stated above, the Department does not propose the readoption, amendments, repeals, and new rules at N.J.A.C. 8:61 under the authority of, or to implement, comply with, or participate in, any program established under Federal law or under a State statute that incorporates or refers to Federal law, standards, or requirements. Therefore, no Federal standards analysis is required.

Jobs Impact

The rules proposed for readoption and the proposed amendments, repeals, and new rules at N.J.A.C. 8:61 would not have an impact on job gain or loss in the State.

Agriculture Industry Impact

The rules proposed for readoption and the proposed amendments, repeals, and new rules at N.J.A.C. 8:61 would not have an impact on the State agriculture industry.

Regulatory Flexibility Analysis

The rules proposed for readoption and the proposed amendments, repeals, and new rules at N.J.A.C. 8:61 would establish reporting, recordkeeping, and other compliance requirements that would apply to individuals participating in and applying to

participate in the ADDP, health care providers that provide obstetrical care to pregnant persons, and birthing facilities. Of these, only health care providers and birthing facilities might be small businesses within the meaning of Regulatory Flexibility Act, N.J.S.A. 52:14B-16, et seq.

The Summary, above, describes the reporting, recordkeeping, and compliance requirements that the rules proposed for readoption and the proposed amendments, repeals, and new rules would apply to health care providers and birthing facilities. These requirements include reporting HIV cases to the Department, maintaining patient health care records, ordering diagnostic examinations, and performing prenatal and perinatal laboratory HIV tests. These tasks are normal parts of an obstetric practice. The Economic Impact, above, describes the costs of compliance. Compliance with the rules proposed for readoption and the proposed amendments, repeals, and new rules would not require health care providers and birthing facilities to retain professional services, except to the extent they would need to maintain a relationship with a laboratory if offsite HIV tests are to be performed.

The Department has determined that the rules proposed for readoption and the proposed amendments, repeals, and new rules are the minimum standards necessary to implement the Department's statutory rulemaking mandates and must apply uniformly to all health care providers and birthing facilities to ensure comprehensive prevention of HIV, and identification and reporting to the Department of cases of HIV infection in pregnant persons and newborns. Therefore, the Department proposes no lesser or differing requirements for small businesses.

Housing Affordability Impact Analysis

The rules proposed for readoption and the proposed amendments, repeals, and new rules would have no impact on the affordability of housing in New Jersey and there is an extreme unlikelihood that the rules proposed for readoption and the proposed amendments, repeals, and new rules would evoke a change in the average costs associated with housing because they would establish standards applicable to individuals participating in the ADDP, providers of obstetric services, pregnant persons, and parents of newborns, and would have no impact on housing costs.

Smart Growth Impact

The rules proposed for readoption and the proposed amendments, repeals, and new rules would have no impact on the achievement of smart growth and the implementation of the State Development and Redevelopment Plan and there is an extreme unlikelihood that the rules proposed for readoption and the proposed amendments, repeals, and new rules would evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan in New Jersey because they would establish standards applicable to individuals participating in the ADDP, providers of obstetric services, pregnant persons, and newborns, and would have no impact on development, planning, or housing production in the State.

Racial and Ethnic Community Criminal Justice and Public Safety Impact

The Department has evaluated this rulemaking and determined that it will not have an impact on pretrial detention, sentencing, probation, or parole policies

concerning adults and juveniles in the State. Accordingly, no further analysis is required.

Full text of the rules proposed for readoption and the proposed repeals may be found in the New Jersey Administrative Code at N.J.A.C. 8:61.

Full text of the proposed amendments and new rules follows (additions indicated in boldface, **thus**; deletions indicated in brackets, [thus]):

CHAPTER 61

[ATTENDANCE AND PARTICIPATION AT SCHOOL BY PERSONS WITH HIV INFECTION;] AIDS DRUG DISTRIBUTION PROGRAM; HIV[/AIDS] COUNSELING AND **HIV TESTING OF PREGNANT [WOMEN FOR HIV] PERSONS**; AND [DISCLOSURE OF CHILDREN'S HIV/AIDS STATUS] **NEONATAL HIV TESTING**
SUBCHAPTER 1. [HIV SERVICES—DEFINITIONS] **GENERAL PROVISIONS**

8:61-1.1 Purpose and scope

(a) The purpose of this chapter is to implement

1. The State pharmaceutical benefits program known as the AIDS Drug Distribution Program (ADDP) at N.J.S.A. 30:4D-17.16 through 17.18a and the Health Insurance Premium Payment (HIPP) program;

2. N.J.S.A. 26:5C-15 through 20; and

3. N.J.S.A. 26:2-111.2.

(b) This chapter applies to:

1. Applicants for participation, and persons seeking renewal of participation in the ADDP and the HIPP program;

2. Health care providers who serve as primary caregivers;

3. Persons who have access to the HIV status of any person, including pregnant and/or recently postpartum women and/or their newborns; and

4. Birthing facilities.

b) This subchapter is part of the State Sanitary Code and compliance is subject to N.J.S.A. 26:1A-10, 26:4-129, and 26:5C-14 and 18.

8:61-[1.1]1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

["Adult" means a teacher, administrator, food service employee or other school staff member.]

"AIDS" means [acquired immune deficiency syndrome, a condition affecting an individual who has a reliably diagnosed disease that meets the criteria for AIDS specified by the Centers for Disease Control and Prevention of the United States Public Health Service in the following volumes of the Morbidity and Mortality Weekly Review (MMWR): Volume 41 RR-17 of the MMWR published on December 18, 1992; Volume 43 No. RR-17 of the MMWR published on September 30, 1994; Volume 48 No. RR-13 of the MMWR published on December 10, 1999; Volume 57 No. RR-10 of the MMWR published on December 5, 2008; and, updates found at www.cdc.gov/mmwr] **"AIDS" as N.J.S.A. 26:5C-1, et seq., especially at 5 and 15, defines that term, as supplemented and modified by the HIV Case Definition.**

"AIDS Drug Distribution Program" or **"ADDP"** means [the] **a program of the Department** by which eligible individuals [will] **can** receive [designated] **prescription**

medications approved by the Federal Food and Drug Administration [which have been recognized as either prolonging] **that prolong and/or** [enhancing] **enhance** the [life] **lives** of individuals with HIV infection from funds appropriated to the State from the Federal government.

["Clinical practitioner" shall mean any of the following acting within his or her scope of practice: physician, advanced practice nurse, physician assistant, registered professional nurse or certified nurse midwife.]

"Birthing facility" means "birthing facility" as N.J.S.A. 26:2-111.2 defines that term.

"Centers for Disease Control and Prevention" or "CDC" means the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

"Commissioner" means the Commissioner of Health.

"Department" means the New Jersey Department of Health [and Senior Services].

["Full-time caregiver" means a foster parent(s), prospective adoptive parent(s), group home and treatment home parent(s), the medical director or other individual in other congregate care facilities responsible for the medical care and management of the child. This list is not exhaustive and may include relatives and family friends who are actively engaged in caring for the needs of the HIV/AIDS child.

"Need-to-know basis" means that a disclosure will occur only when necessary for the treatment, care, and overall health needs of the HIV/AIDS-infected child.

“HIV” means human immunodeficiency virus, the virus that causes AIDS and that meets the case definitions of HIV specified by the Centers for Disease Control and Prevention of the United States Public Health Service in the following volumes of the Morbidity and Mortality Weekly Review (MMWR): Volume 41 No. RR-17 of the MMWR published on December 18, 1992; Volume 43 No. RR-17 of the MMWR published on September 30, 1994; Volume 48 No. RR-13 of the MMWR published on December 10, 1999; Volume 57 No. RR-10 of the MMWR published on December 5, 2008; and, updates found at www.cdc.gov/mmwr.

“Physician” means an individual currently licensed to practice medicine and surgery pursuant to N.J.S.A. 45:9-1 et seq.

“Student” means an individual entitled to enrollment in a public preschool, elementary, secondary or adult high school program, charter school, or a licensed school acting under contract to provide educational services on behalf of a public school district within the State of New Jersey and school programs operated by or under contract with the New Jersey Departments of Corrections and Human Services and the Juvenile Justice Commission.]

“Centers for Disease Control and Prevention” or “CDC” means the entity by that name within the United States Department of Health and Human Services.

“Division” means the Division of HIV, STD and TB Services within the Department, for which the contact information is Division of HIV, STD and TB Services, NJ Department of Health, PO Box 363, Trenton, NJ 08625-0363, telephone (800) 624-2377 (this is a 24-hour toll-free telephone number) telefacsimile (609) 984-6495.

“Drug Utilization Review Board” means the entity by that name established pursuant to N.J.S.A. 30:4D-17.16 through 17.18a, especially at 17.17a.

“Federal poverty guidelines” means:

1. The Annual Update of the HHS Poverty Guidelines that the Secretary of the United States Department of Health and Human Services annually issues and publishes in the *Federal Register* pursuant to 42 U.S.C. §9902(2), incorporated herein by reference, as amended and supplemented; and

2. That are applicable and in effect as of the date an applicant applies for enrollment, and/or the date an enrolled person applies for re-enrollment, in the ADDP or the HIPP program.

“Health care provider” means a person who holds a license pursuant to Title 45 of the Revised Statutes:

1. As a physician, an advanced practice nurse, a physician assistant, or a midwife; or

2. Whose licensed scope of practice includes the diagnosis and/or treatment of HIV.

“Health Insurance Premium Payment program” or “HIPP program” means a program by which the ADDP funds health insurance premium payments for persons living with HIV.

“HIV” means “HIV” as N.J.S.A. 26:5C-1, et seq., especially at 5, 15, and 21, defines that term, as supplemented and modified by the HIV Case Definition.

“HIV Case Definition” means CDC, et al., *Revised Surveillance Case Definition for HIV Infection — United States, 2014*, MMWR, Vol. 63, No. RR-03

(April 11, 2014), available at https://www.cdc.gov/mmwr/indrr_2014.html, incorporated herein by reference, as amended and supplemented.

“HIV infection” means “HIV infection” as N.J.S.A. 26:5C-1, et seq., especially at 5, defines that term, as supplemented and modified by the HIV Case Definition.

“HIV-related illness” means “HIV related illness” as N.J.S.A. 26:5C-1, et seq., especially at 5, defines that term, as supplemented and modified by the HIV Case Definition.

“HIV-related test” means “HIV related test” as N.J.S.A. 26:5C-1, et seq., especially at 5, defines that term, as supplemented and modified by the Testing Recommendations.

“HIV test” means “HIV test” as N.J.S.A. 26:5C-1, et seq., especially at 21, defines that term, as supplemented and modified by the Testing Recommendations.

“Household” means “household” as 42 C.F.R. § 435.603 defines that term.

“Household income” means “household income” as 42 C.F.R. § 435.603 defines that term.

“Informed consent” means “informed consent” as N.J.S.A. 26:5C-1, et seq., especially at 5, defines that term.

“MAGI-based income” means “MAGI-based income” as 42 C.F.R. § 435.603 defines that term.

“Parent” means:

1. A biological parent;

2. An adoptive parent;
3. A “resource family parent” as N.J.S.A. 30:4C-26.4 defines that term; and
4. A person or an entity serving as guardian of the person of a minor or incapacitated person pursuant to an applicable statute, court rule, court order, or duly executed delegation of parental rights.

“Perinatal HIV Clinical Guidelines” means United States Department of Health and Human Services, Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission, et al., *Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States*, which is published in an electronic format that is updated regularly and frequently as relevant changes in prevention and treatment recommendations occur (last updated January 31, 2024), available at <https://clinicalinfo.hiv.gov/en/guidelines/perinatal>, incorporated herein by reference, as amended and supplemented.

“Testing Recommendations” means CDC, et al., *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*, MMWR, Vol. 55, No. RR-14 (September 22, 2006), available at https://www.cdc.gov/mmwr/indrr_2006.html, incorporated herein by reference, as amended and supplemented.

REPEAL:

SUBCHAPTER 2. [PARTICIPATION AND ATTENDANCE AT SCHOOL BY
INDIVIDUALS WITH HIV INFECTION]

(RESERVED)

SUBCHAPTER 3. [ELIGIBILITY CRITERIA TO PARTICIPATE IN THE] AIDS DRUG
DISTRIBUTION PROGRAM **AND HEALTH INSURANCE PREMIUM PAYMENT
PROGRAM**

REPEAL AND NEW RULE:

8:61-3.1 Covered medications

Pursuant to N.J.S.A. 30:4D-17.17a, 17.18, and 17.18a, the Department of
Human Services, in consultation with the AIDS/HIV Drug Utilization Review
Committee of the Drug Utilization Review Board, and with the approval of the
Commissioner of Health, shall determine the formulary of medications that the
ADDP covers.

REPEAL: 8:61-3.2 Coverage

8:61-[3.3]**3.2 Clinical eligibility criteria**

To be [considered] clinically eligible to participate in the [AIDS Drug Distribution
Program] **ADDP**, an [individual] **applicant** must meet the clinical criteria [established by
the manufacturer] of the [drug] **HIV Case Definition** as determined by a [licensed

physician or other licensed] health care [practitioner acting within his or her scope of practice] **provider**.

8:61-[3.4]**3.3 [Income] ADDP income and residency eligibility criteria**

(a) [In order to] **To be eligible [for this program] to participate, or to renew one's participation, in the ADDP, [the individual(s)] an applicant** shall be a permanent resident of New Jersey and [must] have an annual **household** income that does not exceed 500 percent of the Federal [Poverty Level in accordance with the provisions of 42 U.S.C. 9902(2) as amended and supplemented] **poverty guidelines**.

[1. An applicant and spouse shall be considered separated when each maintains a separate residence and the applicant does not have access to or receive support from the spouse's income.

2. An applicant and spouse shall be considered separated when the spouse has been institutionalized in an assisted living facility, long-term care facility, either skilled or intermediate, or in a State or county psychiatric hospital at least 30 consecutive days prior to application.]

(b) [Income shall be determined in accordance with the standards delineated at N.J.A.C. 8:83-6.2] **The Department will calculate an applicant's financial eligibility for participation in the ADDP based on the applicant's MAGI-based income.**

(c) ADDP eligibility is valid for 12 months from a participant's date of enrollment.

1. The Division shall transmit written notice to participants annually that provides an application for renewal of enrollment and specifying the deadline and procedure for submission of renewal applications.

2. An applicant's case manager may assist participants in submission of renewal applications, as necessary.

(d) Upon application for renewal of an applicant's enrollment in the ADDP, if the applicant's actual household income for the previous year exceeded 500 percent of the Federal poverty guidelines, but is not expected to exceed that amount in the upcoming year for which the applicant is seeking reenrollment, the Division will review on a case-by-case basis whether the applicant remains eligible for reenrollment in the ADDP, with the overriding consideration being the prevention of HIV transmission based on the likelihood that the applicant would continue to adhere to a medication regimen if not reenrolled, in view of the applicant's overall financial circumstances, and given the relative cost that the applicant would incur to obtain prescribed HIV medications if not reenrolled.

(e) The ADDP program shall take necessary action to recover from a third party the full amount of payments it may have made to the third party, on behalf of a participant, during a period of the participant's ineligibility, when appropriate.

(f) Upon request of an applicant, the Division will assist an applicant to enroll in Medicare Part D Low Income Subsidy (LIS), pursuant to 20 CFR Part 418, Subpart D, and 42 CFR Part 423, upon the applicant's submission of all income and asset information that are necessary to apply.

1. The Division may provide payments from ADDP funds for LIS premiums and medication copayments for enrolled participants, subject to the availability of funding.

(g) The Division shall determine an applicant’s New Jersey residency in accordance with the residency standards established for the PAAD program at N.J.A.C. 10:167-6.4.

REPEAL: 8:61-3.5 Residence

8:61-[3.6]**3.4** [Third party] **Third-party** coverage

Individuals who are eligible to receive [the] covered medications from entitlement programs or [third party] **third-party** payers are not eligible to receive benefits under [this program] **the ADDP**.

8:61-[3.7]**3.5** [Application] **ADDP application** process

(a) [Applications to enroll] **An applicant for enrollment** in the [program] **ADDP shall submit to the Division a completed application and supporting documentation in the forms at Appendices A, B, and C, “Application for Participation in the AIDS Drug Distribution Program” (DHSTS-27), “Certification of Licensed Health Care Provider” (DHSTS-37); and “Application for Participation in the Health Premium Payment Program” (DHSTS-47).**

1. ADDP application and certification forms can be obtained by calling [toll free] **the Division, toll-free, at 1-877-613-4533, or from the Department’s forms page at www.nj.gov/health/forms.**

[(b) Once an interested individual receives the application, the form should be completed and returned to the address indicated on the application. The application

requires personal information on residency, immigration status, race/ethnicity, marital status, household income, employment status, insurance coverage, and certification by a physician.

(c) If approved for participation in the Program, the Department or its designee]

(b) The Division will notify [the individual, his or her physician or other licensed] an applicant in writing upon determining the applicant's eligibility, and, if an applicant is eligible, the Division will notify the applicant's health care [practitioner acting within his or her scope of practice, and the pharmacy from which the prescription will be filled] provider of the applicant's enrollment in the ADDP.

8:61-3.6 Health Insurance Premium Payment program (HIPP program) eligibility and application process

(a) Eligibility for the HIPP program is contingent upon an applicant's active enrollment in the ADDP.

(b) An applicant for participation in the HIPP shall:

1. Apply through a Ryan White medical case manager in the practice of the applicant's health care provider; or

2. Telephone the Division at (800) 353-3232, and the Division will assign a regional Ryan White medical case manager to organize submission of an enrollment application on behalf of the applicant.

(c) The applicant's case manager will complete a HIPP Program Application Form in the form at chapter Appendix C, incorporated herein by reference, using

information that the applicant supplies, and submit the application to the Division.

1. A HIPP program application form can be obtained from HIV treatment sites or by calling the Division, toll free, at (800) 353-3232.

SUBCHAPTER 4. [TESTING OF] **SCREENING** PREGNANT [WOMEN] **PERSONS**
AND NEWBORNS FOR HIV [OR HUMAN IMMUNODEFICIENCY VIRUS] **INFECTION**;
INTERVENTIONS TO REDUCE PERINATAL HIV TRANSMISSION RATES

REPEAL AND NEW RULE:

8:61-4.1 Birthing facilities to establish policies and procedures

(a) Birthing facilities shall establish, implement, and review and update at least once every three years and more frequently as needed, written policies and procedures that:

1. Are consistent with the guidance contained in the publications listed at N.J.A.C. 8:61-1.3; and

2. Ensure birthing facilities' compliance with this chapter and the reporting requirements at N.J.A.C. 8:65 HIV Infection Reporting.

REPEAL AND NEW RULE:

8:61-4.2 HIV screening of pregnant persons as part of routine prenatal and perinatal care

(a) A health care provider who is either the primary care provider or the prenatal care provider for a pregnant person shall:

1. Inform the pregnant person, by spoken discussion and/or written or visual media, such as brochures or videos, and in adherence to the Testing Recommendations, of:

i. The fact that testing for HIV, as part of the routine panel of prenatal tests, is recommended for all pregnant persons in each pregnancy, to occur early in a pregnancy and during the third trimester, and that the pregnant person will receive HIV tests unless the pregnant person specifically declines to be tested for HIV;

ii. The benefits of being tested for HIV as early as possible in the course of the pregnancy and a second time during the third trimester;

iii. HIV infection and the ways in which HIV infection is transmissible;

iv. The meanings of positive and negative HIV test results and the possible need for additional testing to confirm a test result;

v. The medical treatment available to treat HIV infection if diagnosed early;

vi. The reduced rate of transmission of HIV to a fetus if an HIV-infected pregnant person receives treatment for HIV;

vii. The interventions that are available to reduce the risk of transmission of HIV to the fetus and newborn, such as the use of antiretroviral medications, scheduled cesarean delivery, and avoidance of breastfeeding; and

viii. The confidentiality protections applicable to patients' HIV-related information pursuant to the Act and other laws;

2. Offer the pregnant person an opportunity to ask questions;

3. Perform an HIV test on the pregnant person as early as possible in the pregnancy, and again during the third trimester, unless the pregnant person either:

i. Has an existing diagnosis of HIV infection; or

ii. Specifically declines, in spoken or written form, to receive an HIV test;

4. Annotate in the pregnant person's medical record:

i. The date on which the health care provider conveys to the pregnant person the information that (a)1 and 2 above specify;

ii. If the pregnant person specifically declines to receive an HIV test, the fact that the pregnant person declined (and, if the pregnant person declines in writing, maintain as part of the record the pregnant person's written declination);

iii. The dates on which the health care provider performs each HIV test; and

iv. The results of each HIV test and HIV-related test that the health care provider performs; and

5. Give the pregnant person the test results.

(b) A health care provider or responsible party for an institution providing care to a pregnant person, shall report a case to the Department using the Adult HIV

Confidential Case Report Form Case Report Form in accordance with N.J.A.C.

8:65 within 24 hours of:

- 1. Diagnosing HIV, HIV infection, or an HIV-related illness;**
- 2. Receiving a laboratory test result indicating the presence of HIV, HIV infection, or a microorganism indicative of an HIV-related illness; or**
- 3. Receiving a patient's self-report of an existing HIV diagnosis, HIV infection, or HIV-related illness,**

(c) In accordance with the Testing Recommendations, a health care provider need not use, and the Department discourages the use of, a form or procedure to obtain a pregnant person's informed consent to HIV testing that is different or separate from, or in addition to, the health care provider's standard form and/or procedure to obtain informed consent to treat the patient and/or to perform other routine perinatal laboratory tests, provided the health care provider informs the patient that an HIV test will be performed as part of the health care provider's routine diagnostic screening and evaluation of the patient, and unless the patient declines an HIV test.

(d) A health care provider who is either the primary care provider or the prenatal care provider for a pregnant person shall not deny a pregnant person appropriate prenatal or other medical care because the pregnant person declines to be tested for HIV.

(e) If a pregnant person, for whom a health care provider is either the primary care provider or the prenatal care provider, has an existing diagnosis of HIV infection or tests positive for HIV infection, the health care provider shall:

1. Counsel the pregnant person as to the implications of the existing HIV diagnosis, or the significance of the test results, with respect to the health of the pregnant person and the potential for the transmissibility of HIV infection to the fetus;

2. Recommend immediate comprehensive medical assessment and treatment for the pregnant person and interventions to prevent transmission to the fetus, in accordance with the Perinatal HIV Clinical Guidelines; and

3. Initiate referrals of the pregnant person to health care providers, health care facilities, and other resources through which the pregnant person can receive HIV care, counseling, and other clinical and social services, as appropriate under the circumstances.

i. Referral resources are available from the Department's 24-hour hotline at (800) 624-2377 and hotline website at <http://www.njhivstdline.org>, and from the CDC National Prevention Information Network (NPIN) website at <https://npin.cdc.gov>.

REPEAL AND NEW RULE:

8:61-4.3 Obligations of birthing facilities regarding HIV screening of pregnant person in labor and delivery; documentation and communication of results

(a) Upon presentation and/or admission of a pregnant person to a birthing facility for any reason, including through an emergency room or outpatient service of the birthing facility for reasons that may be unrelated to the pregnancy, the birthing facility shall ensure that a responsible staff member asks the pregnant person if

the pregnant person has a primary care provider or a prenatal care provider and is seeing that provider for prenatal care, and memorializes the pregnant person's response in the patient's medical record.

1. If the pregnant person indicates that the pregnant person has a primary care provider or a prenatal care provider and is seeing that provider for prenatal care, the birthing facility shall ensure that the provider, in accordance with N.J.A.C. 8:61-4.4, has given the pregnant person information, testing as medically appropriate under the circumstances, and the test results; and

2. If the pregnant person indicates that the pregnant person does not have, and/or has not seen, a primary care provider or a prenatal care provider for prenatal care and/or has not received information and testing pursuant to N.J.A.C. 8:61-4.4, then the birthing facility shall ensure that a health care provider at the birthing facility gives the pregnant person information, testing as medically appropriate under the circumstances, and the test results, pursuant to N.J.A.C. 8:61-4.4.

(b) Upon admission of a pregnant person to a birthing facility for labor and delivery, the birthing facility shall:

1. Determine whether:

i. The pregnant person's HIV infection status is known or unknown; and

ii. The pregnant person received an HIV test during the third trimester;

2. If the pregnant person's HIV infection status is known and the pregnant person received an HIV test during the third trimester, annotate the pregnant

person's status as either HIV-positive or HIV-negative in the pregnant person's medical record;

3. Ensure that the labor and delivery unit of the birthing facility promptly receives the pregnant person's HIV status information in time to alert the unit of the need, if the pregnant person's HIV status is known to be positive or is unknown, to implement interventions to reduce the risk of HIV transmission to the fetus or newborn during the pregnant person's labor and delivery, in accordance with the Perinatal HIV Clinical Guidelines;

4. Ensure that a health care provider at the facility completes in its entirety a Perinatal HIV Exposure Reporting form and submits it to the Division pursuant to N.J.A.C.8:65 within 24 hours of identifying a case of perinatal exposure to HIV; and

5. Ensure, if the birthing facility transfers the pregnant person to another birthing facility, that the pregnant person's HIV status is memorialized in a document or electronic file that:

i. Accompanies, or otherwise is annexed to, the uniform transfer form that N.J.A.C. 8:43E-13 requires the birthing facility to issue; and

ii. Is sealed and/or secured in a manner that maintains the confidentiality of the pregnant person's HIV status during transfer.

(c) If a birthing facility admits to labor and delivery a pregnant person whose HIV status is unknown and/or not of record, and/or who did not have an HIV test during the third trimester, the birthing facility shall ensure that:

1. A health care provider, in accordance with N.J.A.C. 8:61-4.4, gives the pregnant person information, expedited HIV testing as soon as it is medically appropriate, and the test results;

2. The labor and delivery unit receives the pregnant person's HIV test result in time to alert the unit, if applicable, of the need to implement interventions to reduce the risk of HIV transmission to the fetus or newborn during the pregnant person's labor and delivery, in accordance with the Perinatal HIV Clinical Guidelines; and

3. If the result of the pregnant person's initial HIV test is positive, a health care provider initiates:

i. Supplemental testing, medical care, and referrals, as and when appropriate under the circumstances, consistent with N.J.A.C. 8:61-4.2, for the pregnant person; and

ii. Interventions to reduce the risk of HIV transmission to the fetus or newborn in accordance with N.J.A.C. 8:61-4.2 and the Perinatal HIV Clinical Guidelines, without awaiting the results of confirmatory testing.

(b) A birthing facility shall deny a pregnant person neither:

1. Appropriate prenatal or other medical care because the pregnant person declines to receive an HIV test; nor

2. HIV testing based on the pregnant person's economic status.

REPEAL: 8:61-4.4

8:61-[4.6]4.4 [Screening and rapid] HIV testing [procedures] of [a] newborns [infant post-delivery]

(a) A birthing facility shall [inform the parents or legal guardian of a] **ensure that each** newborn in its care [that a newborn infant shall be given a] **receives an** HIV test [when] **if** the [mother's] HIV **infection** status **of the newborn's delivering parent** is [untested in the third trimester] **unknown, and/or undocumented**, unless [the], **following the birthing facility notifying a newborn's parent that the test is to be performed as part of routine newborn postnatal care:**

1. **The parent[s or legal guardian object in writing based upon] objects to the test as being in conflict with the parent's** religious tenets and practices; **and**

2. **The parent submits a written statement of the objection to the birthing facility, which shall maintain the written statement as part of the newborn's medical record.**

(b) If the [parents or legal guardian refuse to allow] **result of** an expedited HIV test [to be] **that is** performed on a newborn [infant due to religious tenets and practices] **pursuant to (a) above is positive for HIV infection**, the birthing facility shall [obtain a written statement signed by the parents or legal guardian that HIV testing conflicts with their religious tenets or practices, and the birthing facility shall document the objection and include the written statement in the newborn's medical record.

(c) When a newborn receives an expedited HIV testing, the birthing facility shall provide the parents or legal guardian with the following] **ensure that a health care provider:**

1. [An explanation of] **Explains to** the [recommended] **newborn's parent the appropriateness of initiation of immediate** antiretroviral [preventive treatment]

prophylaxis measures for the [infant] newborn without awaiting the result of supplemental testing, consistent with the Perinatal HIV Clinical Guidelines.

2. [Appropriate] **Informs the delivering parent that the identification of HIV infection in the newborn indicates that the delivering parent is HIV-infected;**

3. Provides the delivering parent and the newborn appropriate medical care and treatment [for the woman and newborn], including follow-up; and

[3. The availability of appropriate] **supplemental testing (virologic testing 14 days post-delivery) in accordance with the Perinatal HIV Clinical Guidelines;**

4. Initiates referrals [for her] of the delivering parent and [her] the newborn, as appropriate under the circumstances, to [physicians or] health care providers, health care facilities [with experience and expertise in providing medical care and services to women with HIV], and other resources through which the delivering parent and the newborn can receive HIV care, counseling, and other clinical and social services [as necessary];

i. See N.J.A.C. 8:61-4.2(e)3i for referral resources.

REPEAL: 8:61-4.5

8:61-[4.9]**4.5** Quality improvement for rapid HIV testing of pregnant [women] **persons** and newborns

(No change in text.)

REPEAL: N.J.A.C. 8:61-4.7 and 4.8

**REPEAL: SUBCHAPTER 5. [DISCLOSURE OF INFORMATION TO FULL-TIME
CAREGIVERS]**

(RESERVED)

APPENDIX A

New Jersey Department of Health
AIDS Drug Distribution Program (ADDP) and Health Insurance Premium Payment (HIPP) Program
PO Box 722
Trenton, NJ 08625-0722

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PARTICIPATION IN THE ADDP
(DHSTS-27)**

Before you begin completing the application form, please take a few minutes to review these instructions. If you need assistance completing this application, call the ADDP toll-free number at 1-877-613-4533.

If you are applying for health insurance premium payment assistance, you will need to provide additional documents and complete separate forms as listed on page 2 of these instructions).

SECTION I — APPLICANT INFORMATION

Enter your principal place of residence.

If you are unhoused, have your case manager or social worker provide supporting documentation on facility letterhead. Seasonal or temporary residence in New Jersey, of whatever duration, does not constitute residency.

Include proof of residence. Following are examples of proof of residency:

- Motor Vehicle records (e.g., valid Driver's License)
- Lease or mortgage or deed
- Landlord's records and rent receipts
- Public utility records and receipts (electric, gas, phone bill)
- Records of social services agencies, public or private
- Social Security records
- Post Office records
- Photo ID from county
- Employment records

You may provide your Social Security number (SSN) on Page 1 of the application. Although providing it is optional, the SSN will help us better coordinate your benefits and speed up the processing of your application. Providing your SSN will also enable us to verify eligibility by matching tax files at the New Jersey Division of Taxation, and to identify other prescription coverage by searching health insurance records.

Applicant's Marital Status: (In both Section I and Section II)

Check "separated" if:

- (1) You and your spouse or partner live apart AND if you do not have access to, or receive support from, your spouse or partner's income; or
- (2) Your spouse or partner has resided in a long-term care or psychiatric institution for at least 30 days prior to the submission of this application.

If you check "separated," you must complete Section III—Attestation of Separation

SECTION II — HOUSEHOLD INFORMATION

State the number of persons in your household, your relationship to each person, and the birthdate, gender, and marital status of each household member. If you have more than two household members, additional sheets are available on the last two pages of this application, at Sections X and XI. You can print out as many copies of these sheets as needed. Then, complete a sheet with information about each additional household member and include it with your completed ADDP application. Leave unneeded household member sections blank. The Applicant must be HIV positive.

HOUSEHOLD MEMBERS are all the adults and children under age 21 living in the Applicant's household (including children living away at school full time).

- (1) In calculating the number of people in the household, include:
 - a. The applicant, the Applicant's spouse or partner (if married or in a civil union or a domestic partnership), and
 - b. All persons whom the Applicant claims as a dependent, OR all persons who claim the Applicant, as their dependent.
- (2) If the Applicant plans to file Federal income taxes next year:
 - a. Include anyone who is filing jointly with the Applicant and anyone whom the Applicant intends to claim as a tax dependent, even if that person does not want health coverage or does not live with the Applicant.
- (3) If the Applicant DOES NOT plan to file Federal income taxes next year:
 - a. Include all the adults living in the Applicant's household and all the children under age 21 living in the Applicant's household (including children living away at school full time).
 - b. If the applicant wants assistance obtaining Marketplace (Get Covered NJ) insurance, the Applicant must file a FEDERAL Income tax return.
- (4) If someone else will claim the Applicant as a tax dependent, include the tax filer and any other dependents whom the tax filer intends to claim.
- (5) Married couples must file jointly.

SECTION III — ATTESTATION OF SEPARATION

Fill out this section and sign it if the Applicant is in a marriage, a civil union, or a domestic partnership, but does not reside with the spouse or partner.

SECTION IV — APPLICANT'S DEMOGRAPHICS

Responding to ethnicity, race, gender identity, and sexual orientation questions is optional, but this information helps the ADDP improve service to all people using this program. The Department uses this information to make sure everyone gets fair access to services. The Department will not share your information with any government or private entity. The Department must protect the privacy of your information. Your responses are only accessible to program staff and claims processors. Providing this information will not affect your eligibility and it cannot be used to discriminate against you or deny you services.

SECTION V — COMMUNICATION METHODS

Alternate Contact Person:

Provide the name of someone that the ADDP staff can contact if ADDP staff are unable to reach you.

Please indicate whether the alternate contact person is aware of your HIV status.

Case Manager Information:

It is recommended that all applicants have or consult a case manager determined by county of residence.

You may contact your County Board of Social Services or call the Division of HIV, STD, and TB Services at 1-(800) 353-3232 for a list of funded facilities in your area.

SECTION VI — INCOME INFORMATION

Household Income:

Enter your TOTAL HOUSEHOLD INCOME, by category, for the past 12 months. List gross figures unless otherwise indicated.

- (1) Enter your income.
- (2) If you are married or in a civil union or domestic partnership, enter your income PLUS the income of your spouse or partner.
- (3) If you are dependent on others, also enter the total income of the persons on whom you are dependent.
- (4) Fill in ALL the blanks. If your income for any category is zero, write "0" in that space.
- (5) If you and/or your spouse or partner have no income, supply a letter of support from the person(s) who provides your support.
 - a. The letter must specifically state whether the person(s) providing your support claims you as a dependent for income tax purposes.

Following are examples of income that must be reported:

- Business Income (Net)
- Royalties
- Realized Capital Gains
- Death Benefits Received (Net)
- Inheritance

Medicare Part B Deductions: If you and/or your spouse or partner have Medicare Part B premiums deducted monthly from your Social Security check, multiply this amount by 12 (annual amount) and enter the total next to "Other Deductions," under the column that says, "Allowable Deductions."

If you have applied for Social Security Disability benefits, provide a copy of your Notification of Social Security Disability Entitlement, when you receive it.

If you need current income limits, call ADDP at 1-877-613-4533 or the Department of Health at 1 (800) 353-3232 or go to: <https://www.nj.gov/health/hivstdtb/hiv-aids/medications.shtml>.

If you or any member of your household filed a Federal, State, and/or City Income Tax Return last year, a copy of each completed and signed tax return, including all attached schedules, must accompany your application.

SECTION VII — HEALTH INSURANCE INFORMATION

Check all that apply regarding your health insurance coverage. If you have "Private Health Insurance" through any source, provide the policy number(s) as well as the name and address of the insurance carrier(s). If this coverage is provided by an employer (current or previous) or union, enter the name and address of the employer or union. "Private Health Insurance" includes health insurance provided by private insurance carriers such as Blue Cross/Blue Shield, Aetna, or AmeriHealth. You must include a legible photocopy of the front and back of your insurance card(s) and prescription card(s).

SECTION VIII — ATTACHMENTS CHECKLIST

Review this before mailing your application.

SECTION IX — CERTIFICATION AND AUTHORIZATION BY APPLICANT

Preparer Information: Anyone other than the applicant who prepares the form must provide their name and telephone number, in case questions should arise concerning the application.

SECTION X — ADDITIONAL HOUSEHOLD MEMBER INFORMATION and SECTION XI — ADDITIONAL HOUSEHOLD MEMBER INCOME INFORMATION

These are additional pages to use if you have more than two household members.

CERTIFICATION OF LICENSED HEALTHCARE PROVIDER (Form DHSTS-37)

Complete the requested information in Section I, then give it to your Healthcare Provider to complete Section II.

Ask your Health care Provider to return the completed form to you.

Submit the completed Certification with your completed ADDP application when you send it to the ADDP.

BEFORE YOU MAIL YOUR APPLICATION, REVIEW THIS CHECKLIST AND MAKE SURE THAT ALL OF THE FOLLOWING ITEMS ARE MAILED WITH YOUR COMPLETED APPLICATION.

- Proof of residency.
- Verification of income (current pay stubs, unemployment records, etc.).
- Most recent signed Federal, State, and/or City Income Tax Returns, including all attached schedules or, if no income tax return was filed, submit the most recent W-2 form(s), 1099 form(s), etc.
- If you receive Social Security Disability benefits, please include the Notice of Award letter.
- Copies of the FRONT and BACK of all health insurance or prescription cards.
- Certification of Licensed Health Care Provider (DHSTS-37) (completed and signed).**

IMPORTANT: Send copies of any requested documents. Do not send original documents as they WILL NOT be returned.

HEALTH INSURANCE PREMIUM PAYMENT PROGRAM:

Applications for Participation in the Health Insurance Premium Payment Program (HIPP) can be faxed to (609) 984-6495; or mailed to:

HIPP Program
NJ Department of Health
PO Box 363
08625-0363

If you are enrolled in the Get Covered NJ insurance plan, please complete the HIPP Program application forms, which can be obtained from a treatment facility. Your case manager will help you complete the HIPP Program application and submit it on your behalf to the HIPP Program.

If you are applying for assistance with employer-sponsored insurance, include with your HIPP Program application your current health insurance premium billing notice that includes a premium identification number, premium amounts, the payment due date, and where to send payments.

If you are a COBRA applicant, please include a copy of your completed COBRA election form and/or your current COBRA billing invoice.

APPLICATION FOR PARTICIPATION IN THE AIDS DRUG DISTRIBUTION PROGRAM

APPLICATIONS ARE ACCEPTED ONLY AT THE FOLLOWING ADDRESS:

ADDP

PO Box 722

Trenton, NJ 08625-0722

or Fax to: (609) 588-7037

For more information on the AIDS Drug Distribution Program (ADDP), please go to our website at:

<http://nj.gov/health/aids/freemed.shtml>

IT IS THE APPLICANT'S RESPONSIBILITY TO REPORT ANY CHANGE IN CIRCUMSTANCES THAT WOULD AFFECT THE APPLICANT'S ELIGIBILITY TO PARTICIPATE IN THE ADDP.

SECTION I — APPLICANT INFORMATION			
Applicant's Last Name:	Applicant's First Name:	Middle Initial:	Applicant's Date of Birth: _____/_____/_____ <i>Month Day Year</i>
Is the applicant legally present in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Undocumented status will not affect the Applicant's ADDP eligibility. This is to help the applicant get health insurance.)</i>		Applicant's Social Security Number <i>(optional)</i> : _____ <i>(Please provide your Social Security Number (SSN). Although this is optional, providing your SSN will speed up the application process.)</i>	
Applicant's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Separated* <i>*(The Applicant will need to verify this information in Section III)</i>	Applicant's Gender Identity <i>(select all that apply)</i> : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Binary Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	If the Applicant is pregnant: Number of babies expected: _____ Due Date: _____/_____/_____ <i>Month Day Year</i>	
Applicant's Residential Address <i>(if unhoused, leave blank; see note below)</i> :			Apartment Number:
City, State, Zip Code:			County:
Applicant's Mailing Address <i>(if different from Residential Address)</i> :			
City, State, Zip Code:			
Whose mailing address is the Applicant using? <input type="checkbox"/> Self <input type="checkbox"/> Medical Case Manager's <input type="checkbox"/> Other <i>(specify)</i> : _____			Applicant's Email:
Is the Residential Address, above, the Applicant's principal place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
NOTE: Proof of residency MUST accompany this application. See Instructions. NO HOME ADDRESS DECLARATION: If the Applicant does not have a residential address, the applicant may have a case manager or a social worker provide supporting documentation on facility letterhead.			

SECTION II — HOUSEHOLD MEMBER INFORMATION

How many household members does the Applicant have? _____

Household Member 1:

Relationship to the Applicant: Parent Grandparent Spouse Child Sibling Other: _____

Last Name:	First Name:	Middle Initial:	Date of Birth: _____/_____/_____ <small>Month Day Year</small>
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Is the household member legally present in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Undocumented status will not affect the Applicant's ADDP eligibility. This is to help the applicant get health insurance.)</i>	Household member's Social Security Number (optional): _____ <i>(Please provide your Social Security Number (SSN). Although this is optional, providing your SSN will speed up the application process.)</i>
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Household member's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Separated* <i>*(The Applicant will need to verify this information in Section III)</i>	Household member's Gender Identity (select all that apply): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Binary Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	If the household member's is pregnant: Number of babies expected: _____ Due Date: _____/_____/_____ <small>Month Day Year</small>
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Household Member 2:

Relationship to the Applicant: Parent Grandparent Spouse Child Sibling Other: _____

Last Name:	First Name:	Middle Initial:	Date of Birth: _____/_____/_____ <small>Month Day Year</small>
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Is the household member legally present in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Undocumented status will not affect the Applicant's ADDP eligibility. This is to help the applicant get health insurance.)</i>	Household member's Social Security Number (optional): _____ <i>(Please provide your Social Security Number (SSN). Although this is optional, providing your SSN will speed up the application process.)</i>
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Household member's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Separated* <i>*(The Applicant will need to verify this information in Section III)</i>	Household member's Gender Identity (select all that apply): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Binary Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	If the household member's is pregnant: Number of babies expected: _____ Due Date: _____/_____/_____ <small>Month Day Year</small>
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SECTION III — ATTESTATION OF SEPARATION

Fill out this section if the applicant is in a marriage, a civil union, or a domestic partnership, but does not reside with the spouse or partner.

I, (Print Name of Applicant) _____, attest to the truthfulness of the following:

1. My spouse or partner and I are separated and no longer reside together;
2. I receive no support or money from my spouse or partner; and
3. My spouse or partner and I do not commingle our funds in any way and do not file joint Federal or State income tax returns.

Signature of Applicant: _____ Dated: _____

SECTION IV — APPLICANT'S DEMOGRAPHICS

Responding to these questions about the applicant's ethnicity, race, and gender identity is optional, but this information helps the NJ Department of Health improve service to all people using this program. The Department uses this information to make sure everyone gets fair access to services. We will not share your information with any government or private entity. We must protect the privacy of your information. Your responses are only accessible to program staff and claims processors. Providing this information will not impact eligibility and the information cannot be used to discriminate against you or deny you services.

Please identify your race (check all that apply):

- American Indian or Alaska Native Asian Black or African American Hispanic/Latino(a)
 Middle Eastern or North African Native Hawaiian or Pacific Islander White Other _____

Please select your ethnicity: Non-Hispanic Hispanic/Latino(a)

- If Hispanic/Latino(a), please specify (check all that apply): Mexican Puerto Rican Salvadorian
 Cuban Dominican Guatemalan Other Hispanic Origin (specify): _____

Are you a Veteran? Yes No

Are you being released from an institution or a hospital? Yes No

Is your CD4 count less than 200?

- Yes No

Are you being released from a prison or a correctional facility?

- Yes No

SECTION V — COMMUNICATION METHODS

Applicant Contact Information (Please put a check mark next to your preferred contact number):

- Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Email: _____

Indicate whether ADDP and HIPP Program staff may leave detailed voice mail messages on your (Check all that apply):

- Home Phone Cell Phone Work Phone

Indicate whether ADDP and HIPP Program staff may send text messages to your cell phone: Yes No

Indicate whether ADDP and HIPP Program staff may contact you via email: Yes No

Alternate Contact Information:

- Check here if you have an alternate contact with whom the ADDP and HIPP Program staff may leave messages:

Does this person know your HIV status? Yes No

Relationship to Alternate Contact: Parent Grandparent Spouse or Partner Child

- Sibling Friend Health care provider Other (specify): _____

Alternate Contact Last Name: _____ First Name: _____ Middle Initial: _____

Provide the methods by which ADDP and HIPP Program staff may communicate with your alternate contact (check the box next to the preferred method):

- Work Phone: _____ Cell Phone: _____
 Email: _____ Other: _____

Medical Case Manager (MCM) Information:

- Check here if you have a Medical Case Manager

- Check here if you give the ADDP and the HIPP Program permission to communicate with your MCM and leave messages.

Case Manager Last Name: _____ First Name: _____ Middle Initial: _____

Work Phone: _____ Cell Phone: _____

Email: _____ Other: _____

SECTION VI — INCOME INFORMATION

Applicant Income Information:

Do you have Work Income? Yes No

Employment Type: Work for Employer Business Owner Self Employed Other (specify): _____

Have you had change in your employment status in the last six months: Yes No

If Yes, why? Change of Job Stopped Working Hours Reduction Other: _____

Work Type: Full-time (35 or more hours per week) Seasonal _____

Part-time (fewer than 35 hours per week) *If seasonal, indicate the months you work (1, 2, 3 means Jan, Feb, March)*

Frequency of Paycheck Weekly Every Two Weeks Twice per Month Once per Month

Does your employer provide health insurance? Yes No

If you do not have work income, are you medically unable to work? Yes No

If Yes, how long have you been medically unable to work?

Less than Six Months Less than Twelve Months Longer than Twelve Months

Applicant's Other Income:

Applicant's Allowable Deductions:

Income Type	Monthly Income Amount	Payment Type	Monthly Payment Amount	
Alimony	\$ _____	Alimony	\$ _____	
Cash support from friends or family	\$ _____	Student Loan Interest deduction	\$ _____	
Rental Income	\$ _____	Tuition and Fees	\$ _____	
Interest and Dividends	\$ _____	Health Savings Account deduction	\$ _____	
Net income from farming/fishing	\$ _____	Educator Expenses	\$ _____	
Pension or Annuity	\$ _____	Moving Expenses	\$ _____	
Retirement Account	\$ _____	IRA deduction	\$ _____	
Social Security Disability benefit	\$ _____	Other Deductions (<i>specify type</i>):		
State Disability benefit	\$ _____		_____	\$ _____
Unemployment benefit	\$ _____		_____	\$ _____
Other Income (<i>specify type</i>):	\$ _____		_____	\$ _____
_____	\$ _____		_____	\$ _____
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	

Please check this box if you plan to file a Federal Income tax return NEXT YEAR: Yes No

(You can still apply to participate in the ADDP even if you will not file an income tax return.)

Will you file jointly with your spouse or partner? Yes No

If Yes, please enter your spouse or partner's name: _____

Will you claim any dependents on your tax return? Yes No

If Yes, please enter the names of your dependents: _____

(Dependents should be included as household members)

Did you and/or any member of your household file a Federal, State, or City Income Tax return last year? Yes No

Were you listed as a dependent on a family member's Federal, State, or City Income Tax return last year? Yes No

If you answer YES to either of the last two questions, submit copies of each signed return, including all schedules, with this application.

SECTION VI — INCOME INFORMATION (Continued)

Household Member 1 Income Information: Name of Household Member 1: _____

Do you have Work Income? Yes No

Employment Type: Work for Employer Business Owner Self Employed Other (specify): _____

Have you had change in your employment status in the last six months: Yes No

If Yes, why? Change of Job Stopped Working Hours Reduction Other: _____

Work Type: Full-time (35 or more hours per week) Seasonal _____

Part time (fewer than 35 hours per week) *If seasonal, indicate the months you work (1, 2, 3 means Jan, Feb, March)*

Frequency of Paycheck Weekly Every Two Weeks Twice per Month Once per Month

Does your employer provide health insurance? Yes No

If you do not have work income, are you medically unable to work? Yes No

If Yes, how long have you been medically unable to work?

Less than Six Months Less than Twelve Months Longer than Twelve Months

Other Income of Household Member 1:		Allowable Deductions of Household Member 1:	
Income Type	Monthly Income Amount	Payment Type	Monthly Payment Amount
Alimony	\$ _____	Alimony	\$ _____
Cash support from friends or family	\$ _____	Student Loan Interest deduction	\$ _____
Rental Income	\$ _____	Tuition and Fees	\$ _____
Interest and Dividends	\$ _____	Health Savings Account deduction	\$ _____
Net income from farming/fishing	\$ _____	Educator Expenses	\$ _____
Pension or Annuity	\$ _____	Moving Expenses	\$ _____
Retirement Account	\$ _____	IRA deduction	\$ _____
Social Security Disability benefit	\$ _____	Other Deductions (<i>specify type</i>):	
State Disability benefit	\$ _____	_____	\$ _____
Unemployment benefit	\$ _____	_____	\$ _____
Other Income (<i>specify type</i>):		_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Please check this box if you plan to file a Federal Income tax return NEXT YEAR: Yes No

(You can still apply to participate in the ADDP even if you will not file an income tax return.)

Will you file jointly with your spouse or partner? Yes No

If Yes, please enter your spouse or partner's name: _____

Will you claim any dependents on your tax return? Yes No

If Yes, please enter the names of your dependents: _____

(Dependents should be included as household members)

Did you and/or any member of your household file a Federal, State, or City Income Tax return last year? Yes No

Were you listed as a dependent on a family member's Federal, State, or City Income Tax return last year? Yes No

If you answer YES to either of the last two questions, submit copies of each signed return, including all schedules, with this application.

SECTION VI — INCOME INFORMATION (Continued)

Household Member 2 Income Information: Name of Household Member 2: _____

Do you have Work Income? Yes No

Employment Type: Work for Employer Business Owner Self Employed Other (specify): _____

Have you had change in your employment status in the last six months: Yes No

If Yes, why? Change of Job Stopped Working Hours Reduction Other: _____

Work Type: Full-time (35 or more hours per week) Seasonal _____

Part time (fewer than 35 hours per week) *If seasonal, indicate the months you work (1, 2, 3 means Jan, Feb, March)*

Frequency of Paycheck Weekly Every Two Weeks Twice per Month Once per Month

Does your employer provide health insurance? Yes No

If you do not have work income, are you medically unable to work? Yes No

If Yes, how long have you been medically unable to work?

Less than Six Months Less than Twelve Months Longer than Twelve Months

Other Income of Household Member 2:		Allowable Deductions of Household Member 2:	
Income Type	Monthly Income Amount	Payment Type	Monthly Payment Amount
Alimony	\$ _____	Alimony	\$ _____
Cash support from friends or family	\$ _____	Student Loan Interest deduction	\$ _____
Rental Income	\$ _____	Tuition and Fees	\$ _____
Interest and Dividends	\$ _____	Health Savings Account deduction	\$ _____
Net income from farming/fishing	\$ _____	Educator Expenses	\$ _____
Pension or Annuity	\$ _____	Moving Expenses	\$ _____
Retirement Account	\$ _____	IRA deduction	\$ _____
Social Security Disability benefit	\$ _____	Other Deductions (<i>specify type</i>):	
State Disability benefit	\$ _____	_____	\$ _____
Unemployment benefit	\$ _____	_____	\$ _____
Other Income (<i>specify type</i>):		_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Please check this box if you plan to file a Federal Income tax return NEXT YEAR: Yes No

(You can still apply to participate in the ADDP even if you will not file an income tax return.)

Will you file jointly with your spouse or partner? Yes No

If Yes, please enter your spouse or partner's name: _____

Will you claim any dependents on your tax return? Yes No

If Yes, please enter the names of your dependents: _____

(Dependents should be included as household members)

Did you and/or any member of your household file a Federal, State, or City Income Tax return last year? Yes No

Were you listed as a dependent on a family member's Federal, State, or City Income Tax return last year? Yes No

If you answer YES to either of the last two questions, submit copies of each signed return, including all schedules, with this application.

SECTION VII — HEALTH INSURANCE INFORMATION

Do you currently have any type of health insurance? Yes No

If yes, is your Insurance Policy paid for by: Self Former Employer (COBRA*) Union Current Employer

Provide the following information about the Employer or Union providing health insurance coverage:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____

Telephone Number: _____

Applicant's Pharmacy (*Applicant must specify the pharmacy to be used to fill prescriptions*):

Name: _____

City, State, Zip: _____

Telephone Number: _____

If you have health insurance coverage, check all types that you currently have:

Type of Health Insurance Coverage:	Effective Date:	Expiration Date:
<input type="checkbox"/> CHIP	_____/_____/_____ <i>Month Day Year</i>	_____/_____/_____ <i>Month Day Year</i>
<input type="checkbox"/> COBRA**	_____/_____/_____ <i>Month Day Year</i>	_____/_____/_____ <i>Month Day Year</i>
<input type="checkbox"/> Employer-Contributed	_____/_____/_____ <i>Month Day Year</i>	_____/_____/_____ <i>Month Day Year</i>
<input type="checkbox"/> Marketplace	_____/_____/_____ <i>Month Day Year</i>	_____/_____/_____ <i>Month Day Year</i>
<input type="checkbox"/> Medicaid	_____/_____/_____ <i>Month Day Year</i>	_____/_____/_____ <i>Month Day Year</i>
<input type="checkbox"/> Medicare A/B	_____/_____/_____ <i>Month Day Year</i>	_____/_____/_____ <i>Month Day Year</i>
<input type="checkbox"/> Medicare D	_____/_____/_____ <i>Month Day Year</i>	_____/_____/_____ <i>Month Day Year</i>
<input type="checkbox"/> Private Insurance*	_____/_____/_____ <i>Month Day Year</i>	_____/_____/_____ <i>Month Day Year</i>
<input type="checkbox"/> Other:	_____/_____/_____ <i>Month Day Year</i>	_____/_____/_____ <i>Month Day Year</i>

***"COBRA" Definition:

COBRA stands for the Consolidated Omnibus Budget Reconciliation Act. The law applies to all group health plans maintained by private-sector employers with 20 or more employees and sponsored by most state and local governments. COBRA allows individuals to elect to continue group health coverage that would otherwise be lost due to certain specific events such as termination of employment. COBRA coverage extends from the date of the qualifying event for a limited period of time.

**"Private Insurance" Definition:

Plans provided by the private insurance industry as a benefit of employment or through the Marketplace, such as Horizon Blue Cross Blue Shield, Aetna, or AmeriHealth.

SECTION VII — HEALTH INSURANCE INFORMATION (Continued)

Are you applying for or have already applied for health insurance? Yes No

If Yes, is the current status of your application Pending, Approved, or Denied? _____

Type of Coverage Applied for: <i>(check the box for each type of coverage for which the Applicant has a pending application):</i>	Application Date:	Application Status:
<input type="checkbox"/> Medicaid	_____/_____/_____ <i>Month Day Year</i>	
<input type="checkbox"/> Medicare	_____/_____/_____ <i>Month Day Year</i>	
<input type="checkbox"/> Health Insurance Reform Act (Marketplace/Exchange)	_____/_____/_____ <i>Month Day Year</i>	
<input type="checkbox"/> Private*/ Off-Market	_____/_____/_____ <i>Month Day Year</i>	

Do you currently have **Prescription Coverage**? Yes No

Is there a cap on the annual amount your insurance provider will pay for medication? Yes No

Are you required to use a mail-order pharmacy? Yes No

Insurance Carrier's Name: _____

Policy/Group Number: _____

Address: _____

Telephone Number: _____

Identify your relationship to the primary policyholder:

Self Spouse or Partner Child Other (specify): _____

Primary Policy Holder's Name: _____

Primary Policy Holder's Telephone Number: _____

Primary Policy Holder's Social Security Number: _____

Primary Policy Holder's Street Address: _____

City State County Zip Code

Do you currently have **Medical Insurance Coverage**? Yes No

Insurance Carrier's Name: _____

Policy/Group Number: _____

Address: _____

Telephone Number: _____

Identify your relationship to the primary policyholder:

Self Spouse or Partner Child Other (specify): _____

Primary Policy Holder's Name: _____

Primary Policy Holder's Telephone Number: _____

Primary Policy Holder's Social Security Number: _____

Primary Policy Holder's Street Address: _____

City State County Zip Code

SECTION VII — HEALTH INSURANCE INFORMATION (Continued)

Do you currently have **Dental Insurance Coverage**? Yes No

Insurance Carrier's Name: _____

Policy/Group Number: _____

Address: _____

Telephone Number: _____

Identify your relationship to the primary policyholder: Self Spouse or Partner Child Other: _____

Primary Policy Holder's Name: _____

Primary Policy Holder's Telephone Number: _____

Primary Policy Holder's Social Security Number: _____

Primary Policy Holder's Street Address: _____

City State County Zip Code

Do you currently have **Vision Coverage**? Yes No

Insurance Carrier's Name: _____

Policy/Group Number: _____

Address: _____

Telephone Number: _____

Identify your relationship to the primary policyholder: Self Spouse or Partner Child Other: _____

Primary Policy Holder's Name: _____

Primary Policy Holder's Telephone Number: _____

Primary Policy Holder's Social Security Number: _____

Primary Policy Holder's Street Address: _____

City State County Zip Code

SECTION VIII — ATTACHMENTS CHECKLIST

Depending on the information provided in this application, the Applicant and/or the Applicant's Spouse or Partner may be asked for copies of the documents listed below, as applicable.

An application will not be considered complete until all needed documentation is received

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Insurance Card(s)/Prescription Card(s) (front and back) <input type="checkbox"/> Proof of Home Address <input type="checkbox"/> Homeless declaration <input type="checkbox"/> Signed Income Tax returns including all schedules <input type="checkbox"/> Signed COBRA Election Form and paperwork <input type="checkbox"/> Medicare card <input type="checkbox"/> Notice from your insurance carrier about Medicare Part D (front and back) | <ul style="list-style-type: none"> <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Unemployment Record <input type="checkbox"/> Certificate of Licensed Health Care Provider
Certificate of Diagnosis <input type="checkbox"/> Statement of Support (for no income) <input type="checkbox"/> Divorce Papers <input type="checkbox"/> Name Change <input type="checkbox"/> Other relevant documents |
|--|---|

NOTE: You MUST include a photocopy of the FRONT and BACK of all your insurance card(s) and prescription card(s)

SECTION IX — CERTIFICATION AND AUTHORIZATION BY APPLICANT

By submitting this application:

1. I certify that the information above is true to the best of my knowledge.
2. I will notify the ADDP and, if applicable, the HIPP Program immediately if:
 - a. My income changes;
 - b. I move out of New Jersey;
 - c. I have an address or telephone number change;
 - d. I become eligible for Medicaid/Welfare/PAAD;
 - e. There is a change in my insurance premium or insurance carrier; or
 - f. Any other change occurs that would affect my eligibility to participate in the ADDP or the HIPP Program;
3. I authorize the release of information necessary to determine my eligibility for the ADDP and, if applicable, the HIPP Program from the records in possession of the Social Security Administration, the Internal Revenue Service, the New Jersey Division of Taxation, my employers, my banks, and my insurance providers;
4. I authorize my Health Care Provider and other entities that may have financial or health insurance information to release information concerning prescriptions for which the ADDP has paid on my behalf;
5. I hereby appoint the State of New Jersey as my authorized representative to vigorously seek reimbursement of drug benefits to which I may be entitled under any other plan of assistance or insurance, from any other liable third party or other source of government assistance;
6. I understand that I am responsible for refunding benefits to the ADDP and, if applicable, the HIPP Program if the benefits are determined to have been incorrectly paid on my behalf by the ADDP or the HIPP Program; and
7. I understand that the ADDP and the HIPP Program reserve the right to limit enrollment based on the availability of funds.

I declare under the penalty of perjury that I have examined all the information on this form, and it is true and correct to the best of my knowledge.

Signature of Applicant:	_____ <i>Month Day Year</i>
Signature of Spouse or Partner (if income is commingled):	_____ <i>Month Day Year</i>
Name of Preparer:	Preparer's Telephone Number:
Signature of Preparer:	_____ <i>Month Day Year</i>

FOR ADDP STAFF USE ONLY:	Date eligibility determined:
--------------------------	------------------------------

Only complete this page if you have more than two household members. You can print out as many copies of this page as needed. Complete the information for other household members and enclose them with your completed ADDP application.

SECTION X — ADDITIONAL HOUSEHOLD MEMBER INFORMATION

Additional Household Member Number _____:

Relationship to the Applicant: Parent Grandparent Spouse Child Sibling Other: _____

Last Name:	First Name:	Middle Initial:	Date of Birth: _____/_____/_____ <i>Month Day Year</i>
------------	-------------	-----------------	--

Is the household member legally present in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Undocumented status will not affect the Applicant's ADDP eligibility. This is to help the applicant get health insurance.)</i>	Household member's Social Security Number (optional): _____ <i>(Please provide your Social Security Number (SSN). Although this is optional, providing your SSN will speed up the application process.)</i>
---	---

Household member's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Separated* <i>*(The Applicant will need to verify this information in Section III)</i>	Household member's Gender Identity (select all that apply): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Binary Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	If the household member's is pregnant: Number of babies expected: _____ Due Date: _____/_____/_____ <i>Month Day Year</i>
--	---	---

Additional Household Member Number _____:

Relationship to the Applicant: Parent Grandparent Spouse Child Sibling Other: _____

Last Name:	First Name:	Middle Initial:	Date of Birth: _____/_____/_____ <i>Month Day Year</i>
------------	-------------	-----------------	--

Is the household member legally present in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Undocumented status will not affect the Applicant's ADDP eligibility. This is to help the applicant get health insurance.)</i>	Household member's Social Security Number (optional): _____ <i>(Please provide your Social Security Number (SSN). Although this is optional, providing your SSN will speed up the application process.)</i>
---	---

Household member's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Separated* <i>*(The Applicant will need to verify this information in Section III)</i>	Household member's Gender Identity (select all that apply): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-Binary Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	If the household member's is pregnant: Number of babies expected: _____ Due Date: _____/_____/_____ <i>Month Day Year</i>
--	---	---

Only complete this page if you have more than two household members. You can print out as many copies of this page as needed. Complete the information for other household members and enclose them with your completed ADDP application.

SECTION XI — ADDITIONAL HOUSEHOLD MEMBER INCOME INFORMATION

Additional Household Member # ____: **Name of Additional Household Member** _____:

Do you have Work Income? Yes No

Employment Type: Work for Employer Business Owner Self Employed Other (specify): _____

Have you had change in your employment status in the last six months: Yes No

If Yes, why? Change of Job Stopped Working Hours Reduction Other: _____

Work Type: Full-time (35 or more hours per week) Seasonal* _____

Part time (fewer than 35 hours per week) *If seasonal, indicate the months you work (1, 2, 3 means Jan, Feb, March)

Frequency of Paycheck Weekly Every Two Weeks Twice per Month Once per Month

Does your employer provide health insurance? Yes No

If you do not have work income, are you medically unable to work? Yes No

If Yes, how long have you been medically unable to work?

Less than Six Months Less than Twelve Months Longer than Twelve Months

Other Income of Additional Household Member ____:

Allowable Deductions:

Income Type	Monthly Income Amount	Payment Type	Monthly Payment Amount
Alimony	\$ _____	Alimony	\$ _____
Cash support from friends or family	\$ _____	Student Loan Interest deduction	\$ _____
Rental Income	\$ _____	Tuition and Fees	\$ _____
Interest and Dividends	\$ _____	Health Savings Account deduction	\$ _____
Net income from farming/fishing	\$ _____	Educator Expenses	\$ _____
Pension or Annuity	\$ _____	Moving Expenses	\$ _____
Retirement Account	\$ _____	IRA deduction	\$ _____
Social Security Disability benefit	\$ _____	Other Deductions (specify type): _____ _____ _____ _____	\$ _____
State Disability benefit	\$ _____		\$ _____
Unemployment benefit	\$ _____		\$ _____
Other Income (specify type): _____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	

Please check this box if you plan to file a Federal Income tax return NEXT YEAR: Yes No

(You can still apply to participate in the ADDP even if you will not file an income tax return.)

Will you file jointly with your spouse or partner? Yes No

If Yes, please enter your spouse or partner's name: _____

Will you claim any dependents on your tax return? Yes No

If Yes, please enter the names of your dependents: _____

(Dependents should be included as household members)

Did you and/or any member of your household file a Federal, State, or City Income Tax return last year? Yes No

Were you listed as a dependent on a family member's Federal, State, or City Income Tax return last year? Yes No

If you answer YES to either of the last two questions, submit copies of each signed return, including all schedules, with this application.

APPENDIX B

APPENDIX C

New Jersey Department of Health
Health Insurance Premium Payment (HIPP) Program
PO Box 363

Trenton, NJ 08625-0363

Telephone: 1-800-353-3232 | FAX APPLICATION TO: 609-984-6495

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FOR PARTICIPATION IN
THE HEALTH INSURANCE PREMIUM PAYMENT PROGRAM

All Applicants must be enrolled in the ADDP.

HIPP is subject to the availability of funding.

HIPP APPLICATION CHECKLIST

Please review this checklist carefully, and make sure to submit all the listed documents with this application.

NOTE: INCOMPLETE HIPP APPLICATIONS WILL NOT BE PROCESSED

Required HIPP Program Documents:

- HIPP Application:** All fields must be filled in completely.
- HIPP Tax Reconciliation Agreement:** By signing this application, you agree to reimburse the HIPP Program for any Federal tax refund you receive from the IRS pertaining to your **Marketplace Advanced Premium Tax Credit (APTC)** only. Signing this agreement will not affect your Income Tax Refund. An **APTC** is a Federally issued tax credit that you can take in advance to lower your monthly health insurance premium payment.
- Horizon Blue Cross Blue Shield Authorization for Disclosure Form** (for Horizon Clients): This document allows HIPP Program staff to speak to the insurance carrier on your behalf and resolve any possible enrollment and/or billing issues.
- AmeriHealth Insurance Company of NJ Authorization for Disclosure Form** (for AmeriHealth Clients): This document allows HIPP Program staff to speak to the insurance carrier on your behalf and resolve any possible enrollment and/or billing issues.
- Oscar Insurance Company Authorization for Disclosure Form** (for Oscar clients): This document allows HIPP Program staff to speak to the insurance carrier on your behalf and resolve any possible enrollment and/or billing issues.

Required Marketplace (Get Covered NJ) Documents:

- Copy of the front and back of the applicant's new health insurance card**
- Copy of the applicant's health insurance billing invoice**
- An applicant must enroll in a high-tier **Silver Metal Plan**. **The HIPP Program does not cover any other Metal Plan designation.**
- An applicant must apply for the **APTC** and request that the full credit be applied toward the applicant's monthly health insurance premium.
- The monthly health insurance premium must not exceed \$1,000.00, not including a dental premium.
- My Plans & Programs Document:** This document confirms the monthly health insurance premium amount and the health insurance coverage dates ("start" and "end" dates); or the APTC applied toward the premium.
- Eligibility Results:** This document confirms the income the applicant reported to the Marketplace, the dollar amount of the **APTC** the applicant qualified for via the Marketplace, or the reason for denial of an **APTC**.
- Plan Benefits Summary**
- Eligibility Summary**
- Household and Demographic Information**

New Jersey Department of Health
Health Insurance Premium Payment (HIPP) Program
APPLICATION FOR PARTICIPATION IN THE HEALTH INSURANCE PREMIUM PAYMENT PROGRAM

SECTION I — APPLICANT INFORMATION

Applicant Last Name:	Applicant First Name:	Middle Initial:	Date of Birth: ____/____/____ <i>Month Day Year</i>	Age
Street Address (If unhoused leave blank):		Apartment Number	Applicant Phone Number	
City, State, Zip Code		County:	Email:	
Are you legally present in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Undocumented status will not impact your eligibility to participate in the HIPP Program. This is to help you get Health Insurance.</i>		Social Security or Individual Taxpayer Identification Number (<i>optional</i>): _____ <i>Please include the Social Security Number (SSN) for anyone applying for benefits. Although you are <u>not required</u> to provide an SSN, providing your SSN will speed up the application process.</i>		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partnership	Gender Identity (select all that apply): <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Gender Non-Binary Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	ADDP Recipient ID: _____ ADDP FPL: _____ % ADDP Coverage Dates: _____ TO _____ ADDP Income reported to Marketplace: \$ _____		
Spouse or Partner's name if applying jointly (<i>Both must be enrolled in ADDP to apply for the HIPP Program</i>):		Are Taxes Filed Jointly? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide Spouse or Partner's ADDP Recipient ID Number: _____		
Please identify your race (<i>check all that apply</i>): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____				
Please select your ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic/Latino(a) If Hispanic/Latino(a), please specify (<i>check all that apply</i>): <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Salvadorian <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Guatemalan <input type="checkbox"/> Other Hispanic Origin (<i>specify</i>): _____				
SECTION II — MARKETPLACE INSURANCE INFORMATION				
Insurance Carrier Name:	Silver Metal Plan Name:	Plan Tier:	Insurance Carrier Member ID:	
Premium Due Date: ____/____/____ <i>Month Day Year</i>	Coverage Period: ____/____/____ to ____/____/____ <i>Month Day Year Month Day Year</i>			
List currently prescribed antiretroviral and hepatitis C virus medications: 1. _____ 2. _____ 3. _____ 4. _____			Does the Silver Plan cover all the listed medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III — ACKNOWLEDGMENTS

Please initial each statement below:

- _____ I certify that the information provided in this application is true and accurate to the best of my knowledge.
- _____ I will notify the HIPP Program and ADDP immediately if:
 - _____ (1) My income changes;
 - _____ (2) I move out of New Jersey;
 - _____ (3) I become Medicaid, Medicare, or PAAD-eligible; or
 - _____ (4) There are any changes in my insurance premium or insurance carrier.
- _____ I have directed my insurance carrier to mail my insurance premium bill to the HIPP Program at the address listed at the top of this form.
- _____ I understand that any insurance premium refunds issued to me by the insurance carrier are the sole property of the HIPP Program and must be remitted immediately to the HIPP Program and mailed to the address listed at the top of this form.
- _____ The HIPP staff has my permission to leave a message at the phone number provided in this form.
 - Yes No
- _____ I have requested that any Advanced Premium Tax Credit (APTC) obtained as part of Marketplace coverage be fully applied toward my monthly health insurance premium.

Signature of Applicant: _____ Date: _____

SECTION IV — AGREEMENT REGARDING RECONCILIATION OF PREMIUM TAX CREDITS

Your Medical Case Manager will explain the Tax Reconciliation Policy to you prior to your enrollment in the HIPP Program. Your Medical Case Manager will also provide information on how to use your health insurance and coordinate your healthcare needs.

If you choose to enroll in the HIPP Program, you must apply for the Advanced Premium Tax Credit (APTC) and request that the Internal Revenue Service (IRS) apply 100 percent of the tax credit to your monthly health insurance premium.

If you receive a Federal tax refund from the Internal Revenue Service for APTC resulting from health insurance premium payments made on your behalf by the HIPP Program, you must mail the unendorsed checks to the address below:

Health Insurance Premium Payment Program
PO Box 363
Trenton, NJ 08625-0363

Please initial each statement below.

- _____ I agree to immediately make payment to the New Jersey State Treasury for any Federal tax refund I receive from the IRS for APTC resulting from health insurance premium payments made on my behalf by the HIPP Program.
- _____ I understand that this portion of my tax refund is the sole property of the HIPP Program, which expects to receive payment within 10 days of receiving the refund from the IRS.
- _____ I understand that failure to return this portion of any tax refund I receive from the IRS may negatively impact my future eligibility to enroll in the HIPP Program.
- _____ By signing below, I agree to the terms and conditions set forth above.

Signature of Applicant: _____ Date: _____

SECTION V — MEDICAL CASE MANAGER (MCM) INFORMATION

MCM First Name:		MCM Last Name:	
Name of Employer:		County:	
Street Address:			
City:		State:	Zip Code:
Work Telephone:		MCM Email Address:	
I certify that the information given is true and accurate to the best of my knowledge.			
Signature of Medical Case Manager: _____		Date: _____	
Provide the Certified Application Counselor (CAC) name and phone number below (if applicable):			
CAC Last Name:		CAC First Name:	CAC Phone Number:

