



Lowering the Cost of
HEALTHCARE

JOSH
FOR JERSEY
★ **GOVERNOR** ★

IV. LOWER THE COST OF HEALTH CARE

OUR CHALLENGE

Poor health outcomes are not only bad for patients, but they're also expensive for New Jersey. And unaffordable healthcare and prescription drugs are making New Jersey families sicker. In 2019, individual healthcare spending in New Jersey grew 4.5 percent from, increasing from \$10,061 to \$10,509 per person. A survey from 2022 found that more than half of New Jersey residents were somewhat or very worried about paying for their prescription drugs. When people can't afford their medication, that means they aren't always going to take it. Of the people surveyed, 23 percent reported rationing medication in the past year due to cost.

MY RECORD

I will match my record fighting for the health and well-being of families, mothers and children against anyone's. In Congress, I have:

- Advocated for greater federal action to improve maternal health and address the United States's maternal mortality crisis.
- Cosponsored *Black Maternal Health Momnibus Act* to address social determinants of health and strengthen maternal health support systems.
- Launched a new portal focused on maternal health grants on my congressional website, providing grant opportunities for counties, hospitals, health organizations to improve maternal care.
- Introduced the *SEARCH Act* (Securing Equal Access to Research, Care, and Health) to combat rare diseases impacting women.
- Cosponsored the *Mental Health and MAMA Act* to require mental health and substance use disorder coverage for pregnant and postpartum women with no cost-sharing for services from pregnancy through one year postpartum.
- Cosponsored the *Mamas and Babies in Underserved Communities Act* to provide grants to expand and improve maternal healthcare in underserved areas.
- Cosponsored menopause research and equity act to address gaps in care and treatment.
- Cosponsored the *Healthy MOM Act* to ensure women can access affordable health coverage during pregnancy.
- Cosponsored the *Social Determinants for Moms Act* to address economic, transportation, and food security barriers to maternal health.

AS YOUR GOVERNOR

As Governor, I will:

- **Promote Lower Cost through Better Care.**
 - As Governor, I will incentivize providers to focus on prevention, chronic disease management, and patient outcomes, making primary care the central point of

coordination, helping to lower healthcare costs, and decreasing the stress that is currently placed on emergency and specialty care.

- **Increase healthcare pricing transparency:** As Governor, I will establish a publicly available health insurance claims database system within the Department of Banking and Insurance (DOBI). By consolidating all claims into a single data system, the people of New Jersey will be able to clearly see the cost of care, the payments providers receive from different payers for similar services, the resources used to treat patients, and the variations in total treatment costs across the state and among providers. This enables patients, providers, and policymakers to use the information to make better-informed decisions about cost-effective care. New Jersey would be joining the other eighteen states that have an all player claims database and three that have publicly available databases.
- **Expand telehealth to increase healthcare access:** If healthcare providers have licenses in New Jersey, but are currently located outside of the state, they are not allowed to provide telehealth services to patients. This decreases our already limited access to healthcare providers and simply doesn't make sense. When I'm Governor, all healthcare providers licensed in New Jersey, regardless of location, will be able to provide care to the people of New Jersey. Increasing access to telehealth care will save patients on time and costs associated with traveling to appointments, reduce the strain on healthcare facilities, and increase preventive and mental healthcare services.
- **Lower Drug Prices.**

Pharmacy Benefit Managers (PBMs) have taken control of our prescription drug marketplace. In Congress, I've pushed to reform pharmacy reimbursements in Medicaid managed care programs and promote pharmacy access for seniors by enforcing reasonable and relevant contract terms in Part D. As Governor, I will work to enact PBM reform at the state level. I will increase transparency in PBM operations by prohibiting unfair pricing practices and requiring detailed disclosures to the New Jersey Division of Consumer Affairs.
- **Defend Reproductive Health.**

I will champion a constitutional amendment to enshrine a woman's right to choose in the New Jersey Constitution.

I will also:

- Maintain New Jersey's membership in the Reproductive Freedom Alliance, a non-partisan coalition of Governors committed to protecting and expanding access to reproductive care.
- Promote enhanced access to preconception care for women, particularly those at risk for preterm delivery, with a focus on effective preventive treatments, and will improve access to doulas, simplifying the Medicaid enrollment process for doulas to increase access to people who need the care the most, and creating a portal to submit the application rather than requiring women to email their applications.

- Order the state health department to run a media and social media campaign to educate women that an over-the-counter, prescription-free birth control pill is available in New Jersey. Not enough women in New Jersey know this, including that it is covered by Medicaid. Reproductive healthcare should be safe, easy, and affordable, like all healthcare, and letting people know about the resources available to them will allow them to make the best decision for themselves.

- **Meet the Care Needs of Seniors.**

Families today are squeezed between caring for their kids *and* caring for their parents. Nearly a quarter of couples over the age of 65 in New Jersey are classified as “economically insecure,” meaning they lack enough income for life’s basics. And if they’re single and living alone, over half are considered economically insecure. We need to lower the financial burdens on our seniors and provide better care and quality-of-life for them as they age. I’ve already announced a broad package of tax cuts to lower the cost-of-living for seniors in our state:

- An up-to-15% property tax cut – particularly of value to seniors.
- A \$1,000 “Retire in Jersey” tax credit when seniors turn 70 and have lived in Jersey for a decade.
- A family credit that applies to families with senior dependents, not just kids.

But, as Governor, I’ll go further and address the healthcare and housing needs of Jersey seniors, as well, by:

- Leading a coordinated, statewide effort to help seniors lead healthier lifestyles, manage chronic diseases, and make homes and communities more livable.
- Launching an anti-fall initiative to fall-proof seniors’ homes.
- Establishing a statewide clearinghouse where seniors and persons with disabilities can find information on how to modify their homes for independent living.
- Providing incentives to developers who incorporate universal design principles into new construction.
- Creating a community navigator program to help seniors better access services.
- Directing the state housing authority to create financing programs for developers of affordable senior housing — such as providing mortgage insurance, as New York State does.

- **Promote Health Equity.** The Trump Administration may not think that inequity is a problem, but I do. I’ve been very involved in doing more to promote maternal health, including convening a virtual maternal health summit with First Lady Tammy Murphy to tackle this crisis. The First Lady has done a phenomenal job leading on maternal health. I will build on that, setting measurable, results-based equity goals with specific attention to disparate impact. We know, for instance, that medical providers over-perform C-sections on mothers of color. C-sections can lead to complications for the mother and significantly extend recovery time, and should only be performed when they are the safest option for both the mother and baby. As Governor, I will implement new oversight mechanisms to avoid unnecessary C-sections including requiring hospitals to track and address racial disparities.

- **Fight to Protect Medicaid Coverage.**

I'll work to ensure that all eligible for Medicaid/CHIP get enrolled, and I'll fight any attempt to slash Medicaid benefits. We'll enact presumptive eligibility for children's coverage under Medicaid and CHIP, so that children don't have to wait until their coverage is processed to access care.

We'll also extend multi-year continuous child eligibility for children until they are three years old, as Oregon did in 2022 and many other states, including New York and Pennsylvania, are now beginning to do under Section 1114 waivers. I will also establish new Medicaid financial incentives for hospitals to reduce unnecessary C-sections, as just discussed. These policy changes will not only improve health outcomes, but also reduce costs.

- **Comprehensively Address Mental Health Needs.** The mental health crisis is hitting people of all ages and from all walks of life, and it was only exacerbated by the pandemic and social media. It's time we do something different to help people get the mental healthcare they need when they need it most. As Governor, I will:

- Establish a pilot program that will respond to mental health emergencies, addiction, and homelessness, and divert mental health responses away from the police. The response team will include a medic (a nurse, paramedic, or EMT) and a crisis worker that are trained in de-escalation and crisis management. Unlike the police, these professionals can connect people with local resources that lessen the chances of having another similar crisis. This will also New Jersey millions of dollars a year through diversion calls and jail diversion. Several states already have programs like this, and a few have begun expanding it to a statewide model.
- Establish standardized community health worker training and certification programs within institutions of higher education and integrate community health worker services into State Medicaid reimbursement programs, as has already been suggested by the New Jersey Senate. These policy changes will improve health outcomes, reduce health care costs, and reduce inequities in the availability and provision of health care services.

- **Address the Opioid Epidemic.**

In 2024, there were 1,766 suspected drug overdoses in New Jersey. Thankfully, that is significantly lower compared to recent previous years but still far too high. As Governor, I will:

- Expand access to xylazine testing strips and stay at the forefront of research on this emerging threat.
- Reduce overdose deaths by improving access to and distribution of Narcan (naloxone) and syringe service providers in the hardest-hit areas of each county.
- Raise reimbursement rates for outpatient, residential, and withdrawal management services to ensure regional competitiveness.
- Expand capacity and access to evidence-based treatment for adolescents.