

17:48-6v; 17:48A-7u et al
LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2022 **CHAPTER:** 33

NJSA: 17:48-6v; 17:48A-7u et al
(Requires health insurance carriers to provide coverage for treatment of mental health conditions and substance use disorders through collaborative care.)

BILL NO: A2008 (Substituted for S352)

SPONSOR(S) Herb Conaway and others

DATE INTRODUCED: 1/11/2022

COMMITTEE: **ASSEMBLY:** Financial Institutions and Insurance
Appropriations

SENATE: Budget and Appropriations

AMENDED DURING PASSAGE: No

DATE OF PASSAGE: **ASSEMBLY:** 6/16/2022

SENATE: 6/29/2022

DATE OF APPROVAL: 6/30/2022

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (Introduced bill enacted) Yes

A2008

INTRODUCED BILL: (Includes sponsor(s) statement) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes Financial Inst. & Insurance
Appropriations

SENATE: Yes Budget & Appropriations

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, **may possibly** be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: Yes 6/16/2022

S352

INTRODUCED BILL: (Includes sponsor(s) statement) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** No

SENATE: Yes Health, Human Services
and Senior Citizens
Budget & Appropriations

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, **may possibly** be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: Yes 6/16/2022

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: No

end

P.L. 2022, CHAPTER 33, *approved June 30, 2022*
Assembly, No. 2008

1 AN ACT concerning health insurance coverage and amending
2 various parts of the statutory law.

3

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

6

7 1. Section 1 of P.L.1999, c.106 (C.17:48-6v) is amended to
8 read as follows:

9 1. a. (1) Every individual and group hospital service
10 corporation contract that provides hospital or medical expense
11 benefits and is delivered, issued, executed or renewed in this State
12 pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or approved for
13 issuance or renewal in this State by the Commissioner of Banking
14 and Insurance, on or after the effective date of this act shall provide
15 coverage for mental health conditions and substance use disorders
16 under the same terms and conditions as provided for any other
17 sickness under the contract and shall meet the requirements of the
18 federal Paul Wellstone and Pete Domenici Mental Health Parity and
19 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
20 amendments to, and federal guidance or regulations issued under
21 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
22 s.156.115(a)(3).

23 Coverage provided pursuant to this section shall include benefits
24 delivered through the psychiatric Collaborative Care Model.

25 (2) As used in this section:

26 "Mental health condition" means a condition defined to be
27 consistent with generally recognized independent standards of
28 current medical practice referenced in the current version of the
29 Diagnostic and Statistical Manual of Mental Disorders.

30 "Psychiatric Collaborative Care Model" means the evidence-
31 based, integrated behavioral health service delivery method wherein
32 a primary care provider and a care manager collaborate with a
33 psychiatric consultant to provide care to a patient. "Psychiatric
34 Collaborative Care Model" shall include those benefits that are
35 billed using the following list of Current Procedural Terminology
36 (CPT) codes, which list shall be updated by the Commissioner of
37 Banking and Insurance whenever the codes are altered or
38 supplemented:

39 (a) 99492 – Initial psychiatric collaborative care management;

40 (b) 99493 – Subsequent psychiatric collaborative care
41 management; and

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

Matter underlined thus is new matter.

1 (c) 99494 – Initial or subsequent psychiatric collaborative care
2 management, additional time.

3 "Same terms and conditions" means that the hospital service
4 corporation cannot apply more restrictive non-quantitative
5 limitations, such as utilization review and other criteria or more
6 quantitative limitations such as copayments, deductibles, aggregate
7 or annual limits or benefit limits to mental health condition and
8 substance use disorder benefits than those applied to substantially
9 all other medical or surgical benefits.

10 "Substance use disorder" means a disorder defined to be
11 consistent with generally recognized independent standards of
12 current medical practice referenced in the most current version of
13 the Diagnostic and Statistical Manual of Mental Disorders.

14 b. (Deleted by amendment, P.L.2019, c.58)

15 c. The provisions of this section shall apply to all contracts in
16 which the hospital service corporation has reserved the right to
17 change the premium.

18 d. Nothing in this section shall reduce the requirement for a
19 hospital service corporation to provide benefits pursuant to section
20 1 of P.L.2017, c.28 (C.17:48-6nn).
21 (cf: P.L.2019, c.58, s.1)

22
23 2. Section 2 of P.L.1999, c.106 (C.17:48A-7u) is amended to
24 read as follows:

25 2. a. (1) Every individual and group medical service
26 corporation contract that provides hospital or medical expense
27 benefits that is delivered, issued, executed or renewed in this State
28 pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for
29 issuance or renewal in this State by the Commissioner of Banking
30 and Insurance, on or after the effective date of this act shall provide
31 coverage for mental health conditions and substance use disorders
32 under the same terms and conditions as provided for any other
33 sickness under the contract and shall meet the requirements of the
34 federal Paul Wellstone and Pete Domenici Mental Health Parity and
35 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
36 amendments to, and federal guidance or regulations issued under
37 that act, including 45 s.C.F.R. Parts 146 and 147 and 45 C.F.R.
38 s.156.115(a)(3).

39 Coverage provided pursuant to this section shall include benefits
40 delivered through the psychiatric Collaborative Care Model.

41 (2) As used in this section:

42 "Mental health condition" means a condition defined to be
43 consistent with generally recognized independent standards of
44 current medical practice referenced in the current version of the
45 Diagnostic and Statistical Manual of Mental Disorders.

46 “Psychiatric Collaborative Care Model” means the evidence-
47 based, integrated behavioral health service delivery method wherein
48 a primary care provider and a care manager collaborate with a

1 psychiatric consultant to provide care to a patient. "Psychiatric
2 Collaborative Care Model" shall include those benefits that are
3 billed using the following list of Current Procedural Terminology
4 (CPT) codes, which list shall be updated by the Commissioner of
5 Banking and Insurance whenever the codes are altered or
6 supplemented:

- 7 (a) 99492 – Initial psychiatric collaborative care management;
8 (b) 99493 – Subsequent psychiatric collaborative care
9 management; and
10 (c) 99494 – Initial or subsequent psychiatric collaborative care
11 management, additional time.

12 "Same terms and conditions" means that the medical service
13 corporation cannot apply more restrictive non-quantitative
14 limitations, such as utilization review and other criteria or more
15 quantitative limitations such as copayments, deductibles, aggregate
16 or annual limits or benefit limits to mental health condition and
17 substance use disorder benefits than those applied to substantially
18 all other medical or surgical benefits.

19 "Substance use disorder" means a disorder defined to be
20 consistent with generally recognized independent standards of
21 current medical practice referenced in the most current version of
22 the Diagnostic and Statistical Manual of Mental Disorders.

23 b. (Deleted by amendment, P.L.2019, c.58)

24 c. The provisions of this section shall apply to all contracts in
25 which the medical service corporation has reserved the right to
26 change the premium.

27 d. Nothing in this section shall reduce the requirement for a
28 medical service corporation to provide benefits pursuant to section
29 2 of P.L.2017, c.28 (C.17:48A-7kk).

30 (cf: P.L.2019, c.58, s.2)

31

32 3. Section 3 of P.L.1999, c.106 (C.17:48E-35.20) is amended
33 to read as follows:

34 3. a. (1) Every individual and group health service
35 corporation contract that provides hospital or medical expense
36 benefits and is delivered, issued, executed or renewed in this State
37 pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for
38 issuance or renewal in this State by the Commissioner of Banking
39 and Insurance, on or after the effective date of this act shall provide
40 coverage for mental health conditions and substance use disorders
41 under the same terms and conditions as provided for any other
42 sickness under the contract and shall meet the requirements of the
43 federal Paul Wellstone and Pete Domenici Mental Health Parity and
44 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
45 amendments to, and federal guidance or regulations issued under
46 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
47 s.156.115(a)(3).

1 Coverage provided pursuant to this section shall include benefits
2 delivered through the psychiatric Collaborative Care Model.

3 (2) As used in this section:

4 "Mental health condition" means a condition defined to be
5 consistent with generally recognized independent standards of
6 current medical practice referenced in the current version of the
7 Diagnostic and Statistical Manual of Mental Disorders.

8 "Psychiatric Collaborative Care Model" means the evidence-
9 based, integrated behavioral health service delivery method wherein
10 a primary care provider and a care manager collaborate with a
11 psychiatric consultant to provide care to a patient. "Psychiatric
12 Collaborative Care Model" shall include those benefits that are
13 billed using the following list of Current Procedural Terminology
14 (CPT) codes, which list shall be updated by the Commissioner of
15 Banking and Insurance whenever the codes are altered or
16 supplemented:

17 (a) 99492 – Initial psychiatric collaborative care management;

18 (b) 99493 – Subsequent psychiatric collaborative care
19 management; and

20 (c) 99494 – Initial or subsequent psychiatric collaborative care
21 management, additional time.

22 "Same terms and conditions" means that the health service
23 corporation cannot apply more restrictive non-quantitative
24 limitations, such as utilization review and other criteria or more
25 quantitative limitations such as copayments, deductibles, aggregate
26 or annual limits or benefit limits to mental health condition and
27 substance use disorder benefits than those applied to substantially
28 all other medical or surgical benefits.

29 "Substance use disorder" means a disorder defined to be
30 consistent with generally recognized independent standards of
31 current medical practice referenced in the most current version of
32 the Diagnostic and Statistical Manual of Mental Disorders.

33 b. (Deleted by amendment, P.L.2019, c.58)

34 c. The provisions of this section shall apply to all contracts in
35 which the health service corporation has reserved the right to
36 change the premium.

37 d. Nothing in this section shall reduce the requirement for a
38 health service corporation to provide benefits pursuant to section 3
39 of P.L.2017, c.28 (C.17:48E-35.38).

40 (cf: P.L.2019, c.58, s.3)

41
42 4. Section 4 of P.L.1999, c.106 (C.17B:26-2.1s) is amended to
43 read as follows:

44 4. a. (1) Every individual health insurance policy that
45 provides hospital or medical expense benefits and is delivered,
46 issued, executed or renewed in this State pursuant to chapter 26 of
47 Title 17B of the New Jersey Statutes, or approved for issuance or
48 renewal in this State by the Commissioner of Banking and

1 Insurance, on or after the effective date of this act shall provide
2 coverage for mental health conditions and substance use disorders
3 under the same terms and conditions as provided for any other
4 sickness under the contract and shall meet the requirements of the
5 federal Paul Wellstone and Pete Domenici Mental Health Parity and
6 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
7 amendments to, and federal guidance or regulations issued under
8 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
9 s.156.115(a)(3).

10 Coverage provided pursuant to this section shall include benefits
11 delivered through the psychiatric Collaborative Care Model.

12 (2) As used in this section:

13 "Mental health condition" means a condition defined to be
14 consistent with generally recognized independent standards of
15 current medical practice referenced in the current version of the
16 Diagnostic and Statistical Manual of Mental Disorders.

17 "Psychiatric Collaborative Care Model" means the evidence-
18 based, integrated behavioral health service delivery method wherein
19 a primary care provider and a care manager collaborate with a
20 psychiatric consultant to provide care to a patient. "Psychiatric
21 Collaborative Care Model" shall include those benefits that are
22 billed using the following list of Current Procedural Terminology
23 (CPT) codes, which list shall be updated by the Commissioner of
24 Banking and Insurance whenever the codes are altered or
25 supplemented:

26 (a) 99492 – Initial psychiatric collaborative care management;

27 (b) 99493 – Subsequent psychiatric collaborative care
28 management; and

29 (c) 99494 – Initial or subsequent psychiatric collaborative care
30 management, additional time.

31 "Same terms and conditions" means that the insurer cannot apply
32 more restrictive non-quantitative limitations, such as utilization
33 review and other criteria or more quantitative limitations such as
34 copayments, deductibles, aggregate or annual limits or benefit
35 limits to mental health condition and substance use disorder
36 benefits than those applied to substantially all other medical or
37 surgical benefits.

38 "Substance use disorder" means a disorder defined to be
39 consistent with generally recognized independent standards of
40 current medical practice referenced in the most current version of
41 the Diagnostic and Statistical Manual of Mental Disorders.

42 b. (Deleted by amendment, P.L.2019, c.58)

43 c. The provisions of this section shall apply to all policies in
44 which the insurer has reserved the right to change the premium.

45 d. Nothing in this section shall reduce the requirement for an
46 insurer to provide benefits pursuant to section 4 of P.L.2017, c.28
47 (C.17B:26-2.1hh).

48 (cf: P.L.2019, c.58, s.4)

1 5. Section 5 of P.L.1999, c.106 (C.17B:27-46.1v) is amended
2 to read as follows:

3 5. a. (1) Every group health insurance policy that provides
4 hospital or medical expense benefits and is delivered, issued,
5 executed or renewed in this State pursuant to chapter 27 of Title
6 17B of the New Jersey Statutes, or approved for issuance or renewal
7 in this State by the Commissioner of Banking and Insurance, on or
8 after the effective date of this act shall provide benefits for mental
9 health conditions and substance use disorders under the same terms
10 and conditions as provided for any other sickness under the policy
11 and shall meet the requirements of the federal Paul Wellstone and
12 Pete Domenici Mental Health Parity and Addiction Equity Act of
13 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal
14 guidance or regulations issued under that act, including 45 C.F.R.
15 Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

16 Coverage provided pursuant to this section shall include benefits
17 delivered through the psychiatric Collaborative Care Model.

18 (2) As used in this section:

19 "Mental health condition" means a condition defined to be
20 consistent with generally recognized independent standards of
21 current medical practice referenced in the current version of the
22 Diagnostic and Statistical Manual of Mental Disorders.

23 "Psychiatric Collaborative Care Model" means the evidence-
24 based, integrated behavioral health service delivery method wherein
25 a primary care provider and a care manager collaborate with a
26 psychiatric consultant to provide care to a patient. "Psychiatric
27 Collaborative Care Model" shall include those benefits that are
28 billed using the following list of Current Procedural Terminology
29 (CPT) codes, which list shall be updated by the Commissioner of
30 Banking and Insurance whenever the codes are altered or
31 supplemented:

32 (a) 99492 – Initial psychiatric collaborative care management;

33 (b) 99493 – Subsequent psychiatric collaborative care
34 management; and

35 (c) 99494 – Initial or subsequent psychiatric collaborative care
36 management, additional time.

37 "Same terms and conditions" means that the insurer cannot apply
38 more restrictive non-quantitative limitations, such as utilization
39 review and other criteria or more quantitative limitations such as
40 copayments, deductibles, aggregate or annual limits or benefit
41 limits to mental health condition and substance use disorder
42 benefits than those applied to substantially all other medical or
43 surgical benefits.

44 "Substance use disorder" means a disorder defined to be consistent
45 with generally recognized independent standards of current medical
46 practice referenced in the most current version of the Diagnostic
47 and Statistical Manual of Mental Disorders.

48 b. (Deleted by amendment, P.L.2019, c.59)

1 c. The provisions of this section shall apply to all policies in
2 which the insurer has reserved the right to change the premium.

3 d. Nothing in this section shall reduce the requirement for an
4 insurer to provide benefits pursuant to section 5 of P.L.2017, c.28
5 (C.17B:27-46.1nn).
6 (cf: P.L.2019, c.58, s.5)

7
8 6. Section 6 of P.L.1999, c.106 (C.17B:27A-7.5) is amended to
9 read as follows:

10 6. a. (1) Every individual health benefits plan that provides
11 hospital or medical expense benefits and is delivered, issued,
12 executed or renewed in this State pursuant to P.L.1992, c.161
13 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this
14 State on or after the effective date of this act shall provide benefits
15 for mental health conditions and substance use disorders under the
16 same terms and conditions as provided for any other sickness under
17 the health benefits plan and shall meet the requirements of the
18 federal Paul Wellstone and Pete Domenici Mental Health Parity and
19 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
20 amendments to, and federal guidance or regulations issued under
21 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
22 s.156.115(a)(3).

23 Coverage provided pursuant to this section shall include benefits
24 delivered through the psychiatric Collaborative Care Model.

25 (2) As used in this section:

26 "Mental health condition" means a condition defined to be
27 consistent with generally recognized independent standards of
28 current medical practice referenced in the current version of the
29 Diagnostic and Statistical Manual of Mental Disorders.

30 "Psychiatric Collaborative Care Model" means the evidence-
31 based, integrated behavioral health service delivery method wherein
32 a primary care provider and a care manager collaborate with a
33 psychiatric consultant to provide care to a patient. "Psychiatric
34 Collaborative Care Model" shall include those benefits that are
35 billed using the following list of Current Procedural Terminology
36 (CPT) codes, which list shall be updated by the Commissioner of
37 Banking and Insurance whenever the codes are altered or
38 supplemented:

39 (a) 99492 – Initial psychiatric collaborative care management;

40 (b) 99493 – Subsequent psychiatric collaborative care
41 management; and

42 (c) 99494 – Initial or subsequent psychiatric collaborative care
43 management, additional time.

44 "Same terms and conditions" means that the plan cannot apply
45 more restrictive non-quantitative limitations, such as utilization
46 review and other criteria or more quantitative limitations such as
47 copayments, deductibles, aggregate or annual limits or benefit
48 limits to mental health condition and substance use disorder

1 benefits than those applied to substantially all other medical or
2 surgical benefits.

3 "Substance use disorder" means a disorder defined to be
4 consistent with generally recognized independent standards of
5 current medical practice referenced in the most current version of
6 the Diagnostic and Statistical Manual of Mental Disorders.

7 b. (Deleted by amendment, P.L.2019, c.58)

8 c. The provisions of this section shall apply to all health
9 benefits plans in which the carrier has reserved the right to change
10 the premium.

11 d. Nothing in this section shall reduce the requirement for a
12 plan to provide benefits pursuant to section 6 of P.L.2017, c.28
13 (C.17B:27A-7.21).

14 (cf: P.L.2019, c.58, s.6)

15

16 7. Section 7 of P.L.1999, c.106 (C.17B:27A-19.7) is amended
17 to read as follows:

18 7. a. (1) Every small employer health benefits plan that
19 provides hospital or medical expense benefits and is delivered,
20 issued, executed or renewed in this State pursuant to
21 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or
22 renewal in this State on or after the effective date of this act shall
23 provide benefits for mental health conditions and substance use
24 disorders under the same terms and conditions as provided for any
25 other sickness under the health benefits plan and shall meet the
26 requirements of the federal Paul Wellstone and Pete Domenici
27 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
28 s.18031(j), and any amendments to, and federal guidance or
29 regulations issued under that act, including 45 C.F.R. Parts 146 and
30 147 and 45 C.F.R. s.156.115(a)(3).

31 Coverage provided pursuant to this section shall include benefits
32 delivered through the psychiatric Collaborative Care Model.

33 (2) As used in this section:

34 "Mental health condition" means a condition defined to be
35 consistent with generally recognized independent standards of
36 current medical practice referenced in the current version of the
37 Diagnostic and Statistical Manual of Mental Disorders.

38 "Psychiatric Collaborative Care Model" means the evidence-
39 based, integrated behavioral health service delivery method wherein
40 a primary care provider and a care manager collaborate with a
41 psychiatric consultant to provide care to a patient. "Psychiatric
42 Collaborative Care Model" shall include those benefits that are
43 billed using the following list of Current Procedural Terminology
44 (CPT) codes, which list shall be updated by the Commissioner of
45 Banking and Insurance whenever the codes are altered or
46 supplemented:

47 (a) 99492 – Initial psychiatric collaborative care management;

1 **(b) 99493 – Subsequent psychiatric collaborative care**
2 **management; and**

3 **(c) 99494 – Initial or subsequent psychiatric collaborative care**
4 **management, additional time.**

5 "Same terms and conditions" means that the plan cannot apply
6 more restrictive non-quantitative limitations, such as utilization
7 review and other criteria or more quantitative limitations such as
8 copayments, deductibles, aggregate or annual limits or benefit
9 limits to mental health condition and substance use disorder
10 benefits than those applied to substantially all other medical or
11 surgical benefits.

12 "Substance use disorder" means a disorder defined to be
13 consistent with generally recognized independent standards of
14 current medical practice referenced in the most current version of
15 the Diagnostic and Statistical Manual of Mental Disorders.

16 b. (Deleted by amendment, P.L.2019, c.58)

17 c. The provisions of this section shall apply to all health
18 benefits plans in which the carrier has reserved the right to change
19 the premium.

20 d. Nothing in this section shall reduce the requirement for a
21 plan to provide benefits pursuant to section 7 of P.L.2017, c.28
22 (C.17B:27A-19.25).

23 (cf: P.L.2019, c.58, s.7)

24

25 8. Section 8 of P.L.1999, c.106 (C.26:2J-4.20) is amended to
26 read as follows:

27 8. a. (1) Every enrollee agreement delivered, issued,
28 executed, or renewed in this State pursuant to P.L.1973, c.337
29 (C.26:2J-1 et seq.) or approved for issuance or renewal in this State
30 by the Commissioner of Banking and Insurance, on or after the
31 effective date of this act shall provide health care services for
32 mental health conditions and substance use disorders under the
33 same terms and conditions as provided for any other sickness under
34 the agreement and shall meet the requirements of the federal Paul
35 Wellstone and Pete Domenici Mental Health Parity and Addiction
36 Equity Act of 2008, 42 U.S.C. s.18031(j), and any amendments to,
37 and federal guidance or regulations issued under that act, including
38 45 C.F.R. Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

39 Coverage provided pursuant to this section shall include benefits
40 delivered through the psychiatric Collaborative Care Model.

41 (2) As used in this section:

42 "Mental health condition" means a condition defined to be
43 consistent with generally recognized independent standards of
44 current medical practice referenced in the current version of the
45 Diagnostic and Statistical Manual of Mental Disorders.

46 "Psychiatric Collaborative Care Model" means the evidence-
47 based, integrated behavioral health service delivery method wherein
48 a primary care provider and a care manager collaborate with a

1 psychiatric consultant to provide care to a patient. “Psychiatric
2 Collaborative Care Model” shall include those benefits that are
3 billed using the following list of Current Procedural Terminology
4 (CPT) codes, which list shall be updated by the Commissioner of
5 Banking and Insurance whenever the codes are altered or
6 supplemented:

- 7 (a) 99492 – Initial psychiatric collaborative care management;
8 (b) 99493 – Subsequent psychiatric collaborative care
9 management; and
10 (c) 99494 – Initial or subsequent psychiatric collaborative care
11 management, additional time.

12 "Same terms and conditions" means that the health maintenance
13 organization cannot apply more restrictive non-quantitative
14 limitations, such as utilization review and other criteria or more
15 quantitative limitations such as copayments, deductibles,, aggregate
16 or annual limits or health care services limits to mental health
17 condition and substance use disorder services than those applied to
18 substantially all other medical or surgical health care services.

19 "Substance use disorder" means a disorder defined to be
20 consistent with generally recognized independent standards of
21 current medical practice referenced in the most current version of
22 the Diagnostic and Statistical Manual of Mental Disorders.

23 b. (Deleted by amendment, P.L.2019, c.58)

24 c. The provisions of this section shall apply to enrollee
25 agreements in which the health maintenance organization has
26 reserved the right to change the premium.

27 d. Nothing in this section shall reduce the requirement for a
28 health maintenance organization to provide benefits pursuant to
29 section 8 of P.L.2017, c.28 (C.26:2J-4.39).

30 (cf: P.L.2019, c.58, s.8)

31

32 9. Section 1 of P.L.1999, c.441 (C.52:14-17.29d) is amended to
33 read as follows:

34 1. As used in this act:

35 "Carrier" means an insurance company, health service
36 corporation, hospital service corporation, medical service
37 corporation or health maintenance organization authorized to issue
38 health benefits plans in this State.

39 "Mental health condition" means a condition defined to be
40 consistent with generally recognized independent standards of
41 current medical practice referenced in the current version of the
42 Diagnostic and Statistical Manual of Mental Disorders.

43 “Psychiatric Collaborative Care Model” means the evidence-
44 based, integrated behavioral health service delivery method wherein
45 a primary care provider and a care manager collaborate with a
46 psychiatric consultant to provide care to a patient. “Psychiatric
47 Collaborative Care Model” shall include those benefits that are
48 billed using the following list of Current Procedural Terminology

1 (CPT) codes, which list shall be updated by the Commissioner of
2 Banking and Insurance whenever the codes are altered or
3 supplemented:

4 (a) 99492 – Initial psychiatric collaborative care management;

5 (b) 99493 – Subsequent psychiatric collaborative care
6 management; and

7 (c) 99494 – Initial or subsequent psychiatric collaborative care
8 management, additional time.

9 "Same terms and conditions" means that a carrier cannot apply
10 more restrictive non-quantitative limitations, such as utilization
11 review and other criteria or more quantitative limitations such as
12 copayments, deductibles, aggregate or annual limits or benefit
13 limits to mental health condition and substance use disorder
14 benefits than those applied to substantially all other medical or
15 surgical benefits.

16 "Substance use disorder" means a disorder defined to be
17 consistent with generally recognized independent standards of
18 current medical practice referenced in the most current version of
19 the Diagnostic and Statistical Manual of Mental Disorders.

20 (cf: P.L.2019, c.58, s.9)

21

22 10. Section 2 of P.L.1999, c.441 (C.52:14-17.29e) is amended to
23 read as follows:

24 2. a. The State Health Benefits Commission shall ensure that
25 every contract purchased by the commission on or after the
26 effective date of this act that provides hospital or medical expense
27 benefits shall provide coverage for mental health conditions and
28 substance use disorders under the same terms and conditions as
29 provided for any other sickness under the contract and shall meet
30 the requirements of the federal Paul Wellstone and Pete Domenici
31 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
32 s.18031(j), and any amendments to, and federal guidance or
33 regulations issued under that act, including 45 C.F.R. Parts 146 and
34 147 and 45 C.F.R. s.156.115(a)(3).

35 Coverage provided pursuant to this section shall include benefits
36 delivered through the psychiatric Collaborative Care Model.

37 b. The commission shall provide notice to employees regarding
38 the coverage required by this section in accordance with this
39 subsection and regulations promulgated by the Commissioner of
40 Health pursuant to the "Administrative Procedure Act,"
41 P.L.1968, c.410 (C.52:14B-1 et seq.). The notice shall be in writing
42 and prominently positioned in any literature or correspondence and
43 shall be transmitted at the earliest of: (1) the next mailing to the
44 employee; (2) the yearly informational packet sent to the employee;
45 or (3) July 1, 2000. The commission shall also ensure that the
46 carrier under contract with the commission, upon receipt of
47 information that a covered person is receiving treatment for a

1 mental health condition or substance use disorder, shall promptly
2 notify that person of the coverage required by this section.

3 c. Nothing in this section shall reduce the requirement for a
4 carrier to provide benefits pursuant to section 9 of P.L.2017, c.28
5 (C.52:14-17.29u).
6 (cf: P.L.2019, c.58, s.10)

7
8 11. This act shall take effect on the 60th day after enactment and
9 shall apply to all contracts and policies delivered, issued, executed,
10 or renewed on or after that date.

11

12

13

14

15 _____
16 Requires health insurance carriers to provide coverage for
17 treatment of mental health conditions and substance use disorders
through collaborative care.

ASSEMBLY, No. 2008

STATE OF NEW JERSEY 220th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

Sponsored by:

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Co-Sponsored by:

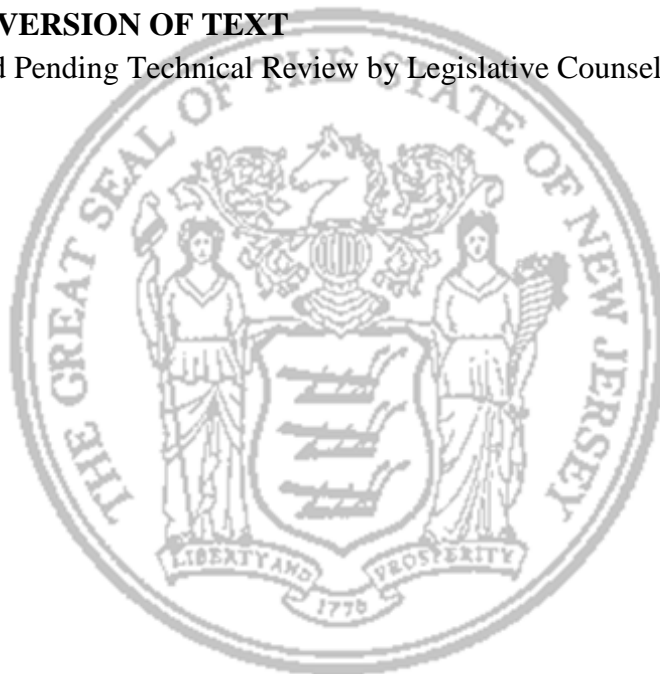
Assemblywomen Speight, Chaparro and Murphy

SYNOPSIS

Requires health insurance carriers to provide coverage for treatment of mental health conditions and substance use disorders through collaborative care.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 6/2/2022)

1 AN ACT concerning health insurance coverage and amending
2 various parts of the statutory law.

3

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

6

7 1. Section 1 of P.L.1999, c.106 (C.17:48-6v) is amended to
8 read as follows:

9 1. a. (1) Every individual and group hospital service
10 corporation contract that provides hospital or medical expense
11 benefits and is delivered, issued, executed or renewed in this State
12 pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or approved for
13 issuance or renewal in this State by the Commissioner of Banking
14 and Insurance, on or after the effective date of this act shall provide
15 coverage for mental health conditions and substance use disorders
16 under the same terms and conditions as provided for any other
17 sickness under the contract and shall meet the requirements of the
18 federal Paul Wellstone and Pete Domenici Mental Health Parity and
19 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
20 amendments to, and federal guidance or regulations issued under
21 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
22 s.156.115(a)(3).

23 Coverage provided pursuant to this section shall include benefits
24 delivered through the psychiatric Collaborative Care Model.

25 (2) As used in this section:

26 "Mental health condition" means a condition defined to be
27 consistent with generally recognized independent standards of
28 current medical practice referenced in the current version of the
29 Diagnostic and Statistical Manual of Mental Disorders.

30 "Psychiatric Collaborative Care Model" means the evidence-
31 based, integrated behavioral health service delivery method wherein
32 a primary care provider and a care manager collaborate with a
33 psychiatric consultant to provide care to a patient. "Psychiatric
34 Collaborative Care Model" shall include those benefits that are
35 billed using the following list of Current Procedural Terminology
36 (CPT) codes, which list shall be updated by the Commissioner of
37 Banking and Insurance whenever the codes are altered or
38 supplemented:

39 (a) 99492 – Initial psychiatric collaborative care management;

40 (b) 99493 – Subsequent psychiatric collaborative care
41 management; and

42 (c) 99494 – Initial or subsequent psychiatric collaborative care
43 management, additional time.

44 "Same terms and conditions" means that the hospital service
45 corporation cannot apply more restrictive non-quantitative

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

Matter underlined thus is new matter.

1 limitations, such as utilization review and other criteria or more
2 quantitative limitations such as copayments, deductibles, aggregate
3 or annual limits or benefit limits to mental health condition and
4 substance use disorder benefits than those applied to substantially
5 all other medical or surgical benefits.

6 "Substance use disorder" means a disorder defined to be
7 consistent with generally recognized independent standards of
8 current medical practice referenced in the most current version of
9 the Diagnostic and Statistical Manual of Mental Disorders.

10 b. (Deleted by amendment, P.L.2019, c.58)

11 c. The provisions of this section shall apply to all contracts in
12 which the hospital service corporation has reserved the right to
13 change the premium.

14 d. Nothing in this section shall reduce the requirement for a
15 hospital service corporation to provide benefits pursuant to section
16 1 of P.L.2017, c.28 (C.17:48-6nn).

17 (cf: P.L.2019, c.58, s.1)

18

19 2. Section 2 of P.L.1999, c.106 (C.17:48A-7u) is amended to
20 read as follows:

21 2. a. (1) Every individual and group medical service
22 corporation contract that provides hospital or medical expense
23 benefits that is delivered, issued, executed or renewed in this State
24 pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for
25 issuance or renewal in this State by the Commissioner of Banking
26 and Insurance, on or after the effective date of this act shall provide
27 coverage for mental health conditions and substance use disorders
28 under the same terms and conditions as provided for any other
29 sickness under the contract and shall meet the requirements of the
30 federal Paul Wellstone and Pete Domenici Mental Health Parity and
31 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
32 amendments to, and federal guidance or regulations issued under
33 that act, including 45 s.C.F.R. Parts 146 and 147 and 45 C.F.R.
34 s.156.115(a)(3).

35 Coverage provided pursuant to this section shall include benefits
36 delivered through the psychiatric Collaborative Care Model.

37 (2) As used in this section:

38 "Mental health condition" means a condition defined to be
39 consistent with generally recognized independent standards of
40 current medical practice referenced in the current version of the
41 Diagnostic and Statistical Manual of Mental Disorders.

42 "Psychiatric Collaborative Care Model" means the evidence-
43 based, integrated behavioral health service delivery method wherein
44 a primary care provider and a care manager collaborate with a
45 psychiatric consultant to provide care to a patient. "Psychiatric
46 Collaborative Care Model" shall include those benefits that are
47 billed using the following list of Current Procedural Terminology
48 (CPT) codes, which list shall be updated by the Commissioner of

1 Banking and Insurance whenever the codes are altered or
2 supplemented:

3 (a) 99492 – Initial psychiatric collaborative care management;

4 (b) 99493 – Subsequent psychiatric collaborative care
5 management; and

6 (c) 99494 – Initial or subsequent psychiatric collaborative care
7 management, additional time.

8 "Same terms and conditions" means that the medical service
9 corporation cannot apply more restrictive non-quantitative
10 limitations, such as utilization review and other criteria or more
11 quantitative limitations such as copayments, deductibles, aggregate
12 or annual limits or benefit limits to mental health condition and
13 substance use disorder benefits than those applied to substantially
14 all other medical or surgical benefits.

15 "Substance use disorder" means a disorder defined to be
16 consistent with generally recognized independent standards of
17 current medical practice referenced in the most current version of
18 the Diagnostic and Statistical Manual of Mental Disorders.

19 b. (Deleted by amendment, P.L.2019, c.58)

20 c. The provisions of this section shall apply to all contracts in
21 which the medical service corporation has reserved the right to
22 change the premium.

23 d. Nothing in this section shall reduce the requirement for a
24 medical service corporation to provide benefits pursuant to section
25 2 of P.L.2017, c.28 (C.17:48A-7kk).

26 (cf: P.L.2019, c.58, s.2)

27

28 3. Section 3 of P.L.1999, c.106 (C.17:48E-35.20) is amended
29 to read as follows:

30 3. a. (1) Every individual and group health service
31 corporation contract that provides hospital or medical expense
32 benefits and is delivered, issued, executed or renewed in this State
33 pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for
34 issuance or renewal in this State by the Commissioner of Banking
35 and Insurance, on or after the effective date of this act shall provide
36 coverage for mental health conditions and substance use disorders
37 under the same terms and conditions as provided for any other
38 sickness under the contract and shall meet the requirements of the
39 federal Paul Wellstone and Pete Domenici Mental Health Parity and
40 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
41 amendments to, and federal guidance or regulations issued under
42 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
43 s.156.115(a)(3).

44 Coverage provided pursuant to this section shall include benefits
45 delivered through the psychiatric Collaborative Care Model.

46 (2) As used in this section:

47 "Mental health condition" means a condition defined to be
48 consistent with generally recognized independent standards of

1 current medical practice referenced in the current version of the
2 Diagnostic and Statistical Manual of Mental Disorders.

3 “Psychiatric Collaborative Care Model” means the evidence-
4 based, integrated behavioral health service delivery method wherein
5 a primary care provider and a care manager collaborate with a
6 psychiatric consultant to provide care to a patient. “Psychiatric
7 Collaborative Care Model” shall include those benefits that are
8 billed using the following list of Current Procedural Terminology
9 (CPT) codes, which list shall be updated by the Commissioner of
10 Banking and Insurance whenever the codes are altered or
11 supplemented:

12 (a) 99492 – Initial psychiatric collaborative care management;

13 (b) 99493 – Subsequent psychiatric collaborative care
14 management; and

15 (c) 99494 – Initial or subsequent psychiatric collaborative care
16 management, additional time.

17 "Same terms and conditions" means that the health service
18 corporation cannot apply more restrictive non-quantitative
19 limitations, such as utilization review and other criteria or more
20 quantitative limitations such as copayments, deductibles, aggregate
21 or annual limits or benefit limits to mental health condition and
22 substance use disorder benefits than those applied to substantially
23 all other medical or surgical benefits.

24 "Substance use disorder" means a disorder defined to be
25 consistent with generally recognized independent standards of
26 current medical practice referenced in the most current version of
27 the Diagnostic and Statistical Manual of Mental Disorders.

28 b. (Deleted by amendment, P.L.2019, c.58)

29 c. The provisions of this section shall apply to all contracts in
30 which the health service corporation has reserved the right to
31 change the premium.

32 d. Nothing in this section shall reduce the requirement for a
33 health service corporation to provide benefits pursuant to section 3
34 of P.L.2017, c.28 (C.17:48E-35.38).

35 (cf: P.L.2019, c.58, s.3)

36

37 4. Section 4 of P.L.1999, c.106 (C.17B:26-2.1s) is amended to
38 read as follows:

39 4. a. (1) Every individual health insurance policy that
40 provides hospital or medical expense benefits and is delivered,
41 issued, executed or renewed in this State pursuant to chapter 26 of
42 Title 17B of the New Jersey Statutes, or approved for issuance or
43 renewal in this State by the Commissioner of Banking and
44 Insurance, on or after the effective date of this act shall provide
45 coverage for mental health conditions and substance use disorders
46 under the same terms and conditions as provided for any other
47 sickness under the contract and shall meet the requirements of the
48 federal Paul Wellstone and Pete Domenici Mental Health Parity and

1 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
2 amendments to, and federal guidance or regulations issued under
3 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
4 s.156.115(a)(3).

5 Coverage provided pursuant to this section shall include benefits
6 delivered through the psychiatric Collaborative Care Model.

7 (2) As used in this section:

8 "Mental health condition" means a condition defined to be
9 consistent with generally recognized independent standards of
10 current medical practice referenced in the current version of the
11 Diagnostic and Statistical Manual of Mental Disorders.

12 "Psychiatric Collaborative Care Model" means the evidence-
13 based, integrated behavioral health service delivery method wherein
14 a primary care provider and a care manager collaborate with a
15 psychiatric consultant to provide care to a patient. "Psychiatric
16 Collaborative Care Model" shall include those benefits that are
17 billed using the following list of Current Procedural Terminology
18 (CPT) codes, which list shall be updated by the Commissioner of
19 Banking and Insurance whenever the codes are altered or
20 supplemented:

21 (a) 99492 – Initial psychiatric collaborative care management;

22 (b) 99493 – Subsequent psychiatric collaborative care
23 management; and

24 (c) 99494 – Initial or subsequent psychiatric collaborative care
25 management, additional time.

26 "Same terms and conditions" means that the insurer cannot apply
27 more restrictive non-quantitative limitations, such as utilization
28 review and other criteria or more quantitative limitations such as
29 copayments, deductibles, aggregate or annual limits or benefit
30 limits to mental health condition and substance use disorder
31 benefits than those applied to substantially all other medical or
32 surgical benefits.

33 "Substance use disorder" means a disorder defined to be
34 consistent with generally recognized independent standards of
35 current medical practice referenced in the most current version of
36 the Diagnostic and Statistical Manual of Mental Disorders.

37 b. (Deleted by amendment, P.L.2019, c.58)

38 c. The provisions of this section shall apply to all policies in
39 which the insurer has reserved the right to change the premium.

40 d. Nothing in this section shall reduce the requirement for an
41 insurer to provide benefits pursuant to section 4 of P.L.2017, c.28
42 (C.17B:26-2.1hh).

43 (cf: P.L.2019, c.58, s.4)

44

45 5. Section 5 of P.L.1999, c.106 (C.17B:27-46.1v) is amended
46 to read as follows:

47 5. a. (1) Every group health insurance policy that provides
48 hospital or medical expense benefits and is delivered, issued,

1 executed or renewed in this State pursuant to chapter 27 of Title
2 17B of the New Jersey Statutes, or approved for issuance or renewal
3 in this State by the Commissioner of Banking and Insurance, on or
4 after the effective date of this act shall provide benefits for mental
5 health conditions and substance use disorders under the same terms
6 and conditions as provided for any other sickness under the policy
7 and shall meet the requirements of the federal Paul Wellstone and
8 Pete Domenici Mental Health Parity and Addiction Equity Act of
9 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal
10 guidance or regulations issued under that act, including 45 C.F.R.
11 Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

12 Coverage provided pursuant to this section shall include benefits
13 delivered through the psychiatric Collaborative Care Model.

14 (2) As used in this section:

15 "Mental health condition" means a condition defined to be
16 consistent with generally recognized independent standards of
17 current medical practice referenced in the current version of the
18 Diagnostic and Statistical Manual of Mental Disorders.

19 "Psychiatric Collaborative Care Model" means the evidence-
20 based, integrated behavioral health service delivery method wherein
21 a primary care provider and a care manager collaborate with a
22 psychiatric consultant to provide care to a patient. "Psychiatric
23 Collaborative Care Model" shall include those benefits that are
24 billed using the following list of Current Procedural Terminology
25 (CPT) codes, which list shall be updated by the Commissioner of
26 Banking and Insurance whenever the codes are altered or
27 supplemented:

28 (a) 99492 – Initial psychiatric collaborative care management;

29 (b) 99493 – Subsequent psychiatric collaborative care
30 management; and

31 (c) 99494 – Initial or subsequent psychiatric collaborative care
32 management, additional time.

33 "Same terms and conditions" means that the insurer cannot apply
34 more restrictive non-quantitative limitations, such as utilization
35 review and other criteria or more quantitative limitations such as
36 copayments, deductibles, aggregate or annual limits or benefit
37 limits to mental health condition and substance use disorder
38 benefits than those applied to substantially all other medical or
39 surgical benefits.

40 "Substance use disorder" means a disorder defined to be consistent
41 with generally recognized independent standards of current medical
42 practice referenced in the most current version of the Diagnostic
43 and Statistical Manual of Mental Disorders.

44 b. (Deleted by amendment, P.L.2019, c.59)

45 c. The provisions of this section shall apply to all policies in
46 which the insurer has reserved the right to change the premium.

1 d. Nothing in this section shall reduce the requirement for an
2 insurer to provide benefits pursuant to section 5 of P.L.2017, c.28
3 (C.17B:27-46.1nn).
4 (cf: P.L.2019, c.58, s.5)

5
6 6. Section 6 of P.L.1999, c.106 (C.17B:27A-7.5) is amended to
7 read as follows:

8 6. a. (1) Every individual health benefits plan that provides
9 hospital or medical expense benefits and is delivered, issued,
10 executed or renewed in this State pursuant to P.L.1992, c.161
11 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this
12 State on or after the effective date of this act shall provide benefits
13 for mental health conditions and substance use disorders under the
14 same terms and conditions as provided for any other sickness under
15 the health benefits plan and shall meet the requirements of the
16 federal Paul Wellstone and Pete Domenici Mental Health Parity and
17 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
18 amendments to, and federal guidance or regulations issued under
19 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
20 s.156.115(a)(3).

21 Coverage provided pursuant to this section shall include benefits
22 delivered through the psychiatric Collaborative Care Model.

23 (2) As used in this section:

24 "Mental health condition" means a condition defined to be
25 consistent with generally recognized independent standards of
26 current medical practice referenced in the current version of the
27 Diagnostic and Statistical Manual of Mental Disorders.

28 "Psychiatric Collaborative Care Model" means the evidence-
29 based, integrated behavioral health service delivery method wherein
30 a primary care provider and a care manager collaborate with a
31 psychiatric consultant to provide care to a patient. "Psychiatric
32 Collaborative Care Model" shall include those benefits that are
33 billed using the following list of Current Procedural Terminology
34 (CPT) codes, which list shall be updated by the Commissioner of
35 Banking and Insurance whenever the codes are altered or
36 supplemented:

37 (a) 99492 – Initial psychiatric collaborative care management;

38 (b) 99493 – Subsequent psychiatric collaborative care
39 management; and

40 (c) 99494 – Initial or subsequent psychiatric collaborative care
41 management, additional time.

42 "Same terms and conditions" means that the plan cannot apply
43 more restrictive non-quantitative limitations, such as utilization
44 review and other criteria or more quantitative limitations such as
45 copayments, deductibles, aggregate or annual limits or benefit
46 limits to mental health condition and substance use disorder
47 benefits than those applied to substantially all other medical or
48 surgical benefits.

1 "Substance use disorder" means a disorder defined to be
2 consistent with generally recognized independent standards of
3 current medical practice referenced in the most current version of
4 the Diagnostic and Statistical Manual of Mental Disorders.

5 b. (Deleted by amendment, P.L.2019, c.58)

6 c. The provisions of this section shall apply to all health
7 benefits plans in which the carrier has reserved the right to change
8 the premium.

9 d. Nothing in this section shall reduce the requirement for a
10 plan to provide benefits pursuant to section 6 of P.L.2017, c.28
11 (C.17B:27A-7.21).

12 (cf: P.L.2019, c.58, s.6)

13
14 7. Section 7 of P.L.1999, c.106 (C.17B:27A-19.7) is amended
15 to read as follows:

16 7. a. (1) Every small employer health benefits plan that
17 provides hospital or medical expense benefits and is delivered,
18 issued, executed or renewed in this State pursuant to
19 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or
20 renewal in this State on or after the effective date of this act shall
21 provide benefits for mental health conditions and substance use
22 disorders under the same terms and conditions as provided for any
23 other sickness under the health benefits plan and shall meet the
24 requirements of the federal Paul Wellstone and Pete Domenici
25 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
26 s.18031(j), and any amendments to, and federal guidance or
27 regulations issued under that act, including 45 C.F.R. Parts 146 and
28 147 and 45 C.F.R. s.156.115(a)(3).

29 Coverage provided pursuant to this section shall include benefits
30 delivered through the psychiatric Collaborative Care Model.

31 (2) As used in this section:

32 "Mental health condition" means a condition defined to be
33 consistent with generally recognized independent standards of
34 current medical practice referenced in the current version of the
35 Diagnostic and Statistical Manual of Mental Disorders.

36 "Psychiatric Collaborative Care Model" means the evidence-
37 based, integrated behavioral health service delivery method wherein
38 a primary care provider and a care manager collaborate with a
39 psychiatric consultant to provide care to a patient. "Psychiatric
40 Collaborative Care Model" shall include those benefits that are
41 billed using the following list of Current Procedural Terminology
42 (CPT) codes, which list shall be updated by the Commissioner of
43 Banking and Insurance whenever the codes are altered or
44 supplemented:

45 (a) 99492 – Initial psychiatric collaborative care management;

46 (b) 99493 – Subsequent psychiatric collaborative care
47 management; and

1 (c) 99494 – Initial or subsequent psychiatric collaborative care
2 management, additional time.

3 "Same terms and conditions" means that the plan cannot apply
4 more restrictive non-quantitative limitations, such as utilization
5 review and other criteria or more quantitative limitations such as
6 copayments, deductibles, aggregate or annual limits or benefit
7 limits to mental health condition and substance use disorder
8 benefits than those applied to substantially all other medical or
9 surgical benefits.

10 "Substance use disorder" means a disorder defined to be
11 consistent with generally recognized independent standards of
12 current medical practice referenced in the most current version of
13 the Diagnostic and Statistical Manual of Mental Disorders.

14 b. (Deleted by amendment, P.L.2019, c.58)

15 c. The provisions of this section shall apply to all health
16 benefits plans in which the carrier has reserved the right to change
17 the premium.

18 d. Nothing in this section shall reduce the requirement for a
19 plan to provide benefits pursuant to section 7 of P.L.2017, c.28
20 (C.17B:27A-19.25).

21 (cf: P.L.2019, c.58, s.7)

22
23 8. Section 8 of P.L.1999, c.106 (C.26:2J-4.20) is amended to
24 read as follows:

25 8. a. (1) Every enrollee agreement delivered, issued,
26 executed, or renewed in this State pursuant to P.L.1973, c.337
27 (C.26:2J-1 et seq.) or approved for issuance or renewal in this State
28 by the Commissioner of Banking and Insurance, on or after the
29 effective date of this act shall provide health care services for
30 mental health conditions and substance use disorders under the
31 same terms and conditions as provided for any other sickness under
32 the agreement and shall meet the requirements of the federal Paul
33 Wellstone and Pete Domenici Mental Health Parity and Addiction
34 Equity Act of 2008, 42 U.S.C. s.18031(j), and any amendments to,
35 and federal guidance or regulations issued under that act, including
36 45 C.F.R. Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

37 Coverage provided pursuant to this section shall include benefits
38 delivered through the psychiatric Collaborative Care Model.

39 (2) As used in this section:

40 "Mental health condition" means a condition defined to be
41 consistent with generally recognized independent standards of
42 current medical practice referenced in the current version of the
43 Diagnostic and Statistical Manual of Mental Disorders.

44 "Psychiatric Collaborative Care Model" means the evidence-
45 based, integrated behavioral health service delivery method wherein
46 a primary care provider and a care manager collaborate with a
47 psychiatric consultant to provide care to a patient. "Psychiatric
48 Collaborative Care Model" shall include those benefits that are

1 billed using the following list of Current Procedural Terminology
2 (CPT) codes, which list shall be updated by the Commissioner of
3 Banking and Insurance whenever the codes are altered or
4 supplemented:

- 5 (a) 99492 – Initial psychiatric collaborative care management;
6 (b) 99493 – Subsequent psychiatric collaborative care
7 management; and
8 (c) 99494 – Initial or subsequent psychiatric collaborative care
9 management, additional time.

10 "Same terms and conditions" means that the health maintenance
11 organization cannot apply more restrictive non-quantitative
12 limitations, such as utilization review and other criteria or more
13 quantitative limitations such as copayments, deductibles,, aggregate
14 or annual limits or health care services limits to mental health
15 condition and substance use disorder services than those applied to
16 substantially all other medical or surgical health care services.

17 "Substance use disorder" means a disorder defined to be
18 consistent with generally recognized independent standards of
19 current medical practice referenced in the most current version of
20 the Diagnostic and Statistical Manual of Mental Disorders.

21 b. (Deleted by amendment, P.L.2019, c.58)

22 c. The provisions of this section shall apply to enrollee
23 agreements in which the health maintenance organization has
24 reserved the right to change the premium.

25 d. Nothing in this section shall reduce the requirement for a
26 health maintenance organization to provide benefits pursuant to
27 section 8 of P.L.2017, c.28 (C.26:2J-4.39).

28 (cf: P.L.2019, c.58, s.8)

29

30 9. Section 1 of P.L.1999, c.441 (C.52:14-17.29d) is amended to
31 read as follows:

32 1. As used in this act:

33 "Carrier" means an insurance company, health service
34 corporation, hospital service corporation, medical service
35 corporation or health maintenance organization authorized to issue
36 health benefits plans in this State.

37 "Mental health condition" means a condition defined to be
38 consistent with generally recognized independent standards of
39 current medical practice referenced in the current version of the
40 Diagnostic and Statistical Manual of Mental Disorders.

41 “Psychiatric Collaborative Care Model” means the evidence-
42 based, integrated behavioral health service delivery method wherein
43 a primary care provider and a care manager collaborate with a
44 psychiatric consultant to provide care to a patient. “Psychiatric
45 Collaborative Care Model” shall include those benefits that are
46 billed using the following list of Current Procedural Terminology
47 (CPT) codes, which list shall be updated by the Commissioner of

1 Banking and Insurance whenever the codes are altered or
2 supplemented:

3 (a) 99492 – Initial psychiatric collaborative care management;

4 (b) 99493 – Subsequent psychiatric collaborative care
5 management; and

6 (c) 99494 – Initial or subsequent psychiatric collaborative care
7 management, additional time.

8 "Same terms and conditions" means that a carrier cannot apply
9 more restrictive non-quantitative limitations, such as utilization
10 review and other criteria or more quantitative limitations such as
11 copayments, deductibles, aggregate or annual limits or benefit
12 limits to mental health condition and substance use disorder
13 benefits than those applied to substantially all other medical or
14 surgical benefits.

15 "Substance use disorder" means a disorder defined to be
16 consistent with generally recognized independent standards of
17 current medical practice referenced in the most current version of
18 the Diagnostic and Statistical Manual of Mental Disorders.

19 (cf: P.L.2019, c.58, s.9)

20

21 10. Section 2 of P.L.1999, c.441 (C.52:14-17.29e) is amended to
22 read as follows:

23 2. a. The State Health Benefits Commission shall ensure that
24 every contract purchased by the commission on or after the
25 effective date of this act that provides hospital or medical expense
26 benefits shall provide coverage for mental health conditions and
27 substance use disorders under the same terms and conditions as
28 provided for any other sickness under the contract and shall meet
29 the requirements of the federal Paul Wellstone and Pete Domenici
30 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
31 s.18031(j), and any amendments to, and federal guidance or
32 regulations issued under that act, including 45 C.F.R. Parts 146 and
33 147 and 45 C.F.R. s.156.115(a)(3).

34 Coverage provided pursuant to this section shall include benefits
35 delivered through the psychiatric Collaborative Care Model.

36 b. The commission shall provide notice to employees regarding
37 the coverage required by this section in accordance with this
38 subsection and regulations promulgated by the Commissioner of
39 Health pursuant to the "Administrative Procedure Act,"
40 P.L.1968, c.410 (C.52:14B-1 et seq.). The notice shall be in writing
41 and prominently positioned in any literature or correspondence and
42 shall be transmitted at the earliest of: (1) the next mailing to the
43 employee; (2) the yearly informational packet sent to the employee;
44 or (3) July 1, 2000. The commission shall also ensure that the
45 carrier under contract with the commission, upon receipt of
46 information that a covered person is receiving treatment for a
47 mental health condition or substance use disorder, shall promptly
48 notify that person of the coverage required by this section.

1 c. Nothing in this section shall reduce the requirement for a
2 carrier to provide benefits pursuant to section 9 of P.L.2017, c.28
3 (C.52:14-17.29u).
4 (cf: P.L.2019, c.58, s.10)

5

6 11. This act shall take effect on the 60th day after enactment and
7 shall apply to all contracts and policies delivered, issued, executed,
8 or renewed on or after that date.

9

10

11

STATEMENT

12

13 This bill requires hospital, medical and health service
14 corporations, commercial insurers, health maintenance
15 organizations, health benefits plans issued pursuant to the New
16 Jersey Individual Health Coverage and Small Employer Health
17 Benefits Programs, the State Health Benefits Program, and the
18 School Employees' Health Benefits Program, to provide coverage
19 for benefits provided through the collaborative care model in the
20 treatment of mental health conditions and substance use disorders.

ASSEMBLY FINANCIAL INSTITUTIONS AND INSURANCE
COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2008

STATE OF NEW JERSEY

DATED: JUNE 2, 2022

The Assembly Financial Institutions and Insurance Committee reports favorably Assembly Bill No. 2008.

This bill requires hospital, medical and health service corporations, commercial insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program, to provide coverage for benefits provided through the collaborative care model in the treatment of mental health conditions and substance use disorders.

This bill was pre-filed for introduction in the 2022-2023 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2008

STATE OF NEW JERSEY

DATED: JUNE 14, 2022

The Assembly Appropriations Committee reports favorably Assembly Bill No. 2008.

This bill requires hospital, medical and health service corporations, commercial insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program, to provide coverage for benefits provided through the collaborative care model in the treatment of mental health conditions and substance use disorders.

FISCAL IMPACT:

The Office of Legislative Services (OLS) notes the impact of this bill cannot be determined at this time because information and data are not available from the Division of Pensions and Benefits in the Department of the Treasury. To the extent that the requirement in the bill is already being implemented, there would be no additional expenditure.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY, No. 2008
STATE OF NEW JERSEY
220th LEGISLATURE

DATED: JUNE 16, 2022

SUMMARY

- Synopsis:** Requires health insurance carriers to provide coverage for treatment of mental health conditions and substance use disorders through collaborative care.
- Type of Impact:** Indeterminate impact for State General Fund, local government and board of education funds.
- Agencies Affected:** Division of Pensions and Benefits in the Department of the Treasury.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Cost Impact		Indeterminate	
Local Cost Impact		Indeterminate	

- The impact of this bill cannot be determined at this time because information and data is not available to the Office of Legislative Services (OLS) from the Division of Pensions and Benefits in the Department of the Treasury. To the extent that the requirement in the bill is already being implemented, there would be no additional expenditure.

BILL DESCRIPTION

This bill requires hospital, medical and health service corporations, commercial insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program to provide coverage for benefits provided through the collaborative care model in the treatment of mental health conditions and substance use disorders.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The impact of this bill cannot be determined at this time because information and data is not available to the OLS from the Division of Pensions and Benefits in the Department of the Treasury. To the extent that the requirement in the bill is already being implemented, there would be no additional expenditure.

Section: State Government

*Analyst: Aggie Szilagyi
Section Chief*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2008

STATE OF NEW JERSEY

DATED: JUNE 27, 2022

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 2008.

This bill requires hospital, medical and health service corporations, commercial insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program, to provide coverage for benefits provided through the collaborative care model in the treatment of mental health conditions and substance use disorders.

As reported by the committee, Assembly Bill No. 2008 is identical to Senate Bill No. 352, which was also reported by the committee on this date.

FISCAL IMPACT:

The impact of this bill cannot be determined at this time because information and data is not available to the Office of Legislative Services from the Division of Pensions and Benefits in the Department of the Treasury. To the extent that the requirement in the bill is already being implemented, there would be no additional expenditure.

SENATE, No. 352

STATE OF NEW JERSEY 220th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

Sponsored by:

**Senator VIN GOPAL
District 11 (Monmouth)**

Co-Sponsored by:

Senator Cunningham

SYNOPSIS

Requires health insurance carriers to provide coverage for treatment of mental health conditions and substance use disorders through collaborative care.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 1/27/2022)

S352 GOPAL

2

1 AN ACT concerning health insurance coverage and amending
2 various parts of the statutory law.

3

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

6

7 1. Section 1 of P.L.1999, c.106 (C.17:48-6v) is amended to
8 read as follows:

9 1. a. (1) Every individual and group hospital service
10 corporation contract that provides hospital or medical expense
11 benefits and is delivered, issued, executed or renewed in this State
12 pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or approved for
13 issuance or renewal in this State by the Commissioner of Banking
14 and Insurance, on or after the effective date of this act shall provide
15 coverage for mental health conditions and substance use disorders
16 under the same terms and conditions as provided for any other
17 sickness under the contract and shall meet the requirements of the
18 federal Paul Wellstone and Pete Domenici Mental Health Parity and
19 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
20 amendments to, and federal guidance or regulations issued under
21 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
22 s.156.115(a)(3).

23 Coverage provided pursuant to this section shall include benefits
24 delivered through the psychiatric Collaborative Care Model.

25 (2) As used in this section:

26 "Mental health condition" means a condition defined to be
27 consistent with generally recognized independent standards of
28 current medical practice referenced in the current version of the
29 Diagnostic and Statistical Manual of Mental Disorders.

30 "Psychiatric Collaborative Care Model" means the evidence-
31 based, integrated behavioral health service delivery method wherein
32 a primary care provider and a care manager collaborate with a
33 psychiatric consultant to provide care to a patient. "Psychiatric
34 Collaborative Care Model" shall include those benefits that are
35 billed using the following list of Current Procedural Terminology
36 (CPT) codes, which list shall be updated by the Commissioner of
37 Banking and Insurance whenever the codes are altered or
38 supplemented:

39 (a) 99492 – Initial psychiatric collaborative care management;

40 (b) 99493 – Subsequent psychiatric collaborative care
41 management; and

42 (c) 99494 – Initial or subsequent psychiatric collaborative care
43 management, additional time.

44 "Same terms and conditions" means that the hospital service
45 corporation cannot apply more restrictive non-quantitative

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

Matter underlined thus is new matter.

1 limitations, such as utilization review and other criteria or more
2 quantitative limitations such as copayments, deductibles, aggregate
3 or annual limits or benefit limits to mental health condition and
4 substance use disorder benefits than those applied to substantially
5 all other medical or surgical benefits.

6 "Substance use disorder" means a disorder defined to be
7 consistent with generally recognized independent standards of
8 current medical practice referenced in the most current version of
9 the Diagnostic and Statistical Manual of Mental Disorders.

10 b. (Deleted by amendment, P.L.2019, c.58)

11 c. The provisions of this section shall apply to all contracts in
12 which the hospital service corporation has reserved the right to
13 change the premium.

14 d. Nothing in this section shall reduce the requirement for a
15 hospital service corporation to provide benefits pursuant to section
16 1 of P.L.2017, c.28 (C.17:48-6nn).

17 (cf: P.L.2019, c.58, s.1)

18

19 2. Section 2 of P.L.1999, c.106 (C.17:48A-7u) is amended to
20 read as follows:

21 2. a. (1) Every individual and group medical service
22 corporation contract that provides hospital or medical expense
23 benefits that is delivered, issued, executed or renewed in this State
24 pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for
25 issuance or renewal in this State by the Commissioner of Banking
26 and Insurance, on or after the effective date of this act shall provide
27 coverage for mental health conditions and substance use disorders
28 under the same terms and conditions as provided for any other
29 sickness under the contract and shall meet the requirements of the
30 federal Paul Wellstone and Pete Domenici Mental Health Parity and
31 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
32 amendments to, and federal guidance or regulations issued under
33 that act, including 45 s.C.F.R. Parts 146 and 147 and 45 C.F.R.
34 s.156.115(a)(3).

35 Coverage provided pursuant to this section shall include benefits
36 delivered through the psychiatric Collaborative Care Model.

37 (2) As used in this section:

38 "Mental health condition" means a condition defined to be
39 consistent with generally recognized independent standards of
40 current medical practice referenced in the current version of the
41 Diagnostic and Statistical Manual of Mental Disorders.

42 "Psychiatric Collaborative Care Model" means the evidence-
43 based, integrated behavioral health service delivery method wherein
44 a primary care provider and a care manager collaborate with a
45 psychiatric consultant to provide care to a patient. "Psychiatric
46 Collaborative Care Model" shall include those benefits that are
47 billed using the following list of Current Procedural Terminology
48 (CPT) codes, which list shall be updated by the Commissioner of

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1 Banking and Insurance whenever the codes are altered or
2 supplemented:

3 (a) 99492 – Initial psychiatric collaborative care management;

4 (b) 99493 – Subsequent psychiatric collaborative care
5 management; and

6 (c) 99494 – Initial or subsequent psychiatric collaborative care
7 management, additional time.

8 "Same terms and conditions" means that the medical service
9 corporation cannot apply more restrictive non-quantitative
10 limitations, such as utilization review and other criteria or more
11 quantitative limitations such as copayments, deductibles, aggregate
12 or annual limits or benefit limits to mental health condition and
13 substance use disorder benefits than those applied to substantially
14 all other medical or surgical benefits.

15 "Substance use disorder" means a disorder defined to be
16 consistent with generally recognized independent standards of
17 current medical practice referenced in the most current version of
18 the Diagnostic and Statistical Manual of Mental Disorders.

19 b. (Deleted by amendment, P.L.2019, c.58)

20 c. The provisions of this section shall apply to all contracts in
21 which the medical service corporation has reserved the right to
22 change the premium.

23 d. Nothing in this section shall reduce the requirement for a
24 medical service corporation to provide benefits pursuant to section
25 2 of P.L.2017, c.28 (C.17:48A-7kk).

26 (cf: P.L.2019, c.58, s.2)

27

28 3. Section 3 of P.L.1999, c.106 (C.17:48E-35.20) is amended
29 to read as follows:

30 3. a. (1) Every individual and group health service
31 corporation contract that provides hospital or medical expense
32 benefits and is delivered, issued, executed or renewed in this State
33 pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for
34 issuance or renewal in this State by the Commissioner of Banking
35 and Insurance, on or after the effective date of this act shall provide
36 coverage for mental health conditions and substance use disorders
37 under the same terms and conditions as provided for any other
38 sickness under the contract and shall meet the requirements of the
39 federal Paul Wellstone and Pete Domenici Mental Health Parity and
40 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
41 amendments to, and federal guidance or regulations issued under
42 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
43 s.156.115(a)(3).

44 Coverage provided pursuant to this section shall include benefits
45 delivered through the psychiatric Collaborative Care Model.

46 (2) As used in this section:

47 "Mental health condition" means a condition defined to be
48 consistent with generally recognized independent standards of

1 current medical practice referenced in the current version of the
2 Diagnostic and Statistical Manual of Mental Disorders.

3 “Psychiatric Collaborative Care Model” means the evidence-
4 based, integrated behavioral health service delivery method wherein
5 a primary care provider and a care manager collaborate with a
6 psychiatric consultant to provide care to a patient. “Psychiatric
7 Collaborative Care Model” shall include those benefits that are
8 billed using the following list of Current Procedural Terminology
9 (CPT) codes, which list shall be updated by the Commissioner of
10 Banking and Insurance whenever the codes are altered or
11 supplemented:

12 (a) 99492 – Initial psychiatric collaborative care management;

13 (b) 99493 – Subsequent psychiatric collaborative care
14 management; and

15 (c) 99494 – Initial or subsequent psychiatric collaborative care
16 management, additional time.

17 "Same terms and conditions" means that the health service
18 corporation cannot apply more restrictive non-quantitative
19 limitations, such as utilization review and other criteria or more
20 quantitative limitations such as copayments, deductibles, aggregate
21 or annual limits or benefit limits to mental health condition and
22 substance use disorder benefits than those applied to substantially
23 all other medical or surgical benefits.

24 "Substance use disorder" means a disorder defined to be
25 consistent with generally recognized independent standards of
26 current medical practice referenced in the most current version of
27 the Diagnostic and Statistical Manual of Mental Disorders.

28 b. (Deleted by amendment, P.L.2019, c.58)

29 c. The provisions of this section shall apply to all contracts in
30 which the health service corporation has reserved the right to
31 change the premium.

32 d. Nothing in this section shall reduce the requirement for a
33 health service corporation to provide benefits pursuant to section 3
34 of P.L.2017, c.28 (C.17:48E-35.38).

35 (cf: P.L.2019, c.58, s.3)

36

37 4. Section 4 of P.L.1999, c.106 (C.17B:26-2.1s) is amended to
38 read as follows:

39 4. a. (1) Every individual health insurance policy that
40 provides hospital or medical expense benefits and is delivered,
41 issued, executed or renewed in this State pursuant to chapter 26 of
42 Title 17B of the New Jersey Statutes, or approved for issuance or
43 renewal in this State by the Commissioner of Banking and
44 Insurance, on or after the effective date of this act shall provide
45 coverage for mental health conditions and substance use disorders
46 under the same terms and conditions as provided for any other
47 sickness under the contract and shall meet the requirements of the
48 federal Paul Wellstone and Pete Domenici Mental Health Parity and

1 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
2 amendments to, and federal guidance or regulations issued under
3 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
4 s.156.115(a)(3).

5 Coverage provided pursuant to this section shall include benefits
6 delivered through the psychiatric Collaborative Care Model.

7 (2) As used in this section:

8 "Mental health condition" means a condition defined to be
9 consistent with generally recognized independent standards of
10 current medical practice referenced in the current version of the
11 Diagnostic and Statistical Manual of Mental Disorders.

12 "Psychiatric Collaborative Care Model" means the evidence-
13 based, integrated behavioral health service delivery method wherein
14 a primary care provider and a care manager collaborate with a
15 psychiatric consultant to provide care to a patient. "Psychiatric
16 Collaborative Care Model" shall include those benefits that are
17 billed using the following list of Current Procedural Terminology
18 (CPT) codes, which list shall be updated by the Commissioner of
19 Banking and Insurance whenever the codes are altered or
20 supplemented:

21 (a) 99492 – Initial psychiatric collaborative care management;

22 (b) 99493 – Subsequent psychiatric collaborative care
23 management; and

24 (c) 99494 – Initial or subsequent psychiatric collaborative care
25 management, additional time.

26 "Same terms and conditions" means that the insurer cannot apply
27 more restrictive non-quantitative limitations, such as utilization
28 review and other criteria or more quantitative limitations such as
29 copayments, deductibles, aggregate or annual limits or benefit
30 limits to mental health condition and substance use disorder
31 benefits than those applied to substantially all other medical or
32 surgical benefits.

33 "Substance use disorder" means a disorder defined to be
34 consistent with generally recognized independent standards of
35 current medical practice referenced in the most current version of
36 the Diagnostic and Statistical Manual of Mental Disorders.

37 b. (Deleted by amendment, P.L.2019, c.58)

38 c. The provisions of this section shall apply to all policies in
39 which the insurer has reserved the right to change the premium.

40 d. Nothing in this section shall reduce the requirement for an
41 insurer to provide benefits pursuant to section 4 of P.L.2017, c.28
42 (C.17B:26-2.1hh).

43 (cf: P.L.2019, c.58, s.4)

44

45 5. Section 5 of P.L.1999, c.106 (C.17B:27-46.1v) is amended
46 to read as follows:

47 5. a. (1) Every group health insurance policy that provides
48 hospital or medical expense benefits and is delivered, issued,

1 executed or renewed in this State pursuant to chapter 27 of Title
2 17B of the New Jersey Statutes, or approved for issuance or renewal
3 in this State by the Commissioner of Banking and Insurance, on or
4 after the effective date of this act shall provide benefits for mental
5 health conditions and substance use disorders under the same terms
6 and conditions as provided for any other sickness under the policy
7 and shall meet the requirements of the federal Paul Wellstone and
8 Pete Domenici Mental Health Parity and Addiction Equity Act of
9 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal
10 guidance or regulations issued under that act, including 45 C.F.R.
11 Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

12 Coverage provided pursuant to this section shall include benefits
13 delivered through the psychiatric Collaborative Care Model.

14 (2) As used in this section:

15 "Mental health condition" means a condition defined to be
16 consistent with generally recognized independent standards of
17 current medical practice referenced in the current version of the
18 Diagnostic and Statistical Manual of Mental Disorders.

19 "Psychiatric Collaborative Care Model" means the evidence-
20 based, integrated behavioral health service delivery method wherein
21 a primary care provider and a care manager collaborate with a
22 psychiatric consultant to provide care to a patient. "Psychiatric
23 Collaborative Care Model" shall include those benefits that are
24 billed using the following list of Current Procedural Terminology
25 (CPT) codes, which list shall be updated by the Commissioner of
26 Banking and Insurance whenever the codes are altered or
27 supplemented:

28 (a) 99492 – Initial psychiatric collaborative care management;

29 (b) 99493 – Subsequent psychiatric collaborative care
30 management; and

31 (c) 99494 – Initial or subsequent psychiatric collaborative care
32 management, additional time.

33 "Same terms and conditions" means that the insurer cannot apply
34 more restrictive non-quantitative limitations, such as utilization
35 review and other criteria or more quantitative limitations such as
36 copayments, deductibles, aggregate or annual limits or benefit
37 limits to mental health condition and substance use disorder
38 benefits than those applied to substantially all other medical or
39 surgical benefits.

40 "Substance use disorder" means a disorder defined to be consistent
41 with generally recognized independent standards of current medical
42 practice referenced in the most current version of the Diagnostic
43 and Statistical Manual of Mental Disorders.

44 b. (Deleted by amendment, P.L.2019, c.59)

45 c. The provisions of this section shall apply to all policies in
46 which the insurer has reserved the right to change the premium.

1 d. Nothing in this section shall reduce the requirement for an
2 insurer to provide benefits pursuant to section 5 of P.L.2017, c.28
3 (C.17B:27-46.1nn).
4 (cf: P.L.2019, c.58, s.5)

5
6 6. Section 6 of P.L.1999, c.106 (C.17B:27A-7.5) is amended to
7 read as follows:

8 6. a. (1) Every individual health benefits plan that provides
9 hospital or medical expense benefits and is delivered, issued,
10 executed or renewed in this State pursuant to P.L.1992, c.161
11 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this
12 State on or after the effective date of this act shall provide benefits
13 for mental health conditions and substance use disorders under the
14 same terms and conditions as provided for any other sickness under
15 the health benefits plan and shall meet the requirements of the
16 federal Paul Wellstone and Pete Domenici Mental Health Parity and
17 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
18 amendments to, and federal guidance or regulations issued under
19 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
20 s.156.115(a)(3).

21 Coverage provided pursuant to this section shall include benefits
22 delivered through the psychiatric Collaborative Care Model.

23 (2) As used in this section:

24 "Mental health condition" means a condition defined to be
25 consistent with generally recognized independent standards of
26 current medical practice referenced in the current version of the
27 Diagnostic and Statistical Manual of Mental Disorders.

28 "Psychiatric Collaborative Care Model" means the evidence-
29 based, integrated behavioral health service delivery method wherein
30 a primary care provider and a care manager collaborate with a
31 psychiatric consultant to provide care to a patient. "Psychiatric
32 Collaborative Care Model" shall include those benefits that are
33 billed using the following list of Current Procedural Terminology
34 (CPT) codes, which list shall be updated by the Commissioner of
35 Banking and Insurance whenever the codes are altered or
36 supplemented:

37 (a) 99492 – Initial psychiatric collaborative care management;

38 (b) 99493 – Subsequent psychiatric collaborative care
39 management; and

40 (c) 99494 – Initial or subsequent psychiatric collaborative care
41 management, additional time.

42 "Same terms and conditions" means that the plan cannot apply
43 more restrictive non-quantitative limitations, such as utilization
44 review and other criteria or more quantitative limitations such as
45 copayments, deductibles, aggregate or annual limits or benefit
46 limits to mental health condition and substance use disorder
47 benefits than those applied to substantially all other medical or
48 surgical benefits.

1 "Substance use disorder" means a disorder defined to be
2 consistent with generally recognized independent standards of
3 current medical practice referenced in the most current version of
4 the Diagnostic and Statistical Manual of Mental Disorders.

5 b. (Deleted by amendment, P.L.2019, c.58)

6 c. The provisions of this section shall apply to all health
7 benefits plans in which the carrier has reserved the right to change
8 the premium.

9 d. Nothing in this section shall reduce the requirement for a
10 plan to provide benefits pursuant to section 6 of P.L.2017, c.28
11 (C.17B:27A-7.21).

12 (cf: P.L.2019, c.58, s.6)

13

14 7. Section 7 of P.L.1999, c.106 (C.17B:27A-19.7) is amended
15 to read as follows:

16 7. a. (1) Every small employer health benefits plan that
17 provides hospital or medical expense benefits and is delivered,
18 issued, executed or renewed in this State pursuant to
19 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or
20 renewal in this State on or after the effective date of this act shall
21 provide benefits for mental health conditions and substance use
22 disorders under the same terms and conditions as provided for any
23 other sickness under the health benefits plan and shall meet the
24 requirements of the federal Paul Wellstone and Pete Domenici
25 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
26 s.18031(j), and any amendments to, and federal guidance or
27 regulations issued under that act, including 45 C.F.R. Parts 146 and
28 147 and 45 C.F.R. s.156.115(a)(3).

29 Coverage provided pursuant to this section shall include benefits
30 delivered through the psychiatric Collaborative Care Model.

31 (2) As used in this section:

32 "Mental health condition" means a condition defined to be
33 consistent with generally recognized independent standards of
34 current medical practice referenced in the current version of the
35 Diagnostic and Statistical Manual of Mental Disorders.

36 "Psychiatric Collaborative Care Model" means the evidence-
37 based, integrated behavioral health service delivery method wherein
38 a primary care provider and a care manager collaborate with a
39 psychiatric consultant to provide care to a patient. "Psychiatric
40 Collaborative Care Model" shall include those benefits that are
41 billed using the following list of Current Procedural Terminology
42 (CPT) codes, which list shall be updated by the Commissioner of
43 Banking and Insurance whenever the codes are altered or
44 supplemented:

45 (a) 99492 – Initial psychiatric collaborative care management;

46 (b) 99493 – Subsequent psychiatric collaborative care
47 management; and

1 (c) 99494 – Initial or subsequent psychiatric collaborative care
2 management, additional time.

3 "Same terms and conditions" means that the plan cannot apply
4 more restrictive non-quantitative limitations, such as utilization
5 review and other criteria or more quantitative limitations such as
6 copayments, deductibles, aggregate or annual limits or benefit
7 limits to mental health condition and substance use disorder
8 benefits than those applied to substantially all other medical or
9 surgical benefits.

10 "Substance use disorder" means a disorder defined to be
11 consistent with generally recognized independent standards of
12 current medical practice referenced in the most current version of
13 the Diagnostic and Statistical Manual of Mental Disorders.

14 b. (Deleted by amendment, P.L.2019, c.58)

15 c. The provisions of this section shall apply to all health
16 benefits plans in which the carrier has reserved the right to change
17 the premium.

18 d. Nothing in this section shall reduce the requirement for a
19 plan to provide benefits pursuant to section 7 of P.L.2017, c.28
20 (C.17B:27A-19.25).

21 (cf: P.L.2019, c.58, s.7)

22

23 8. Section 8 of P.L.1999, c.106 (C.26:2J-4.20) is amended to
24 read as follows:

25 8. a. (1) Every enrollee agreement delivered, issued,
26 executed, or renewed in this State pursuant to P.L.1973, c.337
27 (C.26:2J-1 et seq.) or approved for issuance or renewal in this State
28 by the Commissioner of Banking and Insurance, on or after the
29 effective date of this act shall provide health care services for
30 mental health conditions and substance use disorders under the
31 same terms and conditions as provided for any other sickness under
32 the agreement and shall meet the requirements of the federal Paul
33 Wellstone and Pete Domenici Mental Health Parity and Addiction
34 Equity Act of 2008, 42 U.S.C. s.18031(j), and any amendments to,
35 and federal guidance or regulations issued under that act, including
36 45 C.F.R. Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

37 Coverage provided pursuant to this section shall include benefits
38 delivered through the psychiatric Collaborative Care Model.

39 (2) As used in this section:

40 "Mental health condition" means a condition defined to be
41 consistent with generally recognized independent standards of
42 current medical practice referenced in the current version of the
43 Diagnostic and Statistical Manual of Mental Disorders.

44 "Psychiatric Collaborative Care Model" means the evidence-
45 based, integrated behavioral health service delivery method wherein
46 a primary care provider and a care manager collaborate with a
47 psychiatric consultant to provide care to a patient. "Psychiatric
48 Collaborative Care Model" shall include those benefits that are

1 billed using the following list of Current Procedural Terminology
2 (CPT) codes, which list shall be updated by the Commissioner of
3 Banking and Insurance whenever the codes are altered or
4 supplemented:

- 5 (a) 99492 – Initial psychiatric collaborative care management;
6 (b) 99493 – Subsequent psychiatric collaborative care
7 management; and
8 (c) 99494 – Initial or subsequent psychiatric collaborative care
9 management, additional time.

10 "Same terms and conditions" means that the health maintenance
11 organization cannot apply more restrictive non-quantitative
12 limitations, such as utilization review and other criteria or more
13 quantitative limitations such as copayments, deductibles,, aggregate
14 or annual limits or health care services limits to mental health
15 condition and substance use disorder services than those applied to
16 substantially all other medical or surgical health care services.

17 "Substance use disorder" means a disorder defined to be
18 consistent with generally recognized independent standards of
19 current medical practice referenced in the most current version of
20 the Diagnostic and Statistical Manual of Mental Disorders.

21 b. (Deleted by amendment, P.L.2019, c.58)

22 c. The provisions of this section shall apply to enrollee
23 agreements in which the health maintenance organization has
24 reserved the right to change the premium.

25 d. Nothing in this section shall reduce the requirement for a
26 health maintenance organization to provide benefits pursuant to
27 section 8 of P.L.2017, c.28 (C.26:2J-4.39).

28 (cf: P.L.2019, c.58, s.8)

29

30 9. Section 1 of P.L.1999, c.441 (C.52:14-17.29d) is amended to
31 read as follows:

32 1. As used in this act:

33 "Carrier" means an insurance company, health service
34 corporation, hospital service corporation, medical service
35 corporation or health maintenance organization authorized to issue
36 health benefits plans in this State.

37 "Mental health condition" means a condition defined to be
38 consistent with generally recognized independent standards of
39 current medical practice referenced in the current version of the
40 Diagnostic and Statistical Manual of Mental Disorders.

41 “Psychiatric Collaborative Care Model” means the evidence-
42 based, integrated behavioral health service delivery method wherein
43 a primary care provider and a care manager collaborate with a
44 psychiatric consultant to provide care to a patient. “Psychiatric
45 Collaborative Care Model” shall include those benefits that are
46 billed using the following list of Current Procedural Terminology
47 (CPT) codes, which list shall be updated by the Commissioner of

1 Banking and Insurance whenever the codes are altered or
2 supplemented:

3 (a) 99492 – Initial psychiatric collaborative care management;

4 (b) 99493 – Subsequent psychiatric collaborative care
5 management; and

6 (c) 99494 – Initial or subsequent psychiatric collaborative care
7 management, additional time.

8 "Same terms and conditions" means that a carrier cannot apply
9 more restrictive non-quantitative limitations, such as utilization
10 review and other criteria or more quantitative limitations such as
11 copayments, deductibles, aggregate or annual limits or benefit
12 limits to mental health condition and substance use disorder
13 benefits than those applied to substantially all other medical or
14 surgical benefits.

15 "Substance use disorder" means a disorder defined to be
16 consistent with generally recognized independent standards of
17 current medical practice referenced in the most current version of
18 the Diagnostic and Statistical Manual of Mental Disorders.

19 (cf: P.L.2019, c.58, s.9)

20

21 10. Section 2 of P.L.1999, c.441 (C.52:14-17.29e) is amended to
22 read as follows:

23 2. a. The State Health Benefits Commission shall ensure that
24 every contract purchased by the commission on or after the
25 effective date of this act that provides hospital or medical expense
26 benefits shall provide coverage for mental health conditions and
27 substance use disorders under the same terms and conditions as
28 provided for any other sickness under the contract and shall meet
29 the requirements of the federal Paul Wellstone and Pete Domenici
30 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
31 s.18031(j), and any amendments to, and federal guidance or
32 regulations issued under that act, including 45 C.F.R. Parts 146 and
33 147 and 45 C.F.R. s.156.115(a)(3).

34 Coverage provided pursuant to this section shall include benefits
35 delivered through the psychiatric Collaborative Care Model.

36 b. The commission shall provide notice to employees regarding
37 the coverage required by this section in accordance with this
38 subsection and regulations promulgated by the Commissioner of
39 Health pursuant to the "Administrative Procedure Act,"
40 P.L.1968, c.410 (C.52:14B-1 et seq.). The notice shall be in writing
41 and prominently positioned in any literature or correspondence and
42 shall be transmitted at the earliest of: (1) the next mailing to the
43 employee; (2) the yearly informational packet sent to the employee;
44 or (3) July 1, 2000. The commission shall also ensure that the
45 carrier under contract with the commission, upon receipt of
46 information that a covered person is receiving treatment for a
47 mental health condition or substance use disorder, shall promptly
48 notify that person of the coverage required by this section.

1 c. Nothing in this section shall reduce the requirement for a
2 carrier to provide benefits pursuant to section 9 of P.L.2017, c.28
3 (C.52:14-17.29u).
4 (cf: P.L.2019, c.58, s.10)

5

6 11. This act shall take effect on the 60th day after enactment and
7 shall apply to all contracts and policies delivered, issued, executed,
8 or renewed on or after that date.

9

10

11

STATEMENT

12

13 This bill requires hospital, medical and health service
14 corporations, commercial insurers, health maintenance
15 organizations, health benefits plans issued pursuant to the New
16 Jersey Individual Health Coverage and Small Employer Health
17 Benefits Programs, the State Health Benefits Program, and the
18 School Employees' Health Benefits Program, to provide coverage
19 for benefits provided through the collaborative care model in the
20 treatment of mental health conditions and substance use disorders.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 352

STATE OF NEW JERSEY

DATED: JUNE 6, 2022

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 352.

This bill requires hospital, medical and health service corporations, commercial insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program, to provide coverage for benefits provided through the psychiatric collaborative care model for the treatment of mental health conditions and substance use disorders. The psychiatric collaborative care model is an evidence-based, integrated behavioral health service delivery method wherein a primary care provider and a care manager collaborate with a psychiatric consultant to provide care to a patient.

This bill was pre-filed for introduction in the 2022-2023 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

LEGISLATIVE FISCAL ESTIMATE
SENATE, No. 352
STATE OF NEW JERSEY
220th LEGISLATURE

DATED: JUNE 16, 2022

SUMMARY

- Synopsis:** Requires health insurance carriers to provide coverage for treatment of mental health conditions and substance use disorders through collaborative care.
- Type of Impact:** Indeterminate impact for State General Fund, local government and board of education funds.
- Agencies Affected:** Division of Pensions and Benefits in the Department of the Treasury.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Cost Impact		Indeterminate	
Local Cost Impact		Indeterminate	

- The impact of this bill cannot be determined at this time because information and data is not available to the Office of Legislative Services (OLS) from the Division of Pensions and Benefits in the Department of the Treasury. To the extent that the requirement in the bill is already being implemented, there would be no additional expenditure.

BILL DESCRIPTION

This bill requires hospital, medical and health service corporations, commercial insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program to provide coverage for benefits provided through the collaborative care model in the treatment of mental health conditions and substance use disorders.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The impact of this bill cannot be determined at this time because information and data is not available to the OLS from the Division of Pensions and Benefits in the Department of the Treasury. To the extent that the requirement in the bill is already being implemented, there would be no additional expenditure.

Section: State Government

*Analyst: Aggie Szilagyi
Section Chief*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE, No. 352

STATE OF NEW JERSEY

DATED: JUNE 27, 2022

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 352.

This bill requires hospital, medical and health service corporations, commercial insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program, to provide coverage for benefits provided through the psychiatric collaborative care model for the treatment of mental health conditions and substance use disorders. The psychiatric collaborative care model is an evidence-based, integrated behavioral health service delivery method wherein a primary care provider and a care manager collaborate with a psychiatric consultant to provide care to a patient.

As reported by the committee, Senate Bill No. 352 is identical to Assembly Bill No. 2008, which was also reported by the committee on this date.

FISCAL IMPACT:

The impact of this bill cannot be determined at this time because information and data is not available to the Office of Legislative Services from the Division of Pensions and Benefits in the Department of the Treasury. To the extent that the requirement in the bill is already being implemented, there would be no additional expenditure.

Governor Murphy Takes Action on Legislation

06/30/2022

TRENTON – Today, Governor Phil Murphy signed the following bills into law:

2944/A-4162 (Sarlo, Ruiz/Freiman, Mosquera, Jaffer, Moriarty, Tully, Swain) - Credits \$5.2 billion to “New Jersey Debt Defeasance and Prevention Fund”; appropriates \$2.9 billion to NJ Schools Development Authority, NJ DOT, and NJT; and establishes process for authorizing future appropriations for debt defeasance and capital projects

S-1929/A-3668 (Gopal, Pennacchio/McKeon, Tully, Conaway) - Makes FY 2022 supplemental appropriation to provide State military impact aid to certain school districts

A-4403/S-2915 (Pintor Marin, Wimberly/Sarlo, Cunningham) - Makes FY 2022 supplemental appropriations of \$71,786,000

ACS for A-1522/S-2914 (Moriarty, Mosquera, Jaffer, Freiman, Lampitt, Greenwald/Madden, Gopal) - Establishes annual sales tax holiday for certain retail sales of computers, school computer supplies, school supplies, school art supplies, school instructional materials and sport or recreational equipment.

A-4401/S-2860 (Jaffer, Moriarty, Tully/Gopal, Pou) - Provides one-year waiver of certain MVC fees imposed for driver’s licenses and non-driver identification cards.

S-2861/A-4400 (Madden, Pou/Mosquera, Swain, Wimberly) - Waives fees for marriage and civil union licenses in Fiscal Year 2023; appropriates \$2 million

S-2523/ACS for A-3852 (Ruiz, Cunningham/Reynolds-Jackson, Freiman, Jaffer, Moriarty, Mosquera, Wimberly) - Provides child tax credit under gross income tax

S-2476wGR/A-4179 (Ruiz, Vitale/Coughlin, Jasey, Sumter, Quijano) - Establishes Thriving By Three Act to award competitive grants for infant and toddler child care programs; appropriates \$28 million

A-2359/S-2034 (Tucker, Moen, Haider/Cruz-Perez, Pou) - Provides for streamlining of SNAP application process and establishes SNAP application call center; appropriates \$750,000

A-2360/S-2035 (Reynolds-Jackson, Mukherji, Speight/Cunningham, Ruiz) - Eliminates requirement that participation in NJ SNAP Employment and Training Program is mandatory for certain recipients

A-2361/S-2016 (Jimenez, Sumter, Timberlake/Zwicker, Ruiz) - Requires DHS to maintain SNAP outreach plan and to conduct additional outreach programs

A-2362/S-2036 (Freiman, Mosquera, Quijano/Johnson, Ruiz) - Requires DHS to submit federal waiver request regarding time limits for certain SNAP recipients under certain circumstances

A-2363/S-2033 (Stanley, Mejia, Lopez/Pou, Ruiz) - Concerns SNAP services provided at county boards of social services and county welfare agencies; appropriates \$250,000

A-2364/S-2017 (Spearman, Pintor Marin, Atkins/Greenstein, Ruiz) - Appropriates \$813,000 to DHS to implement use of electronic benefit transfer cards in Senior Farmers’ Market Nutrition Program

A-2366/SCS for S-2156 (McKnight, Carter, Verrelli/Lagana, Pou) - Establishes State SNAP Minimum Benefit Program; appropriates \$18 million to DHS

A-2008/S-352 (Conaway, Verrelli, Benson/Gopal, Madden) - Requires health insurance carriers to provide coverage for treatment of mental health conditions and substance use disorders through collaborative care

S-2872/A-4399 (Scutari, Ruiz/Carter, Reynolds-Jackson, Murphy, Wimberly) - Establishes Behavioral Healthcare Provider Loan Redemption Program within Higher Education Student Assistance Authority; appropriates \$5 million

SCS for S-311/ACS for A-2036 (Vitale, Gopal/Benson, Verrelli, Conaway) - Establishes Statewide behavioral health crisis system of care

SCS for S-722 and 785/ACS for A-998 (Codey, Singleton/Reynolds-Jackson, Stanley, Jaffer) - Codifies and expands ARRIVE Together Pilot Program to make certain mental health services available to police responding to certain emergencies; appropriates \$2 million

S-2909/ACS for A-4374 (Diegnan/Benson, Pintor Marin, McKnight) - Authorizes DOT to compensate contractors and subcontractors affected by supply chain shortages; appropriates \$10 million

A-4405/S-2943 (Benson, Wimberly, Moen/Diegnan) - Concerns New Jersey Transportation Trust Fund Authority; increases Transportation Trust Fund spending limit by \$600 million

A-674/S-1646 (Verrelli, McKnight, McKeon/Ruiz, Pou) - Establishes New Jersey Easy Enrollment Health Insurance Program

A-3733/S-488 (Haider, Stanley, Benson/Scutari, Beach) - Authorizes student attending institution of higher education to earn credit towards graduation for serving as poll worker

ACS for A-3990/SCS for S-2593 (Stanley, Tully, Karabinchak/Diegnan, Corrado) - Provides temporary one-year extension of service life of school buses for 2022-2023 school year; authorizes chief administrator to allow one-year extension in subsequent two school years

A-4208/S-2791 (Pintor Marin, Quijano, Speight/Ruiz, Cruz-Perez) - Provides sales and use tax exemption for certain purchases made by all supermarkets and grocery stores located within urban enterprise zones

A2426/S513 (Wimberly, Reynolds-Jackson, Schaer/Cryan, Turner) - Establishes rebuttable presumption of pretrial detention for defendants who commit certain firearm offenses under Graves Act

A-4385/S-2933 (Conaway/Cryan) - Makes various revisions to law pertaining to electronic medical records and recording patients' demographic information

S-2807/A-246 (Stack, Sacco, Cunningham/McKnight, Sampson, Chaparro) - Establishes Liberty State Park Design Task Force

S-2917/A-4395 (Cruz-Perez, Stack/Pintor Marin, Freiman, Reynolds-Jackson) - Expands allowance for developers to carry forward unused tax credits under New Jersey Aspire Program

S-2921/A-4365 (Zwicker, Pou/Coughlin, Verrelli, Spearman) - Revises various provisions of Food Desert Relief Program

S-2945/ACS for A-4392 (Scutari/Pintor Marin, Sumter, Quijano, McKnight) - Concerns economic incentives for certain cannabis businesses

S-2023/A-4402 (Sarlo, Cunningham/Pintor Marin, Wimberly) - LINE ITEM - Appropriates \$50,638,729,000 in State funds and \$24,082,639,850 in federal funds for the State budget for fiscal year 2022-2023

[Copy of Statement](#)

Governor Murphy signed the following bills today, which were sent to his desk yesterday, conditionally vetoed, and then passed in concurrence with the Governor's recommendations:

S-2476/A-4179 (Ruiz, Vitale/Coughlin, Jasey, Sumter, Quijano) – CONDITIONAL - Establishes Thriving By Three Act to award competitive grants for infant and toddler child care programs; appropriates \$28 million

[Copy of Statement](#)

A-4403/S-2915 (Pintor Marin, Wimberly/Sarlo, Cunningham) – CONDITIONAL - Makes FY 2022 supplemental appropriations of \$71,786,000

[Copy of Statement](#)