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P.L. 2003, CHAPTER 193, *approved November 21, 2003*
Senate Committee Substitute for
Senate, No. 2275

1 **AN ACT** establishing the Mandated Health Benefits Advisory
2 Commission and supplementing Title 17B of the New Jersey
3 Statutes.

4

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

7

8 1. The Legislature finds and declares that:

9 a. Health benefits coverage, while providing important protection
10 for individuals, is costly for individuals and businesses that insure their
11 employees;

12 b. Mandated health benefits have social, financial and medical
13 implications for patients, providers and health benefits plans; and

14 c. It is, therefore, in the public interest to conduct a review of
15 proposed mandated health benefits by an expert body to provide the
16 Legislature with adequate and independent documentation defining the
17 social and financial impact and medical efficacy of the proposed
18 mandate.

19

20 2. As used in this act:

21 "Carrier" means an insurance company, health service corporation,
22 hospital service corporation, medical service corporation or health
23 maintenance organization authorized to issue health benefits plans in
24 this State.

25 "Commission" means the Mandated Health Benefits Advisory
26 Commission established pursuant to this act.

27 "Health benefits plan" means a benefits plan which pays or
28 provides hospital and medical expense benefits for covered services,
29 and is delivered or issued for delivery in this State by or through a
30 carrier. For the purposes of this act, health benefits plan shall not
31 include the following plans, policies or contracts: accident only, credit,
32 disability, long-term care, coverage arising out of a workers'
33 compensation or similar law, automobile medical payment insurance,
34 personal injury protection insurance issued pursuant to P.L.1972, c.70
35 (C.39:6A-1 et seq.) or hospital confinement indemnity coverage.

36 "Mandated health benefit" or "mandate" means: a benefit or
37 coverage that is required by law to be provided by a carrier and
38 includes: coverage for specific health care services, treatments or

1 practices; or direct reimbursement to specific health care providers.

2

3 3. There is established the Mandated Health Benefits Advisory
4 Commission to study the social, financial and medical impact of
5 proposed mandated health benefits.

6

7 4. The commission shall consist of 17 voting members as follows:
8 the Commissioners of Health and Senior Services, Human Services and
9 Banking and Insurance or their designees, who shall serve ex officio;
10 three public members appointed by the President of the Senate, who
11 shall include a representative of a commercial health insurance
12 company, a physician licensed in this State who is a member of the
13 Medical Society of New Jersey, and a representative of the New Jersey
14 Business and Industry Association, no more than two of whom shall
15 be from the same political party; three public members appointed by
16 the Speaker of the General Assembly, who shall include a
17 representative of a health service corporation, a physician licensed in
18 this State, and a representative of organized labor, no more than two
19 of whom shall be from the same political party; and eight public
20 members appointed by the Governor, who shall include a medical
21 educator from the University of Medicine and Dentistry of New Jersey
22 whose major field of expertise is the study and evaluation of the cost
23 of health care and health insurance, a representative of the New Jersey
24 Association of Health Plans, a representative of the New Jersey
25 Hospital Association, a representative of the New Jersey State Nurses
26 Association, a representative of the New Jersey Dental Association, a
27 representative of a consumer advocacy organization and two
28 representatives of the general public who are knowledgeable about
29 health benefits plans.

30 The President of the Senate may appoint two members of the
31 Senate, no more than one of whom shall be from the same political
32 party, to serve as nonvoting members of the commission. The Speaker
33 of the General Assembly may appoint two members of the General
34 Assembly, no more than one of whom shall be from the same political
35 party, to serve as nonvoting members of the commission. The
36 legislative members shall serve during their legislative term of office.

37 Of the voting members first appointed, four shall serve for a term
38 of two years, four for a term of three years and three for a term of four
39 years.

40 Voting members appointed thereafter shall serve four-year terms,
41 and any vacancy shall be filled by appointment for the unexpired term
42 only. A member is eligible for reappointment. Vacancies in the
43 membership of the commission shall be filled in the same manner as the
44 original appointments were made.

1 5. a. The commission shall organize and hold its first meeting
2 within 90 days after the appointment of its members and shall elect a
3 chairman and a vice chairman from among its members. The
4 commission may appoint a secretary, who need not be a member of the
5 commission.

6 b. The members of the commission shall serve without
7 compensation but may be allowed their actual and necessary expenses
8 incurred in the performance of their duties within the limits of funds
9 appropriated or otherwise made available to the commission for this
10 purpose.

11 c. The Department of Banking and Insurance, in consultation with
12 the Department of Health and Senior Services, shall assist the
13 commission in the performance of its duties.

14 d. The commission shall be entitled to call upon the services of
15 any State, county or municipal department, board, commission or
16 agency as it may require and as may be available to it for these
17 purposes, and to incur such traveling and other miscellaneous expenses
18 as it may deem necessary for the proper execution of its duties and as
19 may be within the limit of funds appropriated or otherwise made
20 available to it for these purposes.

21 e. The commission shall meet regularly, and at a minimum of four
22 times per year. Special meetings may be called by the chairman of the
23 commission.

24

25 6. It shall be the duty of the commission to review any bill
26 introduced in either House of the Legislature that would require a
27 carrier to provide a mandated health benefit, as provided in this
28 section.

29 a. Whenever a bill containing a mandated health benefit is
30 introduced in the Legislature, the chairman of the standing reference
31 committee to which the bill has been referred in the House in which it
32 was introduced shall, upon introduction of the bill, request the
33 commission to prepare a written report that assesses the social and
34 financial effects and the medical efficacy of the proposed mandated
35 health benefit.

36 If the bill is subsequently amended, a prime sponsor or the
37 presiding officer of the House in which the bill is pending may request
38 the commission to amend or revise its report to reflect the changes
39 made by the amendment.

40 b. (1) For the period ending December 31, 2003, the commission
41 shall complete its review of a bill within 90 days after the date the
42 review is requested, and provide its comments and recommendations
43 in writing to the prime sponsor, committee chairman and presiding
44 officer of the House in which the bill is pending. The commission may
45 request an extension prior to the 90th day, in which case the presiding
46 officer of the House in which the bill is pending may grant an

1 extension of up to 45 days for the commission to complete its review.

2 (2) Beginning January 1, 2004, the commission shall complete its
3 review of a bill within 60 days after the date the review is requested,
4 and provide its comments and recommendations in writing to the
5 prime sponsor, committee chairman and presiding officer of the House
6 in which the bill is pending. The commission may request an extension
7 prior to the 60th day, in which case the presiding officer of the House
8 in which the bill is pending may grant an extension of up to 45 days for
9 the commission to complete its review.

10 c. The House or standing reference committee, as applicable, shall
11 not consider or vote upon the bill until either: (1) the commission
12 completes its review and provides its comments and recommendations
13 in writing to the prime sponsor, committee chairman and presiding
14 officer of the House in which the bill is pending, or (2) the 90th or
15 60th day, as applicable, after the date the review is requested, if no
16 extension was granted, or the designated day for the end of the
17 extension period, whichever is later.

18 d. (1) If the presiding officer of the House in which the bill is
19 pending determines that the bill is an urgent matter, the presiding
20 officer shall so notify in writing the commission and the chairman of
21 the standing reference committee to which the bill was referred, and
22 the House or committee may consider and vote upon the bill as soon
23 as practicable.

24 (2) If the chairman of the standing reference committee to which
25 the bill is referred, in consultation with the Commissioner of Health
26 and Senior Services, determines that the bill is of such an urgent
27 nature that it would seriously impair the public health to wait for the
28 commission to issue its report, the chairman shall so notify in writing
29 the presiding officer of the House in which the bill is pending, and the
30 commission, of that determination, and the standing reference
31 committee, with the agreement of the presiding officer of the House,
32 may consider and vote upon the bill as soon as practicable.

33
34 7. The review of a bill containing a proposed mandated health
35 benefit by the commission shall include the following:

36 a. The social impact of mandating the health benefit, which shall
37 include:

38 (1) the extent to which the proposed mandated health benefit and
39 the services it would provide are needed by, available to and utilized
40 by the population of New Jersey;

41 (2) the extent to which insurance coverage for the proposed
42 mandated health benefit already exists or, if no coverage exists, the
43 extent to which the lack of coverage results in inadequate health care
44 or financial hardship for the affected population of New Jersey;

45 (3) the demand for the proposed mandated health benefit from the
46 public and the source and extent of opposition to mandating the health

- 1 benefit;
- 2 (4) relevant findings bearing on the social impact of the lack of the
3 proposed mandated health benefit; and
- 4 (5) such other information with respect to the social impact as the
5 commission deems appropriate.
- 6 b. The financial impact of mandating the health benefit, which shall
7 include:
- 8 (1) the extent to which the proposed mandated health benefit
9 would increase or decrease the cost for treatment or service;
- 10 (2) the extent to which similar mandated health benefits in other
11 states have affected charges, costs and payments for services;
- 12 (3) the extent to which the proposed mandated health benefit
13 would increase the appropriate use of the treatment or service;
- 14 (4) the impact of the proposed mandated health benefit on total
15 costs to carriers and on administrative costs;
- 16 (5) the impact of the proposed mandated health benefit on total
17 costs to purchasers and benefit costs;
- 18 (6) the impact of the proposed mandated health benefit on the
19 total cost of health care within New Jersey; and
- 20 (7) such other information with respect to the financial impact as
21 the commission deems appropriate.
- 22 c. The medical efficacy of mandating the health benefit, which
23 shall include:
- 24 (1) if the proposed health benefit mandates coverage of a
25 particular treatment or therapy, the recommendation of a clinical study
26 or review article in a major peer-reviewed professional journal;
- 27 (2) if the proposed benefit mandates coverage of the services
28 provided by an additional class of practitioners, the results of at least
29 one professionally accepted, controlled trial comparing the medical
30 results achieved by the additional class of practitioners and the
31 practitioners already covered by benefits;
- 32 (3) the results of other research;
- 33 (4) the impact of the proposed benefit on the general availability
34 of health benefits coverage in New Jersey; and
- 35 (5) such other information with respect to the medical efficacy as
36 the commission deems appropriate.
- 37 d. The effects of balancing the social, economic and medical
38 efficacy considerations, which shall include, but not be limited to:
- 39 (1) the extent to which the need for coverage outweighs the costs
40 of mandating the health benefit; and
- 41 (2) the extent to which the problem of coverage may be solved by
42 mandating the availability of the coverage as an option under a health
43 benefits plan.
- 44 e. An analysis of information collected from various sources,
45 including, but not limited to:
- 46 (1) a State data collection system;

1 (2) the Departments of Health and Senior Services and Banking
2 and Insurance;

3 (3) health planning organizations;

4 (4) proponents and opponents of the proposed health benefit
5 mandate, who shall be encouraged to provide appropriate
6 documentation supporting their positions. The commission shall
7 examine such documentation to determine whether:

8 (a) the documentation is complete;

9 (b) the assumptions upon which the research is based are valid;

10 (c) the research cited in the documentation meets professional
11 standards;

12 (d) all relevant research respecting the proposed benefit has been
13 cited in the documentation;

14 (e) the conclusions and interpretations in the documentation are
15 consistent with the data submitted; and

16 (5) such other data sources as the commission deems appropriate.

17 In analyzing information from the various sources, the commission
18 shall give substantial weight to the documentation provided by the
19 proponents and opponents of the mandate to the extent that such
20 documentation is made available to them.

21

22 8. In the course of studying and evaluating proposed mandated
23 health benefits, the commission shall:

24 a. develop criteria for a system and program of data collection, for
25 use by the Departments of Health and Senior Services and Banking
26 and Insurance, to assess the impact of mandated health benefits,
27 including the cost to employers and carriers, impact of treatment, cost
28 savings in the health care system, number of providers and other data
29 as may be appropriate; and

30 b. review and comment to any State department, board, bureau,
31 commission or agency, with respect to any order or regulations
32 proposed or implemented thereby that affect mandated health benefits.

33

34 9. The commission shall report to the Governor and Legislature
35 three years from the effective date of this act on its activities. The
36 report shall include a summary of the bills reviewed by the commission
37 and the commission's findings, and any recommendations the
38 commission may have regarding the review process required pursuant
39 to this act.

40

41 10. This act shall take effect immediately.

42

43

44

45 Establishes the Mandated Health Benefits Advisory Commission.

SENATE, No. 2275

STATE OF NEW JERSEY
210th LEGISLATURE

INTRODUCED JANUARY 27, 2003

Sponsored by:

Senator JOHN O. BENNETT

District 12 (Mercer and Monmouth)

Senator RICHARD J. CODEY

District 27 (Essex)

Co-Sponsored by:

Senators Adler, Palaia, Bucco and Inverso

SYNOPSIS

Establishes the Mandated Health Benefits Advisory Commission.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/16/2003)

1 AN ACT establishing the Mandated Health Benefits Advisory
2 Commission and supplementing Title 17B of the New Jersey
3 Statutes.

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

7
8 1. The Legislature finds and declares that:

9 a. Health benefits coverage, while providing important protection
10 for individuals, is costly for individuals and businesses that insure their
11 employees;

12 b. Mandated health benefits have social, financial and medical
13 implications for patients, providers and health benefits plans; and

14 c. It is, therefore, in the public interest to require the review of
15 proposed mandated health benefits by an expert body to provide the
16 Legislature with adequate and independent documentation defining the
17 social and financial impact and medical efficacy of the proposed
18 mandate.

19
20 2. As used in this act:

21 "Carrier" means an insurance company, health service corporation,
22 hospital service corporation, medical service corporation or health
23 maintenance organization authorized to issue health benefits plans in
24 this State.

25 "Commission" means the Mandated Health Benefits Advisory
26 Commission established pursuant to this act.

27 "Health benefits plan" means a benefits plan which pays or provides
28 hospital and medical expense benefits for covered services, and is
29 delivered or issued for delivery in this State by or through a carrier.
30 For the purposes of this act, health benefits plan shall not include the
31 following plans, policies or contracts: accident only, credit, disability,
32 long-term care, coverage arising out of a workers' compensation or
33 similar law, automobile medical payment insurance, personal injury
34 protection insurance issued pursuant to P.L.1972, c.70 (C.39:6A-1 et
35 seq.) or hospital confinement indemnity coverage.

36 "Mandated health benefit" or "mandate" means: a benefit or
37 coverage that is required by law to be offered or provided by a carrier,
38 as the case may be, and includes: coverage for specific health care
39 services, treatments or practices; direct reimbursement to specific
40 health care providers; or the offering of specific health care services,
41 treatments or practices.

42
43 3. There is established the Mandated Health Benefits Advisory
44 Commission to study the social, financial and medical impact of
45 proposed mandated health benefits. The commission shall review the
46 issues concerning mandated health benefits as set forth in this act.

1 4. The commission shall consist of 13 members as follows: the
2 Commissioners of Health and Senior Services and Banking and
3 Insurance or their designees, who shall serve ex officio; three public
4 members appointed by the President of the Senate, who shall include
5 a representative of a commercial health insurance company, a
6 physician licensed in this State who is a member of the New Jersey
7 Medical Society, and a representative of the New Jersey Business and
8 Industry Association, no more than two of whom shall be from the
9 same political party; three public members appointed by the Speaker
10 of the General Assembly, who shall include a representative of a health
11 service corporation, a physician licensed in this State, and a
12 representative of organized labor, no more than two of whom shall be
13 from the same political party; and five public members appointed by
14 the Governor, who shall include a medical educator from the
15 University of Medicine and Dentistry of New Jersey whose major field
16 of expertise is the study and evaluation of the cost of health care and
17 health insurance, a representative of the New Jersey Association of
18 Health Plans, a representative of the New Jersey Hospital Association,
19 a representative of the New Jersey Dental Association, and a
20 representative of the general public who is knowledgeable about health
21 benefits plans.

22 Of the members first appointed, four shall serve for a term of two
23 years, four for a term of three years and three for a term of four years.

24 Members appointed thereafter shall serve four-year terms and any
25 vacancy shall be filled by appointment for the unexpired term only. A
26 member is eligible for reappointment. Vacancies in the membership of
27 the commission shall be filled in the same manner as the original
28 appointments were made.

29

30 5. a. The commission shall organize and hold its first meeting
31 within 90 days after the appointment of its members and shall elect a
32 chairman and a vice chairman from among its members. The
33 commission may appoint a secretary, who need not be a member of the
34 commission.

35 b. The members of the commission shall serve without
36 compensation but may be allowed their actual and necessary expenses
37 incurred in the performance of their duties within the limits of funds
38 appropriated or otherwise made available to the commission for this
39 purpose.

40 c. The Department of Banking and Insurance shall assist the
41 commission in the performance of its duties.

42 d. The commission shall be entitled to call upon the services of any
43 State, county or municipal department, board, commission or agency
44 as it may require and as may be available to it for these purposes, and
45 to incur such traveling and other miscellaneous expenses as it may
46 deem necessary for the proper execution of its duties and as may be

S2275 BENNETT, CODEY

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1 within the limit of funds appropriated or otherwise made available to
2 it for these purposes.

3 e. The commission shall meet regularly, and at a minimum of four
4 times per year. Special meetings may be called by the chairman of the
5 commission.

6

7 6. It shall be the duty of the commission to review any bill
8 introduced in either House of the Legislature that would require a
9 carrier to offer or provide a mandated health benefit, as provided in
10 this section.

11 a. Whenever a bill containing a mandated health benefit is
12 introduced in the Legislature, the chairman of the standing reference
13 committee to which the bill or resolution has been referred in the
14 House in which it was introduced shall request the commission to
15 prepare a written report that assesses the social and financial effects
16 and the medical efficacy of the proposed mandated health benefit.

17 b. No later than the 120th day after the request for review is
18 received, the commission shall complete its review and provide the
19 written report to the chairman of the standing reference committee to
20 which the bill has been referred. If the commission requests an
21 extension prior to the 120th day after the date of the request for
22 review, the chairman of the standing reference committee to which the
23 bill had been referred may grant an extension for the commission to
24 complete its review of the bill. The standing reference committee shall
25 not consider or vote upon the bill until: the commission completes its
26 review and provides its written report to the members of the
27 committee; the 121st day after the date the request for that review was
28 received; or the designated day in the case of an extension.

29 c. If the chairman of the standing reference committee to which the
30 bill has been referred determines that a bill proposing a mandated
31 health benefit is of such an urgent nature that it would seriously impair
32 the public health to wait for the commission to issue its report, then it
33 may consider and vote to release the bill.

34 d. If the presiding officer of the House in which the bill was
35 introduced, or his designee, determines that the bill is of such an
36 urgent nature that it would seriously impair the public health to wait
37 for the commission to issue its report, the presiding officer shall so
38 notify in writing the chairman of the standing reference committee to
39 which the bill has been referred and the commission of that
40 determination, and the standing reference committee and House, as
41 appropriate, may consider and vote upon the bill.

42 e. The commission, at the request of a sponsor of the bill or any
43 member of that standing reference committee, may amend or revise its
44 report with respect to any bill that is amended by either House after
45 having been reported by the standing reference committee to which it
46 was referred in the House in which it was introduced.

1 f. If a report has been issued by the commission on a proposed
2 mandated benefit within the previous three years, the chairman of the
3 standing reference committee shall not be required to request a new
4 report on the same proposed mandated benefit pursuant to this section.

5 g. In the case in which there are several mandated health benefit
6 bills to be reviewed by the commission, the presiding officer of the
7 House in which the bill was introduced, or his designee, shall consult
8 with the commission to determine the order of priority for review of
9 the mandated health benefit bills.

10
11 7. The review of a bill containing a proposed mandated health
12 benefit by the commission required pursuant to this act shall include,
13 at a minimum and to the extent that information is practicable and
14 available, the following:

15 a. The social impact of mandating the health benefit, which shall
16 include:

17 (1) the extent to which the proposed mandated health benefit and
18 the services it would provide are needed by, available to and utilized
19 by the population of New Jersey;

20 (2) the extent to which insurance coverage for the proposed
21 mandated health benefit already exists or, if no coverage exists, the
22 extent to which the lack of coverage results in inadequate health care
23 or financial hardship for the affected population of New Jersey;

24 (3) the demand for the proposed mandated health benefit from the
25 public and the source and extent of opposition to mandating the health
26 benefit;

27 (4) relevant findings bearing on the social impact of the lack of the
28 proposed mandated health benefit; and

29 (5) such other information with respect to the social impact as the
30 commission deems appropriate.

31 b. The financial impact of mandating the health benefit, which shall
32 include:

33 (1) the extent to which the proposed mandated health benefit
34 would increase or decrease the cost for treatment or service;

35 (2) the extent to which similar mandated health benefits in other
36 states have affected charges, costs and payments for services;

37 (3) the extent to which the proposed mandated health benefit
38 would increase the appropriate use of the treatment or service;

39 (4) the impact of the proposed mandated health benefit on total
40 costs to carriers and on administrative costs;

41 (5) the impact of the proposed mandated health benefit on total
42 costs to purchasers and on benefit costs;

43 (6) the impact of the proposed mandated health benefit on the total
44 cost of health care within New Jersey; and

45 (7) such other information with respect to the financial impact as
46 the commission deems appropriate.

- 1 c. The medical efficacy of mandating the health benefit, which shall
2 include:
- 3 (1) if the proposed health benefit mandates coverage of a
4 particular treatment or therapy, the recommendation of a clinical study
5 or review article in a major peer-reviewed professional journal;
- 6 (2) if the proposed benefit mandates coverage of the services
7 provided by an additional class of practitioners, the results of at least
8 one professionally accepted, controlled trial comparing the medical
9 results achieved by the additional class of practitioners and the
10 practitioners already covered by benefits;
- 11 (3) the results of other research;
- 12 (4) the impact of the proposed benefit on the general availability of
13 health benefits coverage in New Jersey; and
- 14 (5) such other information with respect to the medical efficacy as
15 the commission deems appropriate.
- 16 d. The effects of balancing the social, economic and medical
17 efficacy considerations, which shall include, but not be limited to:
- 18 (1) the extent to which the need for coverage outweighs the costs
19 of mandating the health benefit; and
- 20 (2) the extent to which the problem of coverage may be solved by
21 mandating the availability of the coverage as an option under a health
22 benefits plan.
- 23 e. An analysis of information collected from various sources,
24 including, but not limited to:
- 25 (1) a State data collection system;
- 26 (2) the Departments of Health and Senior Services and Banking
27 and Insurance;
- 28 (3) health planning organizations;
- 29 (4) proponents and opponents of the proposed health benefit
30 mandate, who shall be encouraged to provide appropriate
31 documentation supporting their positions. The commission shall
32 examine such documentation to determine whether:
- 33 (a) the documentation is complete;
- 34 (b) the assumptions upon which the research is based are valid;
- 35 (c) the research cited in the documentation meets professional
36 standards;
- 37 (d) all relevant research respecting the proposed benefit has been
38 cited in the documentation;
- 39 (e) the conclusions and interpretations in the documentation are
40 consistent with the data submitted; and
- 41 (5) such other data sources as the commission deems appropriate.
- 42 In analyzing information from the various sources, the commission
43 shall give substantial weight to the documentation provided by the
44 proponents and opponents of the mandate to the extent that such
45 documentation is made available to them.

1 8. In the course of studying and evaluating proposed mandated
2 health benefits, the commission shall:

3 a. Develop criteria for a system and program of data collection, for
4 use by the Departments of Health and Senior Services and Banking
5 and Insurance, to assess the impact of mandated health benefits,
6 including the cost to employers and carriers, impact of treatment, cost
7 savings in the health care system, number of providers and other data
8 as may be appropriate; and

9 b. Review and comment to any State department, board, bureau,
10 commission or agency, with respect to any order or regulations
11 proposed or implemented thereby that affect mandated health benefits.

12
13 9. This act shall take effect immediately.
14
15

16 STATEMENT
17

18 This bill establishes a 13-member Mandated Health Benefits
19 Advisory Commission to review any bill introduced in either House of
20 the Legislature requiring a health insurance carrier to provide or offer
21 a health benefit or coverage for certain benefits. The commission
22 would study the social, financial and medical impact of proposed
23 mandated health benefits. Mandated health benefits are defined in the
24 bill as benefits or coverage that are required by law to be offered or
25 provided by a carrier, as the case may be, and include: coverage for
26 specific health care services, treatments or practices; direct
27 reimbursement to specific health care providers; or the offering of
28 specific health care services, treatments or practices.

29 The commission would be comprised of: the Commissioners of
30 Health and Senior Services and Banking and Insurance or their
31 designees, who shall serve ex officio; three public members appointed
32 by the President of the Senate, who shall include a representative of a
33 commercial health insurance company, a physician licensed in this
34 State who is a member of the New Jersey Medical Society, and a
35 representative of the New Jersey Business and Industry Association,
36 no more than two of whom shall be from the same political party;
37 three public members appointed by the Speaker of the General
38 Assembly, who shall include a representative of a health service
39 corporation, a physician licensed in this State, and a representative of
40 organized labor, no more than two of whom shall be from the same
41 political party; and five public members appointed by the Governor,
42 who shall include a medical educator from the University of Medicine
43 and Dentistry of New Jersey whose major field of expertise is the
44 study and evaluation of the cost of health care and health insurance, a
45 representative of the New Jersey Association of Health Plans, a
46 representative of the New Jersey Hospital Association, a

1 representative of the New Jersey Dental Association, and a
2 representative of the general public who is knowledgeable about health
3 benefits plans. The bill provides that the Department of Banking and
4 Insurance shall provide assistance to the commission in carrying out
5 its duties.

6 This bill provides that whenever a bill containing a mandated health
7 benefit is introduced, the chairman of the standing reference committee
8 to which the bill has been referred shall request that the commission
9 prepare a written report that assesses the social and financial impacts
10 and the medical efficacy of the proposed mandate. Not later than the
11 120th day after the request for review is received, the commission
12 shall issue its written report to the chairman of the standing reference
13 committee to which the bill was referred. If necessary, the chairman
14 of the standing reference committee may grant an extension for the
15 commission to complete its review.

16 The bill further provides that no mandated health benefits bill shall
17 be reported by the standing reference committee to which it has been
18 referred unless it is accompanied by the written report of the
19 commission. However, if the chairman of the standing reference
20 committee or the presiding officer of the House in which the bill was
21 introduced, or his designee, determines that the bill is an urgent
22 matter, he may so notify the commission, and the standing reference
23 committee or House may consider and vote upon the bill as soon as
24 practicable.

25 In the course of studying and evaluating mandated health benefits,
26 the commission shall have the responsibility to develop criteria for a
27 system and program of data collection for use by the Departments of
28 Health and Senior Services and Banking and Insurance. Both
29 departments would utilize these data to assess the impact of mandated
30 health benefits, which would include an analysis of the cost to
31 employers and insurers, the impact of treatment and the cost savings
32 to the health care system. The commission would also review and
33 provide comments with respect to any regulations that would affect
34 mandated health benefits.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR
SENATE, No. 2275

STATE OF NEW JERSEY

DATED: MAY 19, 2003

The Senate Health, Human Services and Senior Citizens Committee reports favorably a Senate Committee Substitute for Senate Bill No. 2275.

This substitute establishes a Mandated Health Benefits Advisory Commission to study the social, financial and medical impact of proposed mandated health benefits.

Mandated health benefits are defined in the substitute as benefits or coverage that are required by law to be provided by a carrier and includes: coverage for specific health care services, treatments or practices; or direct reimbursement to specific health care providers.

The commission would be comprised of the following 17 voting members: the Commissioners of Health and Senior Services, Human Services and Banking and Insurance or their designees, who shall serve ex officio; three public members appointed by the President of the Senate, who shall include a representative of a commercial health insurance company, a physician licensed in this State who is a member of the Medical Society of New Jersey, and a representative of the New Jersey Business and Industry Association, no more than two of whom shall be from the same political party; three public members appointed by the Speaker of the General Assembly, who shall include a representative of a health service corporation, a physician licensed in this State, and a representative of organized labor, no more than two of whom shall be from the same political party; and eight public members appointed by the Governor, who shall include a medical educator from the University of Medicine and Dentistry of New Jersey whose major field of expertise is the study and evaluation of the cost of health care and health insurance, a representative of the New Jersey Association of Health Plans, a representative of the New Jersey Hospital Association, a representative of the New Jersey State Nurses Association, a representative of the New Jersey Dental Association, a representative of a consumer advocacy organization and two representatives of the general public who are knowledgeable about health benefits plans.

The substitute also provides that the President of the Senate and Speaker of the General Assembly may each appoint two members of their respective House, no more than one of whom, in each case, shall be from the same political party, to serve as nonvoting members of the commission.

The substitute provides that the Department of Banking and Insurance, in consultation with the Department of Health and Senior Services, shall provide assistance to the commission in carrying out its duties.

This substitute provides that whenever a bill containing a mandated health benefit is introduced in the Legislature, the chairman of the standing reference committee to which the bill has been referred in the House in which it was introduced shall request the commission to prepare a written report that assesses the social and financial effects and the medical efficacy of the proposed mandated health benefit.

The commission shall conduct a review of the pending legislation that assesses the social and financial effects and the medical efficacy, as appropriate, of the proposed mandated health benefit. The substitute specifies criteria that the commission shall consider in its review and provides that the commission shall complete its review of a bill, and provide its comments and recommendations in writing to the prime sponsor, committee chairman and presiding officer of the House in which the bill is pending. The substitute specifies that for the period ending December 31, 2002, the commission would have 90 days after the review is requested to complete its review. Beginning January 1, 2004, the commission would be required to complete its review in 60 days. The commission, however, may request an extension prior to the 90th or 60th day, as applicable, in which case the presiding officer of the House in which the bill is pending may grant an extension of up to 45 days for the commission to complete its review.

The substitute provides that the House or standing reference committee, as applicable, shall not consider or vote upon the bill until either: (1) the commission completes its review and provides its comments and recommendations in writing to the prime sponsor, committee chairman and presiding officer of the House in which the bill is pending, or (2) the 90th or 60th day, as applicable, after the date the review is requested, if no extension was granted, or the designated day for the end of the extension period, whichever is later.

The House or standing reference committee, however, may consider and vote on the bill prior to receipt of the commission's report or the end of the review period described above, if: (1) the presiding officer of the House in which the bill is pending determines that the bill is an urgent matter and so notifies the commission and applicable committee chairman, or (2) the chairman of the standing reference committee to which the bill is referred, in consultation with the Commissioner of Health and Senior Services, determines that the bill is of such an urgent nature that it would seriously impair the public health to wait for the commission to issue its report, and so notifies

the presiding officer of the House and the commission.

Also, in the course of studying and evaluating mandated health benefits, the commission shall have the responsibility to develop criteria for a system and program of data collection for use by the Departments of Health and Senior Services and Banking and Insurance. Both departments would utilize these data to assess the impact of mandated health benefits, which would include an analysis of the cost to employers and insurers, the impact of treatment and the cost savings to the health care system. The commission is also directed to review and provide comments with respect to any regulations that would affect mandated health benefits.

Finally, the substitute requires the commission to report to the Governor and Legislature in three years on its activities. The report shall include a summary of the bills reviewed by the commission and the commission's findings, and any recommendations the commission may have regarding the review process required pursuant to the substitute.

ASSEMBLY, No. 3137

STATE OF NEW JERSEY 210th LEGISLATURE

INTRODUCED DECEMBER 16, 2002

Sponsored by:

Assemblyman JOSEPH J. ROBERTS, JR.

District 5 (Camden and Gloucester)

Assemblywoman LORETTA WEINBERG

District 37 (Bergen)

Assemblywoman CHARLOTTE VANDERVALK

District 39 (Bergen)

Co-Sponsored by:

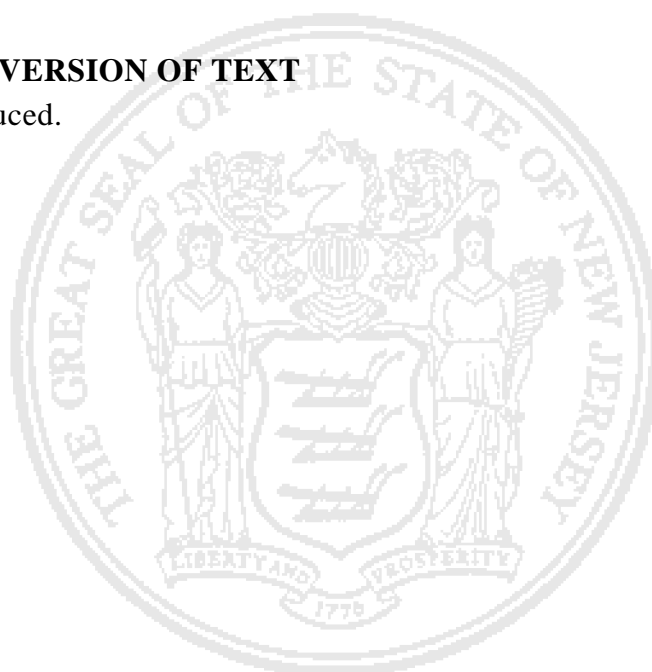
Assemblyman Eagler

SYNOPSIS

Establishes the Mandated Health Benefits Advisory Commission.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/24/2003)

1 AN ACT establishing the Mandated Health Benefits Advisory
2 Commission and supplementing Title 17B of the New Jersey
3 Statutes.

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

7
8 1. The Legislature finds and declares that:

9 a. Health benefits coverage, while providing important protection
10 for individuals, is costly for individuals and businesses which insure
11 their employees;

12 b. Mandated health benefits have social, financial and medical
13 implications for patients, providers and health benefits plans; and

14 c. It is, therefore, in the public interest to require the review of
15 proposed mandated health benefits by an expert body to provide the
16 Legislature with adequate and independent documentation defining the
17 social and financial impact and medical efficacy of the proposed
18 mandate.

19
20 2. As used in this act:

21 "Carrier" means an insurance company, health service corporation,
22 hospital service corporation, medical service corporation or health
23 maintenance organization authorized to issue health benefits plans in
24 this State.

25 "Commission" means the Mandated Health Benefits Advisory
26 Commission established pursuant to this act.

27 "Health benefits plan" means a benefits plan which pays or provides
28 hospital and medical expense benefits for covered services, and is
29 delivered or issued for delivery in this State by or through a carrier.
30 For the purposes of this act, health benefits plan shall not include the
31 following plans, policies or contracts: accident only, credit, disability,
32 long-term care, CHAMPUS supplement coverage, coverage arising
33 out of a workers' compensation or similar law, automobile medical
34 payment insurance, personal injury protection insurance issued
35 pursuant to P.L.1972, c.70 (C.39:6A-1 et seq.) or hospital
36 confinement indemnity coverage.

37 "Mandated health benefit" or "mandate" means: a benefit or
38 coverage that is required by law to be offered or provided by a carrier,
39 as the case may be, and includes: coverage for specific health care
40 services, treatments or practices; direct reimbursement to specific
41 health care providers; or the offering of specific health care services,
42 treatments or practices.

43
44 3. There is established the Mandated Health Benefits Advisory
45 Commission to study the social, financial, and medical impact of
46 proposed mandated health benefits. The commission shall review the

1 issues concerning mandated health benefits as set forth in this act.

2

3 4. The commission shall consist of 13 members as follows: the
4 Commissioners of Health and Senior Services and Banking and
5 Insurance or their designees, who shall serve ex officio; three public
6 members appointed by the President of the Senate, who shall include
7 a representative of a commercial health insurance company, a
8 physician licensed in this State who is a member of the New Jersey
9 Medical Society, and a representative of the New Jersey Business and
10 Industry Association, no more than two of whom shall be from the
11 same political party; three public members appointed by the Speaker
12 of the General Assembly, who shall include a representative of a health
13 service corporation, a physician licensed in this State, and a
14 representative of organized labor, no more than two of whom shall be
15 from the same political party; and five public members appointed by
16 the Governor, who shall include a medical educator from the
17 University of Medicine and Dentistry of New Jersey whose major field
18 of expertise is the study and evaluation of the cost of health care and
19 health insurance, a representative of the New Jersey Association of
20 Health Plans, a representative of the New Jersey Hospital Association,
21 a representative of the New Jersey Dental Association, and a
22 representative of the general public who is knowledgeable about health
23 benefits plans.

24 Of the members first appointed, four shall serve for a term of two
25 years, four for a term of three years and three for a term of four years.

26 Members appointed thereafter shall serve four-year terms and any
27 vacancy shall be filled by appointment for the unexpired term only. A
28 member is eligible for reappointment. Vacancies in the membership of
29 the commission shall be filled in the same manner as the original
30 appointments were made.

31

32 5. a. The commission shall organize and hold its first meeting
33 within 90 days after the appointment of its members and shall elect a
34 chairman and a vice chairman from among its members. The
35 commission may appoint a secretary, who need not be a member of the
36 commission.

37 b. The members of the commission shall serve without
38 compensation but may be allowed their actual and necessary expenses
39 incurred in the performance of their duties within the limits of funds
40 appropriated or otherwise made available to the commission for this
41 purpose.

42 c. The Department of Banking and Insurance shall assist the
43 commission in the performance of its duties.

44 d. The commission shall be entitled to call upon the services of any
45 State, county or municipal department, board, commission or agency
46 as it may require and as may be available to it for these purposes, and

1 to incur such traveling and other miscellaneous expenses as it may
2 deem necessary for the proper execution of its duties and as may be
3 within the limit of funds appropriated or otherwise made available to
4 it for these purposes.

5 e. The commission shall meet regularly, and at a minimum of four
6 times per year. Special meetings may be called by the chairman of the
7 commission.

8

9 6. It shall be the duty of the commission to review any bill
10 introduced in either House of the Legislature which would require a
11 carrier to offer or provide a mandated health benefit, as provided in
12 this section.

13 a. Whenever a bill containing a mandated health benefit is
14 introduced in the Legislature, the chairman of the standing reference
15 committee to which the bill or resolution has been referred in the
16 House in which it was introduced shall request the commission to
17 prepare a written report that assesses the social and financial effects
18 and the medical efficacy of the proposed mandated health benefit.

19 b. No later than the 120th day after the request for review is
20 received, the commission shall complete its review and provide the
21 written report to the chairman of the standing reference committee to
22 which the bill has been referred. If the commission requests an
23 extension prior to the 120th day after the date of the request for
24 review, the chairman of the standing reference committee to which the
25 bill had been referred may grant an extension for the commission to
26 complete its review of the bill. The standing reference committee shall
27 not consider or vote upon the bill until: the commission completes its
28 review and provides its written report to the members of the
29 committee; the 121st day after the date the request for that review was
30 received; or the designated day in the case of an extension.

31 c. If the chairman of the standing reference committee to which the
32 bill has been referred determines that a bill proposing a mandated
33 health benefit is of such an urgent nature that it would seriously impair
34 the public health to wait for the commission to issue its report, then it
35 may consider and vote to release the bill.

36 d. If the presiding officer of the House in which the bill was
37 introduced, or his designee, determines that the bill is of such an
38 urgent nature that it would seriously impair the public health to wait
39 for the commission to issue its report, the presiding officer shall so
40 notify in writing the chairman of the standing reference committee to
41 which the bill has been referred and the commission of that
42 determination, and the standing reference committee and House, as
43 appropriate, may consider and vote upon the bill.

44 e. The commission, at the request of a sponsor of the bill or any
45 member of that standing reference committee, may amend or revise its
46 report with respect to any bill which is amended by either House after

1 having been reported by the standing reference committee to which it
2 was referred in the House in which it was introduced.

3 f. If a report has been issued by the commission on a proposed
4 mandated benefit within the previous three years, the chairman of the
5 standing reference committee shall not be required to request a new
6 report on the same proposed mandated benefit pursuant to this section.

7 g. In the case in which there are several mandated health benefits
8 bills to be reviewed by the commission, the presiding officer of the
9 House in which the bill was introduced, or his designee, shall consult
10 with the commission to determine the order of priority for review of
11 the mandated health benefits bills.

12

13 7. The review of a bill containing a proposed mandated health
14 benefits by the commission required pursuant to this act shall include,
15 at a minimum and to the extent that information is practicable and
16 available, the following:

17 a. The social impact of mandating the health benefit, which shall
18 include:

19 (1) the extent to which the proposed mandated health benefit and
20 the services it would provide are needed by, available to and utilized
21 by the population of New Jersey;

22 (2) the extent to which insurance coverage for the proposed
23 mandated health benefit already exists or, if no coverage exists, the
24 extent to which the lack of coverage results in inadequate health care
25 or financial hardship for the affected population of New Jersey;

26 (3) the demand for the proposed mandated health benefit from the
27 public and the source and extent of opposition to mandating the health
28 benefit;

29 (4) relevant findings bearing on the social impact of the lack of the
30 proposed mandated health benefit; and

31 (5) such other information with respect to the social impact as the
32 commission deems appropriate.

33 b. The financial impact of mandating the health benefit, which shall
34 include:

35 (1) the extent to which the proposed mandated health benefit
36 would increase or decrease the cost for treatment or service;

37 (2) the extent to which similar mandated health benefits in other
38 states have affected charges, costs and payments for services;

39 (3) the extent to which the proposed mandated health benefit
40 would increase the appropriate use of the treatment or service;

41 (4) the impact of the proposed mandated health benefit on total
42 costs to carriers and on administrative costs;

43 (5) the impact of the proposed mandated health benefit on total
44 costs to purchasers and on benefit costs;

45 (6) the impact of the proposed mandated health benefit on the total
46 cost of health care within New Jersey; and

- 1 (7) such other information with respect to the financial impact as
2 the commission deems appropriate.
- 3 c. The medical efficacy of mandating the health benefit which shall
4 include:
- 5 (1) if the proposed mandated health benefit mandates coverage of
6 a particular treatment or therapy, the recommendation of a clinical
7 study or review article in a major peer-reviewed professional journal;
- 8 (2) if the proposed benefit mandates coverage of the services
9 provided by an additional class of practitioners, the results of at least
10 one professionally accepted, controlled trial comparing the medical
11 results achieved by the additional class of practitioners and the
12 practitioners already covered by benefits;
- 13 (3) the results of other research;
- 14 (4) the impact of the proposed coverage on the general availability
15 of health benefits coverage in New Jersey; and
- 16 (5) such other information with respect to the medical efficacy as
17 the commission deems appropriate.
- 18 d. The effects of balancing the social, economic and medical
19 efficacy considerations, which shall include, but not be limited to:
- 20 (1) the extent to which the need for coverage outweighs the costs
21 of mandating the health benefit; and
- 22 (2) the extent to which the problem of coverage may be solved by
23 mandating the availability of the coverage as an option under a health
24 benefits plan.
- 25 e. An analysis of information collected from various sources,
26 including, but not limited to:
- 27 (1) a State data collection system;
- 28 (2) the Departments of Health and Senior Services and Banking
29 and Insurance;
- 30 (3) health planning organizations;
- 31 (4) proponents and opponents of the proposed health benefits
32 mandate who shall be encouraged to provide appropriate
33 documentation supporting their positions. The commission shall
34 examine such documentation to determine whether:
- 35 (a) the documentation is complete;
- 36 (b) the assumptions upon which the research is based are valid;
- 37 (c) the research cited in the documentation meets professional
38 standards;
- 39 (d) all relevant research respecting the proposed mandated benefit
40 has been cited in the documentation;
- 41 (e) the conclusions and interpretations in the documentation are
42 consistent with the data submitted; and
- 43 (5) such other data sources as the commission deems appropriate.
- 44 In analyzing information from the various sources, the commission
45 shall give substantial weight to the documentation provided by the
46 proponents and opponents of the mandate to the extent that such

1 documentation is made available to them.

2

3 8. In the course of studying and evaluating proposed mandated
4 health benefits, the commission shall:

5 a. Develop criteria for a system and program of data collection, for
6 use by the Departments of Health and Senior Services and Banking
7 and Insurance, to assess the impact of mandated health benefits,
8 including the cost to employers and carriers, impact of treatment, cost
9 savings in the health care system, number of providers and other data
10 as may be appropriate; and

11 b. Review and comment to any State department, board, bureau,
12 commission or agency, with respect to any order or regulations
13 proposed or implemented thereby which affect mandated health
14 benefits.

15

16 9. This act shall take effect immediately.

17

18

19

STATEMENT

20

21 This bill establishes a 13-member Mandated Health Benefits
22 Advisory Commission to review any bill introduced in either House of
23 the Legislature requiring a health insurance carrier to provide or offer
24 a health benefit or coverage for certain benefits. The commission
25 would study the social, financial and medical impact of proposed
26 mandated health benefits. Mandated health benefits are defined in the
27 bill as benefits or coverage which are required by law to be offered or
28 provided by a carrier, as the case may be, and include: coverage for
29 specific health care services, treatments or practices; direct
30 reimbursement to specific health care providers; or the offering of
31 specific health care services, treatments or practices.

32 The commission would be comprised of: the Commissioners of
33 Health and Senior Services and Banking and Insurance or their
34 designees, who shall serve ex officio; three public members appointed
35 by the President of the Senate, who shall include a representative of a
36 commercial health insurance company, a physician licensed in this
37 State who is a member of the New Jersey Medical Society, and a
38 representative of the New Jersey Business and Industry Association,
39 no more than two of whom shall be from the same political party;
40 three public members appointed by the Speaker of the General
41 Assembly, who shall include a representative of a health service
42 corporation, a physician licensed in this State, and a representative of
43 organized labor, no more than two of whom shall be from the same
44 political party; and five public members appointed by the Governor,
45 who shall include a medical educator from the University of Medicine
46 and Dentistry of New Jersey whose major field of expertise is the

1 study and evaluation of the cost of health care and health insurance, a
2 representative of the New Jersey Association of Health Plans, a
3 representative of the New Jersey Hospital Association, a
4 representative of the New Jersey Dental Association, and a
5 representative of the general public who is knowledgeable about health
6 benefits plans. The bill provides that the Department of Banking and
7 Insurance shall provide assistance to the commission in carrying out
8 its duties.

9 This bill provides that whenever a bill containing a mandated health
10 benefit is introduced, the chairman of the standing reference committee
11 to which the bill has been referred shall request that the commission
12 prepare a written report that assesses the social and financial effects
13 and the medical efficacy of the proposed mandate. Not later than the
14 120th day after the request for review is received, the commission
15 shall issue its written report to the chairman of the standing reference
16 committee to which the bill was referred. If necessary, the chairman
17 of the standing reference committee may grant an extension for the
18 commission to complete its review.

19 The bill further provides that no mandated health benefits bill shall
20 be reported by the standing reference committee to which it has been
21 referred unless it is accompanied by the written report of the
22 commission. However, if the chairman of the standing reference
23 committee or the presiding officer of the House in which the bill was
24 introduced, or his designee, determines that the bill is an urgent
25 matter, he may so notify the commission, and the standing reference
26 committee or House may consider and vote upon the bill as soon as
27 practicable.

28 In the course of studying and evaluating mandated health benefits,
29 the commission shall have the responsibility to develop criteria for a
30 system and program of data collection for use by the Departments of
31 Health and Senior Services and Banking and Insurance. Both
32 departments would utilize this data to assess the impact of mandated
33 health benefits, which would include an analysis of the cost to
34 employers and insurers, the impact of treatment and the cost savings
35 to the health care system. The commission would also review and
36 provide comments with respect to any regulations which would affect
37 mandated health benefits.

ASSEMBLY HEALTH AND HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR **ASSEMBLY, No. 3137**

STATE OF NEW JERSEY

DATED: JUNE 16, 2003

The Assembly Health and Human Services Committee reports favorably an Assembly Committee Substitute for Assembly Bill No. 3137.

This committee substitute establishes a Mandated Health Benefits Advisory Commission to study the social, financial and medical impact of proposed mandated health benefits.

Mandated health benefits are defined in the substitute as benefits or coverage that are required by law to be provided by a carrier and include: coverage for specific health care services, treatments or practices; or direct reimbursement to specific health care providers.

The commission would be comprised of the following 17 voting members: the Commissioners of Health and Senior Services, Human Services and Banking and Insurance or their designees, as ex officio members; three public members appointed by the President of the Senate, to include a representative of a commercial health insurance company, a physician licensed in this State who is a member of the Medical Society of New Jersey, and a representative of the New Jersey Business and Industry Association, no more than two of whom may be from the same political party; three public members appointed by the Speaker of the General Assembly, to include a representative of a health service corporation, a physician licensed in this State, and a representative of organized labor, no more than two of whom may be from the same political party; and eight public members appointed by the Governor, to include a medical educator from the University of Medicine and Dentistry of New Jersey whose major field of expertise is the study and evaluation of the cost of health care and health insurance, a representative of the New Jersey Association of Health Plans, a representative of the New Jersey Hospital Association, a representative of the New Jersey State Nurses Association, a representative of the New Jersey Dental Association, a representative of a consumer advocacy organization and two representatives of the general public who are knowledgeable about health benefits plans.

The substitute also provides that the President of the Senate and Speaker of the General Assembly may each appoint two members of their respective House, no more than one of whom, in each case, may

be from the same political party, to serve as nonvoting members of the commission.

The substitute directs the Department of Banking and Insurance, in consultation with the Department of Health and Senior Services, to provide assistance to the commission in carrying out its duties.

This substitute provides that whenever a bill containing a mandated health benefit is introduced in the Legislature, the chairman of the standing reference committee to which the bill has been referred in the House in which it was introduced is to request the commission to prepare a written report that assesses the social and financial effects and the medical efficacy of the proposed mandated health benefit.

The commission is to conduct a review of the pending legislation that assesses the social and financial effects and the medical efficacy, as appropriate, of the proposed mandated health benefit. The substitute specifies criteria that the commission is to consider in its review and requires the commission to complete its review of a bill, and provide its comments and recommendations in writing to the prime sponsor, committee chairman and presiding officer of the House in which the bill is pending. The substitute specifies that for the period ending December 31, 2003, the commission would have 90 days after the review is requested to complete its review. Beginning January 1, 2004, the commission would be required to complete its review in 60 days. The commission may, however, request an extension prior to the 90th or 60th day, as applicable, in which case the presiding officer of the House in which the bill is pending may grant an extension of up to 45 days for the commission to complete its review.

The substitute provides that the House or standing reference committee, as applicable, is not to consider or vote upon the bill until either: (1) the commission completes its review and provides its comments and recommendations in writing to the prime sponsor, committee chairman and presiding officer of the House in which the bill is pending; or (2) the 90th or 60th day, as applicable, after the date the review is requested, if no extension was granted, or the designated day for the end of the extension period, whichever is later.

The House or standing reference committee may, however, consider and vote on the bill prior to receipt of the commission's report or the end of the review period described above, if: (1) the presiding officer of the House in which the bill is pending determines that the bill is an urgent matter and so notifies the commission and applicable committee chairman; or (2) the chairman of the standing reference committee to which the bill is referred, in consultation with the Commissioner of Health and Senior Services, determines that the bill is of such an urgent nature that it would seriously impair the public health to wait for the commission to issue its report, and so notifies the presiding officer of the House and the commission.

Also, in the course of studying and evaluating mandated health benefits, the commission will have the responsibility to develop criteria for a system and program of data collection for use by the

Departments of Health and Senior Services and Banking and Insurance. Both departments would utilize these data to assess the impact of mandated health benefits, which would include an analysis of the cost to employers and insurers, the impact of treatment and the cost savings to the health care system. The commission is also directed to review and provide comments with respect to any regulations that would affect mandated health benefits.

Finally, the substitute requires the commission to report to the Governor and Legislature in three years on its activities. The report is to include a summary of the bills reviewed by the commission and the commission's findings, and any recommendations the commission may have regarding the review process required pursuant to the substitute.

This substitute is identical to the Senate Committee Substitute for Senate Bill No. 2275 (Bennett/Codey), which is currently pending before the Senate.