

26:2S-10.1

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2000 **CHAPTER:** 121
NJSA: 26:2S-10.1 (Managed care - services for hemophiliacs)
BILL NO: S786 (Substituted for A2120)
SPONSOR(S): Sinagra
DATE INTRODUCED: January 31, 2000
COMMITTEE: **ASSEMBLY:** Banking and Insurance
 SENATE: Health
AMENDED DURING PASSAGE: Yes
DATE OF PASSAGE: **ASSEMBLY:** May 25, 2000
 SENATE: June 8, 2000
DATE OF APPROVAL: September 14, 2000

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (1st reprint)
(Amendments during passage denoted by superscript numbers)

S786

SPONSORS STATEMENT: (Begins on page 5 of original bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes

SENATE: Yes

FLOOR AMENDMENT STATEMENT: Yes

LEGISLATIVE FISCAL ESTIMATE: No

A2120

SPONSORS STATEMENT: (Begins on page 5 of original bill) Yes
Bill and Sponsors Statement identical to S786

COMMITTEE STATEMENT: **ASSEMBLY:** Yes
Identical to Assembly Statement to S786

SENATE: No

FLOOR AMENDMENT STATEMENTS: No

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS: No

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SENATE, No. 786

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED JANUARY 31, 2000

Sponsored by:

Senator JACK SINAGRA

District 18 (Middlesex)

Co-Sponsored by:

Assemblymen Bateman and Cohen

SYNOPSIS

Requires managed care plans to contract with providers that meet certain standards when providing services for hemophiliacs.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/28/2000)

1 AN ACT concerning health care coverage for treatment of hemophilia,
2 supplementing P.L.1997, c.192 (C.26:2S-1 et seq.) and revising
3 parts of statutory law.

4
5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7
8 1. A carrier which offers a managed care plan that provides
9 benefits or health care services, as applicable, for the home treatment
10 of bleeding episodes associated with hemophilia, including the
11 purchase of blood products and blood infusion equipment, shall
12 comply with the provisions of this section.

13 a. For the purpose of providing home treatment services for
14 bleeding episodes associated with hemophilia, the carrier shall be
15 required to contract with, and exclusively use, providers that comply
16 with standards adopted by regulation of the Department of Health and
17 Senior Services in consultation with the Hemophilia Association of
18 New Jersey. At a minimum, the standards shall require that each
19 provider:

20 (1) provide services pursuant to a prescription from the covered
21 person's attending physician and not make any substitutions of blood
22 products without prior approval of the attending physician;

23 (2) provide all brands of clotting factor products in low, medium
24 and high-assay range levels to execute treatment regimens as
25 prescribed by a covered person's attending physician, and all needed
26 ancillary supplies for the treatment or prevention of bleeding episodes,
27 including, but not limited to, needles, syringes and cold compression
28 packs;

29 (3) have the ability to deliver prescribed blood products,
30 medications and nursing services within three hours after receipt of a
31 prescription for an emergent situation, and maintain 24-hour on-call
32 service to accommodate this requirement;

33 (4) demonstrate experience with and knowledge of bleeding
34 disorders and the management thereof;

35 (5) demonstrate the ability for appropriate and necessary record
36 keeping and documentation, including the ability to expedite product
37 recall or notification systems and the ability to assist covered persons
38 in obtaining third party reimbursement;

39 (6) provide for proper removal and disposal of hazardous waste
40 pursuant to State and federal law;

41 (7) provide covered persons with a written copy of the agency's
42 policy regarding discontinuation of services related to loss of health
43 benefits plan coverage or inability to pay; and

44 (8) provide covered persons, upon request, with information about
45 the expected costs for medications and services provided by the
46 agency that are not otherwise covered by the covered person's health

1 benefits plan.

2 b. The Department of Health and Senior Services shall compile a
3 list of providers who meet the minimum standards established pursuant
4 to this section and shall make the list available to carriers and covered
5 persons, upon request.

6 c. As used in this section: "blood product" includes, but is not
7 limited to, Factor VIII, Factor IX and cryoprecipitate; and "blood
8 infusion equipment" includes, but is not limited to, syringes and
9 needles.

10

11 2. A carrier which offers a managed care plan shall provide
12 payment for services to the clinical laboratory at a hospital with a
13 State-designated outpatient regional hemophilia care center regardless
14 of whether the hospital's clinical laboratory is a participating provider
15 in the managed care plan, if the covered person's attending physician
16 determines that use of the hospital's clinical laboratory is necessary
17 because:

18 a. the results of laboratory tests are medically necessary
19 immediately or sooner than the normal return time for the carrier's
20 participating clinical laboratory; or

21 b. accurate test results need to be determined by closely supervised
22 procedures in venipuncture and laboratory techniques in controlled
23 environments that cannot be achieved by the carrier's participating
24 clinical laboratory.

25 The carrier shall pay the hospital's clinical laboratory for the
26 laboratory services at the same rate it would pay a participating
27 clinical laboratory for comparable services.

28

29 3. Notwithstanding the provisions of chapter 26 of Title 17B of
30 the New Jersey Statutes to the contrary, no policy shall be delivered,
31 issued, executed or renewed on or after the effective date of P.L. , c.
32 (C.)(pending before the Legislature as this bill) unless the policy
33 meets the requirements of sections 1 and 2 of P.L. , c. (C.)
34 (pending before the Legislature as this bill) and the regulations
35 adopted thereto. The provisions of this section shall apply to all
36 policies in which the insurer has reserved the right to change the
37 premium.

38

39 4. Notwithstanding the provisions of chapter 27 of Title 17B of the
40 New Jersey Statutes to the contrary, no policy shall be delivered,
41 issued, executed or renewed on or after the effective date of P.L. , c.
42 (C.)(pending before the Legislature as this bill) unless the policy
43 meets the requirements of sections 1 and 2 of P.L. , c.
44 (C.)(pending before the Legislature as this bill) and the regulations
45 adopted thereto. The provisions of this section shall apply to all
46 policies in which the insurer has reserved the right to change the

1 premium.

2

3 5. Notwithstanding the provisions of P.L.1992, c.162
4 (C.17B:27A-17 et seq.) to the contrary, no policy or contract shall be
5 delivered, issued, executed or renewed on or after the effective date
6 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
7 the policy or contract meets the requirements of sections 1 and 2 of
8 P.L. , c. (C.)(pending before the Legislature as this bill) and the
9 regulations adopted thereto. The provisions of this section shall apply
10 to all policies or contracts in which the carrier has reserved the right
11 to change the premium.

12

13 6. Notwithstanding the provisions of P.L.1992, c.161
14 (C.17B:27A-2 et seq.) to the contrary, no policy or contract shall be
15 delivered, issued, executed or renewed on or after the effective date
16 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
17 the policy or contract meets the requirements of sections 1 and 2 of
18 P.L. , c. (C.)(pending before the Legislature as this bill) and the
19 regulations adopted thereto. The provisions of this section shall apply
20 to all policies or contracts in which the carrier has reserved the right
21 to change the premium.

22

23 7. Notwithstanding the provisions of P.L.1938, c.366 (C.17:48-1
24 et seq.) to the contrary, no individual or group contract shall be
25 delivered, issued, executed or renewed on or after the effective date
26 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
27 the contract meets the requirements of sections 1 and 2 of P.L. , c.
28 (C.)(pending before the Legislature as this bill) and the regulations
29 adopted thereto. The provisions of this section shall apply to all
30 contracts in which the hospital service corporation has reserved the
31 right to change the premium.

32

33 8. Notwithstanding the provisions of P.L.1940, c.74 (C.17:48A-1
34 et seq.) to the contrary, no individual or group contract shall be
35 delivered, issued, executed or renewed on or after the effective date
36 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
37 the contract meets the requirements of sections 1 and 2 of P.L. , c.
38 (C.)(pending before the Legislature as this bill) and the regulations
39 adopted thereto. The provisions of this section shall apply to all
40 contracts in which the medical service corporation has reserved the
41 right to change the premium.

42

43 9. Notwithstanding the provisions of P.L.1985, c.236 (C.17:48E-1
44 et seq.) to the contrary, no individual or group contract shall be
45 delivered, issued, executed or renewed on or after the effective date
46 of P.L. , c. (C.)(pending before the Legislature as this bill) unless

1 the contract meets the requirements of sections 1 and 2 of P.L. , c.
2 (C.)(pending before the Legislature as this bill) and the regulations
3 adopted thereto. The provisions of this section shall apply to all
4 contracts in which the health service corporation has reserved the right
5 to change the premium.

6
7 10. Notwithstanding the provisions of P.L.1973, c.337 (C.26:2J-1
8 et seq.) to the contrary, a certificate of authority to establish and
9 operate a health maintenance organization in this State shall not be
10 issued or continued on or after the effective date of P.L. , c. (C.)
11 (pending before the Legislature as this bill) unless the health
12 maintenance organization meets the requirements of sections 1 and 2
13 of P.L. , c. (C.) (pending before the Legislature as this bill) and
14 the regulations adopted thereto. The provisions of this section shall
15 apply to all enrollee agreements in which the health maintenance
16 organization has reserved the right to change the schedule of charges.

17
18 11. The Department of Health and Senior Services, pursuant to the
19 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
20 seq.), shall adopt regulations to carry out the provisions of sections 1
21 and 2 of this act.

22
23 12. This act shall take effect immediately.

24 25 26 STATEMENT

27
28 This bill supplements the "Health Care Quality Act"
29 (N.J.S.A.26:2S-1 et seq.) to require commercial individual and group
30 health insurers, health maintenance organizations and hospital, medical
31 and health service corporations which offer a managed care plan that
32 provides benefits for the home treatment of bleeding episodes
33 associated with hemophilia, including the purchase of blood products
34 and blood infusion equipment, to contract with, and exclusively use,
35 providers that comply with standards adopted by the Department of
36 Health and Senior Services in consultation with the Hemophilia
37 Association of New Jersey.

38 At a minimum, the standards shall provide that a provider shall:

39 (1) provide services pursuant to a prescription from the covered
40 person's attending physician and not make any substitutions of blood
41 products without prior approval of the attending physician;

42 (2) provide all brands of clotting factor products in low, medium
43 and high-assay range levels to execute treatment regimens as
44 prescribed by a covered person's attending physician, and all needed
45 ancillary supplies for the treatment or prevention of bleeding episodes,
46 including, but not limited to, needles, syringes and cold compression

1 packs;

2 (3) have the ability to deliver prescribed blood products,
3 medications and nursing services within three hours after receipt of a
4 prescription for an emergent situation, and maintain 24-hour on-call
5 service to accommodate this requirement;

6 (4) demonstrate experience with and knowledge of bleeding
7 disorders and the management thereof;

8 (5) demonstrate the ability for appropriate and necessary record
9 keeping and documentation, including the ability to expedite product
10 recall or notification systems and the ability to assist covered persons
11 in obtaining third party reimbursement;

12 (6) provide for proper removal and disposal of hazardous waste
13 pursuant to State and federal law;

14 (7) provide covered persons with a written copy of the agency's
15 policy regarding discontinuation of services related to loss of health
16 benefits plan coverage or inability to pay; and

17 (8) provide covered persons, upon request, with information about
18 the expected costs for medications and services provided by the
19 agency that are not otherwise covered by the health benefits plan.

20 The Department of Health and Senior Services is directed to
21 compile a list of providers who comply with the minimum standards
22 and make the list available to health insurance carriers and covered
23 persons, upon request.

24 The bill also requires a health insurance carrier which offers a
25 managed care plan to reimburse a clinical laboratory in a hospital with
26 an outpatient, State-designated regional hemophilia center regardless
27 of whether the clinical laboratory is a participating provider in the
28 managed care plan, if the covered person is receiving treatment at the
29 center and the attending physician determines that use of the hospital's
30 clinical laboratory is necessary because:

31 (1) the results of laboratory tests are medically necessary
32 immediately or sooner than the normal return time for the carrier's
33 participating clinical laboratory; or

34 (2) accurate test results need to be determined by closely supervised
35 procedures in venipuncture and laboratory techniques in controlled
36 environments that cannot be achieved by the carrier's participating
37 clinical laboratory. The carrier shall reimburse the hospital's clinical
38 laboratory at the same rate it would reimburse a participating clinical
39 laboratory for comparable services.

40 Hemophilia is a complex, chronic illness with many life threatening
41 events resulting in bleeds into major joints and organs, secondary
42 complications of hepatitis and HIV/AIDS, and potential infections with
43 emerging deadly viruses. It is imperative that home care providers
44 serving hemophilia patients be both experienced and knowledgeable in
45 this disorder, because a lack of such knowledge can result in harmful,
46 permanent and possibly fatal consequences to the patient.

1 Some home care providers under contract with managed care
2 carriers to provide home-based services to persons with hemophilia are
3 unfamiliar with hemophilia care, needs and complications. These home
4 care providers can interfere with a patient's treatment regimen by
5 limiting the patient's choice of brand of blood product or by arbitrarily
6 limiting or restricting the amount of clotting factor a patient is allowed
7 to store at home based on the home care provider's determination of
8 the patient's needs, rather than the attending physician's written
9 prescription. Also, some home care providers under contract with
10 managed care carriers do not provide ancillary supplies that are
11 necessary for the infusion of the clotting factor, such as needles and
12 syringes, or preventative devices that are proven to be medically
13 necessary to lessen the severity of bleeds or to prevent bleeds from
14 occurring. Also, some home care providers cannot provide other
15 related assistance such as home infusion nursing care and other
16 medications related to hemophilia care and resulting complications.
17 The standards that will be established pursuant to this bill are
18 necessary to ensure that persons with hemophilia receive appropriate,
19 medically necessary home care for treatment of their disorder.

SENATE HEALTH COMMITTEE

STATEMENT TO

SENATE, No. 786

STATE OF NEW JERSEY

DATED: FEBRUARY 10, 2000

The Senate Health Committee reports favorably Senate Bill No. 786.

This bill supplements the "Health Care Quality Act" (N.J.S.A.26:2S-1 et seq.) to require commercial individual and group health insurers, health maintenance organizations and hospital, medical and health service corporations which offer a managed care plan that provides benefits for the home treatment of bleeding episodes associated with hemophilia, including the purchase of blood products and blood infusion equipment, to contract with, and exclusively use, providers that comply with standards adopted by the Department of Health and Senior Services in consultation with the Hemophilia Association of New Jersey.

At a minimum, the standards shall provide that a provider shall:

(1) provide services pursuant to a prescription from the covered person's attending physician and not make any substitutions of blood products without prior approval of the attending physician;

(2) provide all brands of clotting factor products in low, medium and high-assay range levels to execute treatment regimens as prescribed by a covered person's attending physician, and all needed ancillary supplies for the treatment or prevention of bleeding episodes, including, but not limited to, needles, syringes and cold compression packs;

(3) have the ability to deliver prescribed blood products, medications and nursing services within three hours after receipt of a prescription for an emergent situation, and maintain 24-hour on-call service to accommodate this requirement;

(4) demonstrate experience with and knowledge of bleeding disorders and the management thereof;

(5) demonstrate the ability for appropriate and necessary record keeping and documentation, including the ability to expedite product recall or notification systems and the ability to assist covered persons in obtaining third party reimbursement;

(6) provide for proper removal and disposal of hazardous waste pursuant to State and federal law;

(7) provide covered persons with a written copy of the agency's policy regarding discontinuation of services related to loss of health benefits plan coverage or inability to pay; and

(8) provide covered persons, upon request, with information about

the expected costs for medications and services provided by the agency that are not otherwise covered by the health benefits plan.

The Department of Health and Senior Services is directed to compile a list of providers who comply with the minimum standards and make the list available to health insurance carriers and covered persons, upon request.

The bill also requires a health insurance carrier which offers a managed care plan to reimburse a clinical laboratory in a hospital with an outpatient, State-designated regional hemophilia center regardless of whether the clinical laboratory is a participating provider in the managed care plan, if the covered person is receiving treatment at the center and the attending physician determines that use of the hospital's clinical laboratory is necessary because:

(1) the results of laboratory tests are medically necessary immediately or sooner than the normal return time for the carrier's participating clinical laboratory; or

(2) accurate test results need to be determined by closely supervised procedures in venipuncture and laboratory techniques in controlled environments that cannot be achieved by the carrier's participating clinical laboratory. The carrier shall reimburse the hospital's clinical laboratory at the same rate it would reimburse a participating clinical laboratory for comparable services.

Hemophilia is a complex, chronic illness with many life-threatening events resulting in bleeds into major joints and organs, secondary complications of hepatitis and HIV/AIDS, and potential infections with emerging deadly viruses. It is imperative that home care providers serving hemophilia patients be both experienced and knowledgeable in this disorder, because a lack of such knowledge can result in harmful, permanent and possibly fatal consequences to the patient.

Some home care providers under contract with managed care carriers to provide home-based services to persons with hemophilia are unfamiliar with hemophilia care, needs and complications. These home care providers can interfere with a patient's treatment regimen by limiting the patient's choice of brand of blood product or by arbitrarily limiting or restricting the amount of clotting factor a patient is allowed to store at home based on the home care provider's determination of the patient's needs, rather than the attending physician's written prescription. Also, some home care providers under contract with managed care carriers do not provide ancillary supplies that are necessary for the infusion of the clotting factor, such as needles and syringes, or preventative devices that are proven to be medically necessary to lessen the severity of bleeds or to prevent bleeds from occurring. Also, some home care providers cannot provide other related assistance such as home infusion nursing care and other medications related to hemophilia care and resulting complications.

The standards that will be established pursuant to this bill are necessary to ensure that persons with hemophilia receive appropriate, medically necessary home care for treatment of their disorder.

ASSEMBLY BANKING AND INSURANCE COMMITTEE

STATEMENT TO

SENATE, No. 786

STATE OF NEW JERSEY

DATED: MARCH 2, 2000

The Assembly Banking and Insurance Committee reports favorably Senate Bill No. 786.

This bill supplements the "Health Care Quality Act" (N.J.S.A.26:2S-1 et seq.) to require commercial individual and group health insurers, health maintenance organizations and hospital, medical and health service corporations which offer a managed care plan that provides benefits for the home treatment of bleeding episodes associated with hemophilia, including the purchase of blood products and blood infusion equipment, to contract with, and exclusively use, providers that comply with standards adopted by the Department of Health and Senior Services in consultation with the Hemophilia Association of New Jersey.

At a minimum, the standards shall provide that a provider shall:

(1) provide services pursuant to a prescription from the covered person's attending physician and not make any substitutions of blood products without prior approval of the attending physician;

(2) provide all brands of clotting factor products in low, medium and high-assay range levels to execute treatment regimens as prescribed by a covered person's attending physician, and all needed ancillary supplies for the treatment or prevention of bleeding episodes, including, but not limited to, needles, syringes and cold compression packs;

(3) have the ability to deliver prescribed blood products, medications and nursing services within three hours after receipt of a prescription for an emergent situation, and maintain 24-hour on-call service to accommodate this requirement;

(4) demonstrate experience with and knowledge of bleeding disorders and the management thereof;

(5) demonstrate the ability for appropriate and necessary record keeping and documentation, including the ability to expedite product recall or notification systems and the ability to assist covered persons in obtaining third party reimbursement;

(6) provide for proper removal and disposal of hazardous waste pursuant to State and federal law;

(7) provide covered persons with a written copy of the agency's policy regarding discontinuation of services related to loss of health

benefits plan coverage or inability to pay; and

(8) provide covered persons, upon request, with information about the expected costs for medications and services provided by the agency that are not otherwise covered by the health benefits plan.

The Department of Health and Senior Services is directed to compile a list of providers who comply with the minimum standards and make the list available to health insurance carriers and covered persons, upon request.

The bill also requires a health insurance carrier which offers a managed care plan to reimburse a clinical laboratory in a hospital with an outpatient, State-designated regional hemophilia center regardless of whether the clinical laboratory is a participating provider in the managed care plan, if the covered person is receiving treatment at the center and the attending physician determines that use of the hospital's clinical laboratory is necessary because:

(1) the results of laboratory tests are medically necessary immediately or sooner than the normal return time for the carrier's participating clinical laboratory; or

(2) accurate test results need to be determined by closely supervised procedures in venipuncture and laboratory techniques in controlled environments that cannot be achieved by the carrier's participating clinical laboratory. The carrier shall reimburse the hospital's clinical laboratory at the same rate it would reimburse a participating clinical laboratory for comparable services.

The standards that will be established pursuant to this bill will ensure that persons with hemophilia receive appropriate, medically necessary home care for treatment of their disorder.

As reported by the committee, this bill is identical to Assembly Bill No. 2120.

[First Reprint]

SENATE, No. 786

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED JANUARY 31, 2000

Sponsored by:

Senator JACK SINAGRA

District 18 (Middlesex)

Co-Sponsored by:

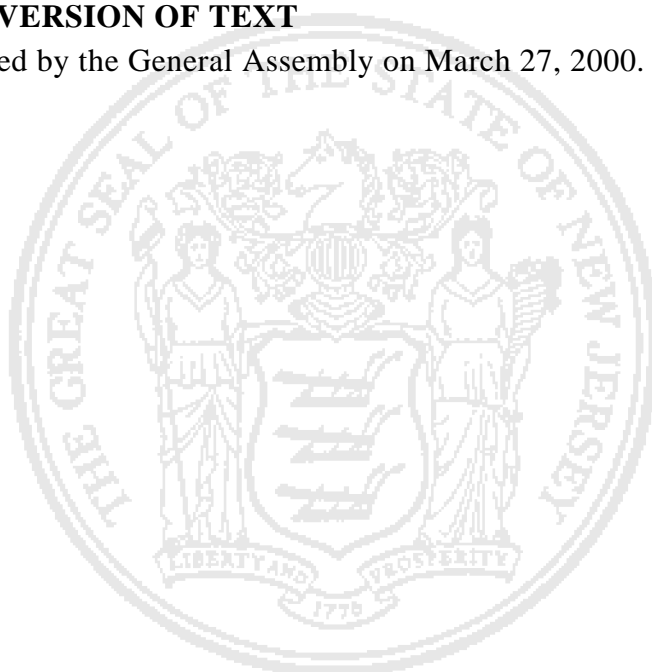
Assemblymen Bateman and Cohen

SYNOPSIS

Requires managed care plans to contract with providers that meet certain standards when providing services for hemophiliacs.

CURRENT VERSION OF TEXT

As amended by the General Assembly on March 27, 2000.



(Sponsorship Updated As Of: 3/28/2000)

1 AN ACT concerning health care coverage for treatment of hemophilia,
2 supplementing P.L.1997, c.192 (C.26:2S-1 et seq.) and revising
3 parts of statutory law.

4
5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7
8 1. A carrier which offers a managed care plan that provides
9 benefits or health care services, as applicable, for the home treatment
10 of bleeding episodes associated with hemophilia, including the
11 purchase of blood products and blood infusion equipment, shall
12 comply with the provisions of this section.

13 a. For the purpose of providing home treatment services for
14 bleeding episodes associated with hemophilia, the carrier shall be
15 required to contract with, and exclusively use, providers that comply
16 with standards adopted by regulation of the Department of Health and
17 Senior Services in consultation with the Hemophilia Association of
18 New Jersey. At a minimum, the standards shall require that each
19 provider:

20 (1) provide services pursuant to a prescription from the covered
21 person's attending physician and not make any substitutions of blood
22 products without prior approval of the attending physician;

23 (2) provide all brands of clotting factor products in low, medium
24 and high-assay range levels to execute treatment regimens as
25 prescribed by a covered person's attending physician, and all needed
26 ancillary supplies for the treatment or prevention of bleeding episodes,
27 including, but not limited to, needles, syringes and cold compression
28 packs;

29 (3) have the ability to deliver prescribed blood products,
30 medications and nursing services within three hours after receipt of a
31 prescription for an emergent situation, and maintain 24-hour on-call
32 service to accommodate this requirement;

33 (4) demonstrate experience with and knowledge of bleeding
34 disorders and the management thereof;

35 (5) demonstrate the ability for appropriate and necessary record
36 keeping and documentation, including the ability to expedite product
37 recall or notification systems and the ability to assist covered persons
38 in obtaining third party reimbursement;

39 (6) provide for proper removal and disposal of hazardous waste
40 pursuant to State and federal law;

41 (7) provide covered persons with a written copy of the agency's
42 policy regarding discontinuation of services related to loss of health

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Assembly floor amendments adopted March 27, 2000.

1 benefits plan coverage or inability to pay; and

2 (8) provide covered persons, upon request, with information about
3 the expected costs for medications and services provided by the
4 agency that are not otherwise covered by the covered person's health
5 benefits plan.

6 b. The Department of Health and Senior Services shall compile a
7 list of providers who meet the minimum standards established pursuant
8 to this section and shall make the list available to carriers and covered
9 persons, upon request.

10 c. As used in this section: "blood product" includes, but is not
11 limited to, Factor VIII, Factor IX and cryoprecipitate; and "blood
12 infusion equipment" includes, but is not limited to, syringes and
13 needles.

14

15 2. A carrier which offers a managed care plan shall provide
16 payment for services to the clinical laboratory at a hospital with a
17 State-designated outpatient regional hemophilia care center regardless
18 of whether the hospital's clinical laboratory is a participating provider
19 in the managed care plan, if the covered person's attending physician
20 determines that use of the hospital's clinical laboratory is necessary
21 because:

22 a. the results of laboratory tests are medically necessary
23 immediately or sooner than the normal return time for the carrier's
24 participating clinical laboratory; or

25 b. accurate test results need to be determined by closely supervised
26 procedures in venipuncture and laboratory techniques in controlled
27 environments that cannot be achieved by the carrier's participating
28 clinical laboratory.

29 The carrier shall pay the hospital's clinical laboratory for the
30 laboratory services at the same rate it would pay a participating
31 clinical laboratory for comparable services.

32 ¹The carrier shall retain the right to review all services provided
33 pursuant to this section for medical necessity.¹

34

35 3. Notwithstanding the provisions of chapter 26 of Title 17B of the
36 New Jersey Statutes to the contrary, no policy shall be delivered,
37 issued, executed or renewed on or after the effective date of P.L. , c.
38 (C.)(pending before the Legislature as this bill) unless the policy
39 meets the requirements of sections 1 and 2 of P.L. , c. (C.)
40 (pending before the Legislature as this bill) and the regulations
41 adopted thereto. The provisions of this section shall apply to all
42 policies in which the insurer has reserved the right to change the
43 premium.

44

45 4. Notwithstanding the provisions of chapter 27 of Title 17B of the
46 New Jersey Statutes to the contrary, no policy shall be delivered,

1 issued, executed or renewed on or after the effective date of P.L. , c.
2 (C.)(pending before the Legislature as this bill) unless the policy
3 meets the requirements of sections 1 and 2 of P.L. , c.
4 (C.)(pending before the Legislature as this bill) and the regulations
5 adopted thereto. The provisions of this section shall apply to all
6 policies in which the insurer has reserved the right to change the
7 premium.

8

9 5. Notwithstanding the provisions of P.L.1992, c.162
10 (C.17B:27A-17 et seq.) to the contrary, no policy or contract shall be
11 delivered, issued, executed or renewed on or after the effective date
12 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
13 the policy or contract meets the requirements of sections 1 and 2 of
14 P.L. , c. (C.)(pending before the Legislature as this bill) and the
15 regulations adopted thereto. The provisions of this section shall apply
16 to all policies or contracts in which the carrier has reserved the right
17 to change the premium.

18

19 6. Notwithstanding the provisions of P.L.1992, c.161
20 (C.17B:27A-2 et seq.) to the contrary, no policy or contract shall be
21 delivered, issued, executed or renewed on or after the effective date
22 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
23 the policy or contract meets the requirements of sections 1 and 2 of
24 P.L. , c. (C.)(pending before the Legislature as this bill) and the
25 regulations adopted thereto. The provisions of this section shall apply
26 to all policies or contracts in which the carrier has reserved the right
27 to change the premium.

28

29 7. Notwithstanding the provisions of P.L.1938, c.366 (C.17:48-1
30 et seq.) to the contrary, no individual or group contract shall be
31 delivered, issued, executed or renewed on or after the effective date
32 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
33 the contract meets the requirements of sections 1 and 2 of P.L. , c.
34 (C.)(pending before the Legislature as this bill) and the regulations
35 adopted thereto. The provisions of this section shall apply to all
36 contracts in which the hospital service corporation has reserved the
37 right to change the premium.

38

39 8. Notwithstanding the provisions of P.L.1940, c.74 (C.17:48A-1
40 et seq.) to the contrary, no individual or group contract shall be
41 delivered, issued, executed or renewed on or after the effective date
42 of P.L. , c. (C.)(pending before the Legislature as this bill)
43 unless the contract meets the requirements of sections 1 and 2 of
44 P.L. , c. (C.)(pending before the Legislature as this bill) and the
45 regulations adopted thereto. The provisions of this section shall apply
46 to all contracts in which the medical service corporation has reserved
47 the right to change the premium.

1 9. Notwithstanding the provisions of P.L.1985, c.236 (C.17:48E-1
2 et seq.) to the contrary, no individual or group contract shall be
3 delivered, issued, executed or renewed on or after the effective date
4 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
5 the contract meets the requirements of sections 1 and 2 of P.L. , c.
6 (C.)(pending before the Legislature as this bill) and the regulations
7 adopted thereto. The provisions of this section shall apply to all
8 contracts in which the health service corporation has reserved the right
9 to change the premium.

10

11 10. Notwithstanding the provisions of P.L.1973, c.337 (C.26:2J-1
12 et seq.) to the contrary, a certificate of authority to establish and
13 operate a health maintenance organization in this State shall not be
14 issued or continued on or after the effective date of P.L. , c. (C.)
15 (pending before the Legislature as this bill) unless the health
16 maintenance organization meets the requirements of sections 1 and 2
17 of P.L. , c. (C.) (pending before the Legislature as this bill) and
18 the regulations adopted thereto. The provisions of this section shall
19 apply to all enrollee agreements in which the health maintenance
20 organization has reserved the right to change the schedule of charges.

21

22 11. The Department of Health and Senior Services, pursuant to the
23 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
24 seq.), shall adopt regulations to carry out the provisions of sections 1
25 and 2 of this act.

26

27 12. This act shall take effect immediately.

STATEMENT TO
SENATE, No. 786

with Assembly Floor Amendments
(Proposed By Assemblyman BATEMAN)

ADOPTED: MARCH 27, 2000

Senate Bill No. 786 requires a health insurance carrier to reimburse a clinical laboratory in a hospital with an outpatient, State-designated regional hemophilia center regardless of whether the clinical laboratory is a participating provider in the managed care plan, if the covered person is receiving treatment at the center and the attending physician determines that use of the hospital's clinical laboratory is necessary in certain circumstances as enumerated in the bill.

This floor amendment provides that the carrier shall retain the right to review services performed at a hospital clinical laboratory pursuant to the provisions of the bill for medical necessity.

§§1,2,11-
C.26:2S-10.1
to 26:2S-10.3
§3 - C.17B:26-2.1t
§4 - C.17B:27-46.1w
§5 - C.17B:27A-19.8
§6 - C.17B:27A-7.6
§7 - C.17:48-6w
§8 - C.17:48A-7v
§9 - C.17:48E-35.21
§10 - C.26:2J-4.22

P.L. 2000, CHAPTER 121, *approved September 14, 2000*
Senate, No. 786 (*First Reprint*)

1 **AN ACT** concerning health care coverage for treatment of hemophilia,
2 supplementing P.L.1997, c.192 (C.26:2S-1 et seq.) and revising
3 parts of statutory law.

4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7

8 1. A carrier which offers a managed care plan that provides
9 benefits or health care services, as applicable, for the home treatment
10 of bleeding episodes associated with hemophilia, including the
11 purchase of blood products and blood infusion equipment, shall
12 comply with the provisions of this section.

13 a. For the purpose of providing home treatment services for
14 bleeding episodes associated with hemophilia, the carrier shall be
15 required to contract with, and exclusively use, providers that comply
16 with standards adopted by regulation of the Department of Health and
17 Senior Services in consultation with the Hemophilia Association of
18 New Jersey. At a minimum, the standards shall require that each
19 provider:

20 (1) provide services pursuant to a prescription from the covered
21 person's attending physician and not make any substitutions of blood
22 products without prior approval of the attending physician;

23 (2) provide all brands of clotting factor products in low, medium
24 and high-assay range levels to execute treatment regimens as
25 prescribed by a covered person's attending physician, and all needed
26 ancillary supplies for the treatment or prevention of bleeding episodes,
27 including, but not limited to, needles, syringes and cold compression
28 packs;

29 (3) have the ability to deliver prescribed blood products,
30 medications and nursing services within three hours after receipt of a
31 prescription for an emergent situation, and maintain 24-hour on-call
32 service to accommodate this requirement;

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Assembly floor amendments adopted March 27, 2000.

1 (4) demonstrate experience with and knowledge of bleeding
2 disorders and the management thereof;

3 (5) demonstrate the ability for appropriate and necessary record
4 keeping and documentation, including the ability to expedite product
5 recall or notification systems and the ability to assist covered persons
6 in obtaining third party reimbursement;

7 (6) provide for proper removal and disposal of hazardous waste
8 pursuant to State and federal law;

9 (7) provide covered persons with a written copy of the agency's
10 policy regarding discontinuation of services related to loss of health
11 benefits plan coverage or inability to pay; and

12 (8) provide covered persons, upon request, with information about
13 the expected costs for medications and services provided by the
14 agency that are not otherwise covered by the covered person's health
15 benefits plan.

16 b. The Department of Health and Senior Services shall compile a
17 list of providers who meet the minimum standards established pursuant
18 to this section and shall make the list available to carriers and covered
19 persons, upon request.

20 c. As used in this section: "blood product" includes, but is not
21 limited to, Factor VIII, Factor IX and cryoprecipitate; and "blood
22 infusion equipment" includes, but is not limited to, syringes and
23 needles.

24
25 2. A carrier which offers a managed care plan shall provide
26 payment for services to the clinical laboratory at a hospital with a
27 State-designated outpatient regional hemophilia care center regardless
28 of whether the hospital's clinical laboratory is a participating provider
29 in the managed care plan, if the covered person's attending physician
30 determines that use of the hospital's clinical laboratory is necessary
31 because:

32 a. the results of laboratory tests are medically necessary
33 immediately or sooner than the normal return time for the carrier's
34 participating clinical laboratory; or

35 b. accurate test results need to be determined by closely supervised
36 procedures in venipuncture and laboratory techniques in controlled
37 environments that cannot be achieved by the carrier's participating
38 clinical laboratory.

39 The carrier shall pay the hospital's clinical laboratory for the
40 laboratory services at the same rate it would pay a participating
41 clinical laboratory for comparable services.

42 ¹The carrier shall retain the right to review all services provided
43 pursuant to this section for medical necessity.¹

44
45 3. Notwithstanding the provisions of chapter 26 of Title 17B of the
46 New Jersey Statutes to the contrary, no policy shall be delivered,

1 issued, executed or renewed on or after the effective date of P.L. , c.
2 (C.)(pending before the Legislature as this bill) unless the policy
3 meets the requirements of sections 1 and 2 of P.L. , c. (C.)
4 (pending before the Legislature as this bill) and the regulations
5 adopted thereto. The provisions of this section shall apply to all
6 policies in which the insurer has reserved the right to change the
7 premium.

8
9 4. Notwithstanding the provisions of chapter 27 of Title 17B of the
10 New Jersey Statutes to the contrary, no policy shall be delivered,
11 issued, executed or renewed on or after the effective date of P.L. , c.
12 (C.)(pending before the Legislature as this bill) unless the policy
13 meets the requirements of sections 1 and 2 of P.L. , c.
14 (C.)(pending before the Legislature as this bill) and the regulations
15 adopted thereto. The provisions of this section shall apply to all
16 policies in which the insurer has reserved the right to change the
17 premium.

18
19 5. Notwithstanding the provisions of P.L.1992, c.162
20 (C.17B:27A-17 et seq.) to the contrary, no policy or contract shall be
21 delivered, issued, executed or renewed on or after the effective date
22 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
23 the policy or contract meets the requirements of sections 1 and 2 of
24 P.L. , c. (C.)(pending before the Legislature as this bill) and the
25 regulations adopted thereto. The provisions of this section shall apply
26 to all policies or contracts in which the carrier has reserved the right
27 to change the premium.

28
29 6. Notwithstanding the provisions of P.L.1992, c.161
30 (C.17B:27A-2 et seq.) to the contrary, no policy or contract shall be
31 delivered, issued, executed or renewed on or after the effective date
32 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
33 the policy or contract meets the requirements of sections 1 and 2 of
34 P.L. , c. (C.)(pending before the Legislature as this bill) and the
35 regulations adopted thereto. The provisions of this section shall apply
36 to all policies or contracts in which the carrier has reserved the right
37 to change the premium.

38
39 7. Notwithstanding the provisions of P.L.1938, c.366 (C.17:48-1
40 et seq.) to the contrary, no individual or group contract shall be
41 delivered, issued, executed or renewed on or after the effective date
42 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
43 the contract meets the requirements of sections 1 and 2 of P.L. , c.
44 (C.)(pending before the Legislature as this bill) and the regulations
45 adopted thereto. The provisions of this section shall apply to all
46 contracts in which the hospital service corporation has reserved the
47 right to change the premium.

1 8. Notwithstanding the provisions of P.L.1940, c.74 (C.17:48A-1
2 et seq.) to the contrary, no individual or group contract shall be
3 delivered, issued, executed or renewed on or after the effective date
4 of P.L. , c. (C.)(pending before the Legislature as this bill)
5 unless the contract meets the requirements of sections 1 and 2 of
6 P.L. , c. (C.)(pending before the Legislature as this bill) and the
7 regulations adopted thereto. The provisions of this section shall apply
8 to all contracts in which the medical service corporation has reserved
9 the right to change the premium.

10
11 9. Notwithstanding the provisions of P.L.1985, c.236 (C.17:48E-1
12 et seq.) to the contrary, no individual or group contract shall be
13 delivered, issued, executed or renewed on or after the effective date
14 of P.L. , c. (C.)(pending before the Legislature as this bill) unless
15 the contract meets the requirements of sections 1 and 2 of P.L. , c.
16 (C.)(pending before the Legislature as this bill) and the regulations
17 adopted thereto. The provisions of this section shall apply to all
18 contracts in which the health service corporation has reserved the right
19 to change the premium.

20
21 10. Notwithstanding the provisions of P.L.1973, c.337 (C.26:2J-1
22 et seq.) to the contrary, a certificate of authority to establish and
23 operate a health maintenance organization in this State shall not be
24 issued or continued on or after the effective date of P.L. , c. (C.)
25 (pending before the Legislature as this bill) unless the health
26 maintenance organization meets the requirements of sections 1 and 2
27 of P.L. , c. (C.)(pending before the Legislature as this bill) and
28 the regulations adopted thereto. The provisions of this section shall
29 apply to all enrollee agreements in which the health maintenance
30 organization has reserved the right to change the schedule of charges.

31
32 11. The Department of Health and Senior Services, pursuant to the
33 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
34 seq.), shall adopt regulations to carry out the provisions of sections 1
35 and 2 of this act.

36
37 12. This act shall take effect immediately.

38
39
40 _____
41
42 Requires managed care plans to contract with providers that meet
43 certain standards when providing services for hemophiliacs.

CHAPTER 121

AN ACT concerning health care coverage for treatment of hemophilia, supplementing P.L.1997, c.192 (C.26:2S-1 et seq.) and revising parts of statutory law.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

C.26:2S-10.1 Home treatment for bleeding episodes associated with hemophilia, required coverage.

1. A carrier which offers a managed care plan that provides benefits or health care services, as applicable, for the home treatment of bleeding episodes associated with hemophilia, including the purchase of blood products and blood infusion equipment, shall comply with the provisions of this section.

a. For the purpose of providing home treatment services for bleeding episodes associated with hemophilia, the carrier shall be required to contract with, and exclusively use, providers that comply with standards adopted by regulation of the Department of Health and Senior Services in consultation with the Hemophilia Association of New Jersey. At a minimum, the standards shall require that each provider:

(1) provide services pursuant to a prescription from the covered person's attending physician and not make any substitutions of blood products without prior approval of the attending physician;

(2) provide all brands of clotting factor products in low, medium and high-assay range levels to execute treatment regimens as prescribed by a covered person's attending physician, and all needed ancillary supplies for the treatment or prevention of bleeding episodes, including, but not limited to, needles, syringes and cold compression packs;

(3) have the ability to deliver prescribed blood products, medications and nursing services within three hours after receipt of a prescription for an emergent situation, and maintain 24-hour on-call service to accommodate this requirement;

(4) demonstrate experience with and knowledge of bleeding disorders and the management thereof;

(5) demonstrate the ability for appropriate and necessary record keeping and documentation, including the ability to expedite product recall or notification systems and the ability to assist covered persons in obtaining third party reimbursement;

(6) provide for proper removal and disposal of hazardous waste pursuant to State and federal law;

(7) provide covered persons with a written copy of the agency's policy regarding discontinuation of services related to loss of health benefits plan coverage or inability to pay; and

(8) provide covered persons, upon request, with information about the expected costs for medications and services provided by the agency that are not otherwise covered by the covered person's health benefits plan.

b. The Department of Health and Senior Services shall compile a list of providers who meet the minimum standards established pursuant to this section and shall make the list available to carriers and covered persons, upon request.

c. As used in this section: "blood product" includes, but is not limited to, Factor VIII, Factor IX and cryoprecipitate; and "blood infusion equipment" includes, but is not limited to, syringes and needles.

C.26:2S-10.2 Clinical laboratory services at outpatient regional hemophilia care center, required coverage.

2. A carrier which offers a managed care plan shall provide payment for services to the clinical laboratory at a hospital with a State-designated outpatient regional hemophilia care center regardless of whether the hospital's clinical laboratory is a participating provider in the managed care plan, if the covered person's attending physician determines that use of the hospital's clinical laboratory is necessary because:

a. the results of laboratory tests are medically necessary immediately or sooner than the normal return time for the carrier's participating clinical laboratory; or

b. accurate test results need to be determined by closely supervised procedures in venipuncture and laboratory techniques in controlled environments that cannot be achieved by the carrier's participating clinical laboratory.

The carrier shall pay the hospital's clinical laboratory for the laboratory services at the same rate it would pay a participating clinical laboratory for comparable services.

The carrier shall retain the right to review all services provided pursuant to this section for medical necessity.

C.17B:26-2.1t Coverage for hemophilia by individual health insurers.

3. Notwithstanding the provisions of chapter 26 of Title 17B of the New Jersey Statutes to the contrary, no policy shall be delivered, issued, executed or renewed on or after the effective date of P.L.2000, c121 (C.26:2S-10.1 et al.) unless the policy meets the requirements of sections 1 and 2 of P.L.2000, c121 (C.26:2S-10.1 and C.26:2S-10.2) and the regulations adopted thereto. The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

C.17B:27-46.1w Coverage for hemophilia services by group health insurers.

4. Notwithstanding the provisions of chapter 27 of Title 17B of the New Jersey Statutes to the contrary, no policy shall be delivered, issued, executed or renewed on or after the effective date of P.L.2000, c121 (C.26:2S-10.1 et al.) unless the policy meets the requirements of sections 1 and 2 of P.L.2000, c121 (C.26:2S-10.1 and C.26:2S-10.2) and the regulations adopted thereto. The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

C.17B:27A-19.8 Coverage for hemophilia services by small employer plan.

5. Notwithstanding the provisions of P.L.1992, c.162 (C.17B:27A-17 et seq.) to the contrary, no policy or contract shall be delivered, issued, executed or renewed on or after the effective date of P.L.2000, c121 (C.26:2S-10.1 et al.) unless the policy or contract meets the requirements of sections 1 and 2 of P.L.2000, c121 (C.26:2S-10.1 and C.26:2S-10.2) and the regulations adopted thereto. The provisions of this section shall apply to all policies or contracts in which the carrier has reserved the right to change the premium.

C.17B:27A-7.6 Coverage for hemophilia services by individual health policy.

6. Notwithstanding the provisions of P.L.1992, c.161 (C.17B:27A-2 et seq.) to the contrary, no policy or contract shall be delivered, issued, executed or renewed on or after the effective date of P.L.2000, c121 (C.26:2S-10.1 et al.) unless the policy or contract meets the requirements of sections 1 and 2 of P.L.2000, c121 (C.26:2S-10.1 and C.26:2S-10.2) and the regulations adopted thereto. The provisions of this section shall apply to all policies or contracts in which the carrier has reserved the right to change the premium.

C.17B:48-6w Coverage for hemophilia services by hospital service corporations.

7. Notwithstanding the provisions of P.L.1938, c.366 (C.17:48-1 et seq.) to the contrary, no individual or group contract shall be delivered, issued, executed or renewed on or after the effective date of P.L.2000, c121 (C.26:2S-10.1 et al.) unless the contract meets the requirements of sections 1 and 2 of P.L.2000, c121 (C.26:2S-10.1 and C.26:2S-10.2) and the regulations adopted thereto. The provisions of this section shall apply to all contracts in which the hospital service corporation has reserved the right to change the premium.

C.17:48A-7v Coverage for hemophilia services by medical services corporation.

8. Notwithstanding the provisions of P.L.1940, c.74 (C.17:48A-1 et seq.) to the contrary, no individual or group contract shall be delivered, issued, executed or renewed on or after the effective date of P.L.2000, c121 (C.26:2S-10.1 et al.) unless the contract meets the requirements of sections 1 and 2 of P.L.2000, c121 (C.26:2S-10.1 and C.26:2S-10.2) and the regulations adopted thereto. The provisions of this section shall apply to all contracts in which the medical service corporation has reserved the right to change the premium.

C.17:48E-35.21 Coverage for hemophilia services by health service corporation.

9. Notwithstanding the provisions of P.L.1985, c.236 (C.17:48E-1 et seq.) to the contrary,

no individual or group contract shall be delivered, issued, executed or renewed on or after the effective date of P.L.2000, c121 (C.26:2S-10.1 et al.) unless the contract meets the requirements of sections 1 and 2 of P.L.2000, c121 (C.26:2S-10.1 and C.26:2S-10.2) and the regulations adopted thereto. The provisions of this section shall apply to all contracts in which the health service corporation has reserved the right to change the premium.

C.26:2J-4.22 Coverage for hemophilia services by HMO.

10. Notwithstanding the provisions of P.L.1973, c.337 (C.26:2J-1 et seq.) to the contrary, a certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued on or after the effective date of P.L.2000, c121 (C.26:2S-10.1 et al.) unless the health maintenance organization meets the requirements of sections 1 and 2 of P.L.2000, c121 (C.26:2S-10.1 and C.26:2S-10.2) and the regulations adopted thereto. The provisions of this section shall apply to all enrollee agreements in which the health maintenance organization has reserved the right to change the schedule of charges.

C.26:2S-10.3 Regulations by department.

11. The Department of Health and Senior Services, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt regulations to carry out the provisions of sections 1 and 2 of this act.

12. This act shall take effect immediately.

Approved September 14, 2000.

PO BOX 004
TRENTON, NJ 08625

Office of the Governor
NEWS RELEASE

CONTACT: Jayne O'Connor
Laura Otterbourg
609-777-2600

RELEASE: September 14, 2000

Governor Christie Whitman today signed the following legislation:

S-1302, sponsored by Senator Singer (R-Burlington/Monmouth/Ocean) and Assembly Members Malone (R-Burlington/Monmouth/Ocean) and Impreveduto (D-Bergen/Hudson), redirects money from one standardbred breeding fund to another standardbred account to encourage standardbred breeding in New Jersey.

S-982, sponsored by Senator Littell (R-Sussex/Hunterdon/Morris) and Assembly Members Gregg (R-Sussex/ Hunterdon/Morris) and Wolfe (R-Monmouth/Ocean), requires each public school to test for the presence of radon gas every five years and temporarily exempts certain childcare centers in public school buildings from radon testing and certain other requirements through the end of the 2000-2001 school year.

S-786, sponsored by Senator Sinagra (R-Middlesex) and Assembly Members Bateman (R-Morris/Somerset) and Cohen (D-Union), requires managed care plans to contract with providers that meet certain standards when providing services for hemophiliacs.

S-421, sponsored by Senators Bucco (R-Morris) and Singer (R-Burlington/Monmouth/Ocean) and Assembly Member Merkt (R-Morris), makes certain amendments to the law establishing the comprehensive enforcement program.