



**COMMITTEE STATEMENT:**

**ASSEMBLY:** No

**SENATE:** Yes Commerce  
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](http://www.njleg.state.nj.us))

**FLOOR AMENDMENT STATEMENT:** No

**LEGISLATIVE FISCAL ESTIMATE:** No

**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:** Yes

**FOLLOWING WERE PRINTED:**

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or <mailto:refdesk@njstatelib.org>

**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** Yes

"Gov. signs bills protecting Obamacare benefits," The Times, January 21, 2020

"Murphy signs legislation protecting ACA in NJ." NJBIZ (New Brunswick, NJ), January 16, 2020.

RWH/JA

P.L. 2019, CHAPTER 356, *approved January 16, 2020*  
Assembly, No. 5501 (*First Reprint*)

1 AN ACT concerning enrollment of adult children for health  
2 insurance coverage and amending P.L.1995, c.288.

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.1995, c.288 (C.17:48-6.15) is amended to  
8 read as follows:

9 1. a. A hospital service corporation contract which provides  
10 hospital or medical expense benefits under which dependent  
11 coverage is available shall continue to make that coverage available  
12 for an adult child until the child turns 26 years of age. A contract  
13 shall not deny coverage for a subscriber's child on the grounds that:

14 (1) The child was born out of wedlock;

15 (2) The child is not claimed as a dependent on the subscriber's  
16 federal tax return; **[or]**

17 (3) The child does not reside with the subscriber or in the  
18 hospital service corporation's service area, provided that, in the case  
19 of a managed care plan, the child complies with the terms and  
20 conditions of the contract with respect to the use of specified  
21 providers;

22 (4) The child is married;

23 (5) The child has or adopts a child; or

24 (6) The child starts or leaves school.

25 b. If a child has coverage through a hospital service corporation  
26 contract of a noncustodial parent, the hospital service corporation  
27 shall:

28 (1) Provide such information to the custodial parent as may be  
29 necessary for the child to obtain benefits through the child's  
30 noncustodial parent's coverage;

31 (2) Permit the custodial parent, or the health care provider with  
32 the authorization of the custodial parent, to submit claims for  
33 covered services without the approval of the noncustodial parent;  
34 and

35 (3) Make payments on claims submitted in accordance with  
36 paragraph (2) of this subsection directly to the custodial parent, the  
37 health care provider or the Division of Medical Assistance and  
38 Health Services in the Department of Human Services which  
39 administers the State Medicaid program, as appropriate.

40 c. When a parent who is the subscriber is eligible for  
41 dependent coverage and is required by a court or administrative

**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.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Assembly AAP committee amendments adopted June 13, 2019.

1 order to provide health insurance coverage for his child, the hospital  
2 service corporation shall:

3 (1) Permit the parent to enroll his child as a dependent, without  
4 regard to any <sup>1</sup>open<sup>1</sup> enrollment <sup>1</sup>**【season】**<sup>1</sup> restrictions;

5 (2) Permit the child's other parent, or the Division of Medical  
6 Assistance and Health Services as the State Medicaid agency or the  
7 Division of Family Development as the State IV-D agency, in the  
8 Department of Human Services, to enroll the child under the  
9 contract if the parent who is the subscriber fails to enroll the child;  
10 and

11 (3) Not terminate coverage of the child unless the parent who is  
12 the subscriber provides the hospital service corporation with  
13 satisfactory written evidence that: the court or administrative order  
14 is no longer in effect; or the child is or will be enrolled in a  
15 comparable health benefits plan whose coverage will be effective  
16 on the date of the termination of coverage.

17 (cf: P.L.1995, c.288, s.1)

18

19 2. Section 3 of P.L.1995, c.288 (C.17:48A-7.10) is amended to  
20 read as follows:

21 3. a. A medical service corporation contract which provides  
22 hospital or medical expense benefits under which dependent  
23 coverage is available shall continue to make that coverage available  
24 for an adult child until the child turns 26 years of age. A contract  
25 shall not deny coverage for a subscriber's child on the grounds that:

26 (1) The child was born out of wedlock;

27 (2) The child is not claimed as a dependent on the subscriber's  
28 federal tax return; **【or】**

29 (3) The child does not reside with the subscriber or in the  
30 medical service corporation's service area, provided that, in the case  
31 of a managed care plan, the child complies with the terms and  
32 conditions of the contract with respect to the use of specified  
33 providers;

34 (4) The child is married;

35 (5) The child has or adopts a child; or

36 (6) The child starts or leaves school.

37 b. If a child has coverage through a medical service corporation  
38 contract of a noncustodial parent, the medical service corporation  
39 shall:

40 (1) Provide such information to the custodial parent as may be  
41 necessary for the child to obtain benefits through the child's  
42 noncustodial parent's coverage;

43 (2) Permit the custodial parent, or the health care provider with  
44 the authorization of the custodial parent, to submit claims for  
45 covered services without the approval of the noncustodial parent;  
46 and

47 (3) Make payments on claims submitted in accordance with  
48 paragraph (2) of this subsection directly to the custodial parent, the

1 health care provider or the Division of Medical Assistance and  
2 Health Services in the Department of Human Services which  
3 administers the State Medicaid program, as appropriate.

4 c. When a parent who is the subscriber is eligible for  
5 dependent coverage and is required by a court or administrative  
6 order to provide health insurance coverage for his child, the medical  
7 service corporation shall:

8 (1) Permit the parent to enroll his child as a dependent, without  
9 regard to any <sup>1</sup>open<sup>1</sup> enrollment <sup>1</sup>**[season]**<sup>1</sup> restrictions;

10 (2) Permit the child's other parent, or the Division of Medical  
11 Assistance and Health Services as the State Medicaid agency or the  
12 Division of Family Development as the State IV-D agency, in the  
13 Department of Human Services, to enroll the child under the  
14 contract if the parent who is the subscriber fails to enroll the child;  
15 and

16 (3) Not terminate coverage of the child unless the parent who is  
17 the subscriber provides the medical service corporation with  
18 satisfactory written evidence that: the court or administrative order  
19 is no longer in effect; or the child is or will be enrolled in a  
20 comparable health benefits plan whose coverage will be effective  
21 on the date of the termination of coverage.

22 (cf: P.L.1995, c.288, s.3)

23

24 3. Section 5 of P.L.1995, c.288 (C.17:48E-32.1) is amended to  
25 read as follows:

26 5. a. A health service corporation contract which provides  
27 hospital or medical expense benefits under which dependent  
28 coverage is available shall continue to make that coverage available  
29 for an adult child until the child turns 26 years of age. A contract  
30 shall not deny coverage for a subscriber's child on the grounds that:

31 (1) The child was born out of wedlock;

32 (2) The child is not claimed as a dependent on the subscriber's  
33 federal tax return; **[or]**

34 (3) The child does not reside with the subscriber or in the health  
35 service corporation's service area, provided that, in the case of a  
36 managed care plan, the child complies with the terms and  
37 conditions of the contract with respect to the use of specified  
38 providers;

39 (4) The child is married;

40 (5) The child has or adopts a child; or

41 (6) The child starts or leaves school.

42 b. If a child has coverage through a health service corporation  
43 contract of a noncustodial parent, the health service corporation  
44 shall:

45 (1) Provide such information to the custodial parent as may be  
46 necessary for the child to obtain benefits through the child's  
47 noncustodial parent's coverage;

1 (2) Permit the custodial parent, or the health care provider with  
2 the authorization of the custodial parent, to submit claims for  
3 covered services without the approval of the noncustodial parent;  
4 and

5 (3) Make payments on claims submitted in accordance with  
6 paragraph (2) of this subsection directly to the custodial parent, the  
7 health care provider or the Division of Medical Assistance and  
8 Health Services in the Department of Human Services which  
9 administers the State Medicaid program, as appropriate.

10 c. When a parent who is the subscriber is eligible for  
11 dependent coverage and is required by a court or administrative  
12 order to provide health insurance coverage for his child, the health  
13 service corporation shall:

14 (1) Permit the parent to enroll his child as a dependent, without  
15 regard to any 'open' enrollment 'season' restrictions;

16 (2) Permit the child's other parent, or the Division of Medical  
17 Assistance and Health Services as the State Medicaid agency or the  
18 Division of Family Development as the State IV-D agency, in the  
19 Department of Human Services, to enroll the child under the  
20 contract if the parent who is the subscriber fails to enroll the child;  
21 and

22 (3) Not terminate coverage of the child unless the parent who is  
23 the subscriber provides the health service corporation with  
24 satisfactory written evidence that: the court or administrative order  
25 is no longer in effect; or the child is or will be enrolled in a  
26 comparable health benefits plan whose coverage will be effective  
27 on the date of the termination of coverage.

28 (cf: P.L.1995, c.288, s.5)

29

30 4. Section 11 of P.L.1995, c.288 (C.17B:27-30.1) is amended  
31 to read as follows:

32 11. a. A policy which provides hospital or medical expense  
33 benefits under which dependent coverage is available shall continue  
34 to make that coverage available for an adult child until the child  
35 turns 26 years of age. A policy shall not deny coverage for an  
36 insured's child on the grounds that:

37 (1) The child was born out of wedlock;

38 (2) The child is not claimed as a dependent on the insured's  
39 federal tax return; **【or】**

40 (3) The child does not reside with the insured or in the insurer's  
41 service area, provided that, in the case of a managed care plan, the  
42 child complies with the terms and conditions of the policy with  
43 respect to the use of specified providers;

44 (4) The child is married;

45 (5) The child has or adopts a child; or

46 (6) The child starts or leaves school.

47 b. If a child has coverage through a health insurance policy of a  
48 noncustodial parent, the insurer shall:

1 (1) Provide such information to the custodial parent as may be  
2 necessary for the child to obtain benefits through the child's  
3 noncustodial parent's coverage;

4 (2) Permit the custodial parent, or the health care provider with  
5 the authorization of the custodial parent, to submit claims for  
6 covered services without the approval of the noncustodial parent;  
7 and

8 (3) Make payments on claims submitted in accordance with  
9 paragraph (2) of this subsection directly to the custodial parent, the  
10 health care provider or the Division of Medical Assistance and  
11 Health Services in the Department of Human Services which  
12 administers the State Medicaid program, as appropriate.

13 c. When a parent who is the insured is eligible for dependent  
14 coverage and is required by a court or administrative order to  
15 provide health insurance coverage for his child, the insurer shall:

16 (1) Permit the parent to enroll his child as a dependent, without  
17 regard to any <sup>1</sup>open<sup>1</sup> enrollment <sup>1</sup>【season】<sup>1</sup> restrictions;

18 (2) Permit the child's other parent, or the Division of Medical  
19 Assistance and Health Services as the State Medicaid agency or the  
20 Division of Family Development as the State IV-D agency, in the  
21 Department of Human Services, to enroll the child under the health  
22 insurance policy if the parent who is the insured fails to enroll the  
23 child; and

24 (3) Not terminate coverage of the child unless the parent who is  
25 the insured provides the insurer with satisfactory written evidence  
26 that: the court or administrative order is no longer in effect; or the  
27 child is or will be enrolled in a comparable health benefits plan  
28 whose coverage will be effective on the date of the termination of  
29 coverage.

30 (cf: P.L.1995, c.288, s.11)

31

32 5. Section 15 of P.L.1995, c.288 (C.17B:27-30.3) is amended  
33 to read as follows:

34 15. a. A group health plan as defined in section 607(1) of the  
35 "Employee Retirement Income Security Act of 1974," 29  
36 U.S.C.1167(1) which provides hospital or medical expense benefits  
37 under which dependent coverage is available shall continue to make  
38 that coverage available for an adult child until the child turns 26  
39 years of age. A plan shall not deny coverage for a covered  
40 employee's child on the grounds that:

41 (1) The child was born out of wedlock;

42 (2) The child is not claimed as a dependent on the covered  
43 employee's federal tax return; **【or】**

44 (3) The child does not reside with the covered employee or in  
45 the group health plan's service area, provided that, in the case of a  
46 managed care plan, the child complies with the terms and  
47 conditions of the plan with respect to the use of specified providers;

48 (4) The child is married;

1       (5) The child has or adopts a child; or

2       (6) The child starts or leaves school.

3       b. If a child has coverage through a group health plan of a  
4 noncustodial parent, the plan shall:

5           (1) Provide such information to the custodial parent as may be  
6 necessary for the child to obtain benefits through the child's  
7 noncustodial parent's coverage;

8           (2) Permit the custodial parent, or the health care provider with  
9 the authorization of the custodial parent, to submit claims for  
10 covered services without the approval of the noncustodial parent;  
11 and

12           (3) Make payments on claims submitted in accordance with  
13 paragraph (2) of this subsection directly to the custodial parent, the  
14 health care provider or the Division of Medical Assistance and  
15 Health Services in the Department of Human Services which  
16 administers the State Medicaid program, as appropriate.

17       c. When a parent who is the covered employee is eligible for  
18 dependent coverage and is required by a court or administrative  
19 order to provide health insurance coverage for his child, the group  
20 health plan shall:

21           (1) Permit the parent to enroll his child as a dependent, without  
22 regard to any <sup>1</sup>open<sup>1</sup> enrollment <sup>1</sup>**【season】**<sup>1</sup> restrictions;

23           (2) Permit the child's other parent, or the Division of Medical  
24 Assistance and Health Services as the State Medicaid agency or the  
25 Division of Family Development as the State IV-D agency, in the  
26 Department of Human Services, to enroll the child under the group  
27 health plan if the parent who is the covered employee fails to enroll  
28 the child; and

29           (3) Not terminate coverage of the child unless the parent who is  
30 the covered employee provides the group health plan with  
31 satisfactory written evidence that: the court or administrative order  
32 is no longer in effect; or the child is or will be enrolled in a  
33 comparable health benefits plan whose coverage will be effective  
34 on the date of the termination of coverage.

35 (cf: P.L.1995, c.288, s.15)

36

37       6. Section 7 of P.L.1995, c.288 (C.17B:27A-4.1) is amended to  
38 read as follows:

39       7. a. A policy or contract which provides hospital or medical  
40 expense benefits under which dependent coverage is available shall  
41 continue to make that coverage available for an adult child until the  
42 child turns 26 years of age. A policy or contract shall not deny  
43 coverage for a policy or contract holder's child on the grounds that:

44           (1) The child was born out of wedlock;

45           (2) The child is not claimed as a dependent on the policy or  
46 contract holder's federal tax return; **【or】**

47           (3) The child does not reside with the policy or contract holder  
48 or in the carrier's service area, provided that, in the case of a



1 managed care plan, the child complies with the terms and  
2 conditions of the policy or contract with respect to the use of  
3 specified providers;

4 (4) The child is married;

5 (5) The child has or adopts a child; or

6 (6) The child starts or leaves school.

7 b. If a child has coverage through a policy or contract of a  
8 noncustodial parent, the carrier shall:

9 (1) Provide such information to the custodial parent as may be  
10 necessary for the child to obtain benefits through the child's  
11 noncustodial parent's coverage;

12 (2) Permit the custodial parent, or the health care provider with  
13 the authorization of the custodial parent, to submit claims for  
14 covered services without the approval of the noncustodial parent;  
15 and

16 (3) Make payments on claims submitted in accordance with  
17 paragraph (2) of this subsection directly to the custodial parent, the  
18 health care provider or the Division of Medical Assistance and  
19 Health Services in the Department of Human Services which  
20 administers the State Medicaid program, as appropriate.

21 c. When a parent who is the policy or contract holder is eligible  
22 for dependent coverage and is required by a court or administrative  
23 order to provide health insurance coverage for his child, the carrier  
24 shall:

25 (1) Permit the parent to enroll his child as a dependent, without  
26 regard to any <sup>1</sup>open<sup>1</sup> enrollment <sup>1</sup>**【season】**<sup>1</sup> restrictions;

27 (2) Permit the child's other parent, or the Division of Medical  
28 Assistance and Health Services as the State Medicaid agency or the  
29 Division of Family Development as the State IV-D agency, in the  
30 Department of Human Services, to enroll the child under the policy  
31 or contract if the parent who is the policy or contract holder fails to  
32 enroll the child; and

33 (3) Not terminate coverage of the child unless the parent who is  
34 the policy or contract holder provides the carrier with satisfactory  
35 written evidence that: the court or administrative order is no longer  
36 in effect; or the child is or will be enrolled in a comparable health  
37 benefits plan whose coverage will be effective on the date of the  
38 termination of coverage.

39 (cf: P.L.1995, c.288, s.7)

40

41 7. Section 9 of P.L.1995, c.288 (C.17B:27A-18.1) is amended  
42 to read as follows:

43 9. a. A policy or contract which provides hospital or medical  
44 expense benefits under which dependent coverage is available shall  
45 continue to make that coverage available for an adult child until the  
46 child turns 26 years of age. A policy or contract shall not deny  
47 coverage for a covered employee's child on the grounds that:

48 (1) The child was born out of wedlock;

- 1 (2) The child is not claimed as a dependent on the covered  
2 employee's federal tax return; **[or]**
- 3 (3) The child does not reside with the covered employee or in  
4 the carrier's service area, provided that, in the case of a managed  
5 care plan, the child complies with the terms and conditions of the  
6 policy or contract with respect to the use of specified providers;
- 7 (4) The child is married;
- 8 (5) The child has or adopts a child; or
- 9 (6) The child starts or leaves school.
- 10 b. If a child has coverage through a policy or contract of a  
11 noncustodial parent, the carrier shall:
- 12 (1) Provide such information to the custodial parent as may be  
13 necessary for the child to obtain benefits through the child's  
14 noncustodial parent's coverage;
- 15 (2) Permit the custodial parent, or the health care provider with  
16 the authorization of the custodial parent, to submit claims for  
17 covered services without the approval of the noncustodial parent;  
18 and
- 19 (3) Make payments on claims submitted in accordance with  
20 paragraph (2) of this subsection directly to the custodial parent, the  
21 health care provider or the Division of Medical Assistance and  
22 Health Services in the Department of Human Services which  
23 administers the State Medicaid program, as appropriate.
- 24 c. When a parent who is the covered employee is eligible for  
25 dependent coverage and is required by a court or administrative  
26 order to provide health insurance coverage for his child, the carrier  
27 shall:
- 28 (1) Permit the parent to enroll his child as a dependent, without  
29 regard to any <sup>1</sup>open<sup>1</sup> enrollment <sup>1</sup>**[season]**<sup>1</sup> restrictions;
- 30 (2) Permit the child's other parent, or the Division of Medical  
31 Assistance and Health Services as the State Medicaid agency or the  
32 Division of Family Development as the State IV-D agency, in the  
33 Department of Human Services, to enroll the child under the policy  
34 or contract if the parent who is the covered employee fails to enroll  
35 the child; and
- 36 (3) Not terminate coverage of the child unless the parent who is  
37 the covered employee provides the carrier with satisfactory written  
38 evidence that: the court or administrative order is no longer in  
39 effect; or the child is or will be enrolled in a comparable health  
40 benefits plan whose coverage will be effective on the date of the  
41 termination of coverage.
- 42 (cf: P.L.1995, c.288, s.9)
- 43
- 44 8. Section 13 of P.L.1995, c.288 (C.26:2J-10.1) is amended to  
45 read as follows:
- 46 13. a. A health maintenance organization contract or certificate  
47 in which dependent coverage is available shall continue to make  
48 that coverage available for an adult child until the child turns 26

1 years of age. A contract or certificate shall not deny coverage for  
2 an enrollee's child for health care services on the grounds that:

- 3 (1) The child was born out of wedlock;  
4 (2) The child is not claimed as a dependent on the enrollee's  
5 federal tax return; **【or】**  
6 (3) The child does not reside with the enrollee or in the health  
7 maintenance organization's service area, provided that the child  
8 complies with the terms and conditions of the coverage with respect  
9 to the use of specified providers;  
10 (4) The child is married;  
11 (5) The child has or adopts a child; or  
12 (6) The child starts or leaves school.

13 b. If a child has coverage through a health maintenance  
14 organization plan of a noncustodial parent, the health maintenance  
15 organization shall:

- 16 (1) Provide such information to the custodial parent as may be  
17 necessary for the child to obtain health care services through the  
18 child's noncustodial parent's coverage;  
19 (2) Permit the custodial parent, or the health care provider with  
20 the authorization of the custodial parent, to submit claims for health  
21 care services without the approval of the noncustodial parent; and  
22 (3) Make payments on claims submitted in accordance with  
23 paragraph (2) of this subsection directly to the custodial parent, the  
24 health care provider or the Division of Medical Assistance and  
25 Health Services in the Department of Human Services which  
26 administers the State Medicaid program, as appropriate.

27 c. When a parent who is the enrollee is eligible for dependent  
28 coverage and is required by a court or administrative order to  
29 provide health insurance coverage for his child, the health  
30 maintenance organization shall:

- 31 (1) Permit the parent to enroll his child as a dependent, without  
32 regard to any <sup>1</sup>open<sup>1</sup> enrollment <sup>1</sup>**【season】**<sup>1</sup> restrictions;  
33 (2) Permit the child's other parent, or the Division of Medical  
34 Assistance and Health Services as the State Medicaid agency or the  
35 Division of Family Development as the State IV-D agency, in the  
36 Department of Human Services, to enroll the child if the parent who  
37 is the enrollee fails to enroll the child; and  
38 (3) Not terminate coverage of the child unless the parent who is  
39 the enrollee provides the health maintenance organization with  
40 satisfactory written evidence that: the court or administrative order  
41 is no longer in effect; or the child is or will be enrolled in a  
42 comparable health benefits plan whose coverage will be effective  
43 on the date of the termination of coverage.

44 (cf: P.L.1995, c.288, s.13)

45

46 9. This act shall take effect on the 90th day after enactment.

**A5501 [1R]**

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4

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Requires continuation of health benefits dependent coverage  
until child turns 26 years of age.

# ASSEMBLY, No. 5501

## STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JUNE 6, 2019

**Sponsored by:**

**Assemblyman JOHN F. MCKEON**

**District 27 (Essex and Morris)**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**Assemblywoman SHANIQUE SPEIGHT**

**District 29 (Essex)**

**Co-Sponsored by:**

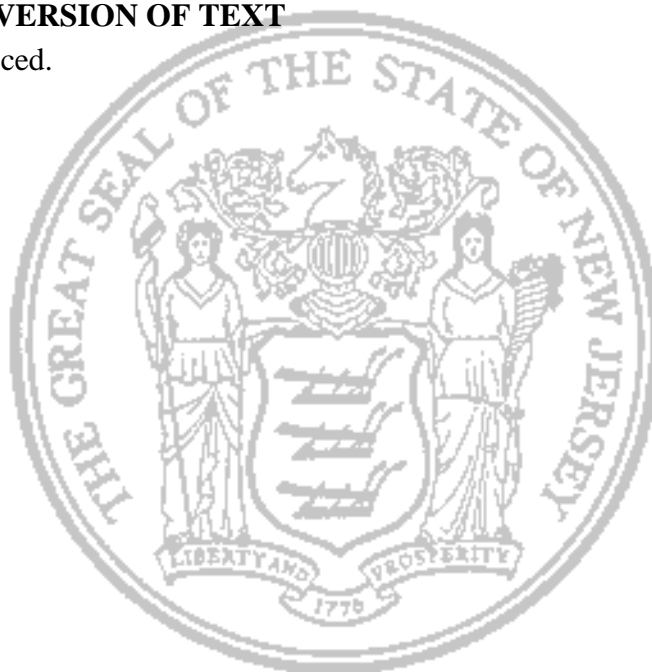
**Assemblywoman Pinkin, Assemblymen Caputo, Holley and  
Assemblywoman Lampitt**

**SYNOPSIS**

Requires continuation of health benefits dependent coverage until child turns 26 years of age.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 6/11/2019)**

A5501 MCKEON, VAINIERI HUTTLE

2

1 AN ACT concerning enrollment of adult children for health  
2 insurance coverage and amending P.L.1995, c.288.

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.1995, c.288 (C.17:48-6.15) is amended to  
8 read as follows:

9 1. a. A hospital service corporation contract which provides  
10 hospital or medical expense benefits under which dependent  
11 coverage is available shall continue to make that coverage available  
12 for an adult child until the child turns 26 years of age. A contract  
13 shall not deny coverage for a subscriber's child on the grounds that:

14 (1) The child was born out of wedlock;

15 (2) The child is not claimed as a dependent on the subscriber's  
16 federal tax return; **[or]**

17 (3) The child does not reside with the subscriber or in the  
18 hospital service corporation's service area, provided that, in the case  
19 of a managed care plan, the child complies with the terms and  
20 conditions of the contract with respect to the use of specified  
21 providers;

22 (4) The child is married;

23 (5) The child has or adopts a child; or

24 (6) The child starts or leaves school.

25 b. If a child has coverage through a hospital service corporation  
26 contract of a noncustodial parent, the hospital service corporation  
27 shall:

28 (1) Provide such information to the custodial parent as may be  
29 necessary for the child to obtain benefits through the child's  
30 noncustodial parent's coverage;

31 (2) Permit the custodial parent, or the health care provider with  
32 the authorization of the custodial parent, to submit claims for  
33 covered services without the approval of the noncustodial parent;  
34 and

35 (3) Make payments on claims submitted in accordance with  
36 paragraph (2) of this subsection directly to the custodial parent, the  
37 health care provider or the Division of Medical Assistance and  
38 Health Services in the Department of Human Services which  
39 administers the State Medicaid program, as appropriate.

40 c. When a parent who is the subscriber is eligible for  
41 dependent coverage and is required by a court or administrative  
42 order to provide health insurance coverage for his child, the hospital  
43 service corporation shall:

44 (1) Permit the parent to enroll his child as a dependent, without  
45 regard to any enrollment season restrictions;

**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.

A5501 MCKEON, VAINIERI HUTTLE

1 (2) Permit the child's other parent, or the Division of Medical  
2 Assistance and Health Services as the State Medicaid agency or the  
3 Division of Family Development as the State IV-D agency, in the  
4 Department of Human Services, to enroll the child under the  
5 contract if the parent who is the subscriber fails to enroll the child;  
6 and

7 (3) Not terminate coverage of the child unless the parent who is  
8 the subscriber provides the hospital service corporation with  
9 satisfactory written evidence that: the court or administrative order  
10 is no longer in effect; or the child is or will be enrolled in a  
11 comparable health benefits plan whose coverage will be effective  
12 on the date of the termination of coverage.

13 (cf: P.L.1995, c.288, s.1)

14

15 2. Section 3 of P.L.1995, c.288 (C.17:48A-7.10) is amended to  
16 read as follows:

17 3. a. A medical service corporation contract which provides  
18 hospital or medical expense benefits under which dependent  
19 coverage is available shall continue to make that coverage available  
20 for an adult child until the child turns 26 years of age. A contract  
21 shall not deny coverage for a subscriber's child on the grounds that:

22 (1) The child was born out of wedlock;

23 (2) The child is not claimed as a dependent on the subscriber's  
24 federal tax return; **[or]**

25 (3) The child does not reside with the subscriber or in the  
26 medical service corporation's service area, provided that, in the case  
27 of a managed care plan, the child complies with the terms and  
28 conditions of the contract with respect to the use of specified  
29 providers;

30 (4) The child is married;

31 (5) The child has or adopts a child; or

32 (6) The child starts or leaves school.

33 b. If a child has coverage through a medical service corporation  
34 contract of a noncustodial parent, the medical service corporation  
35 shall:

36 (1) Provide such information to the custodial parent as may be  
37 necessary for the child to obtain benefits through the child's  
38 noncustodial parent's coverage;

39 (2) Permit the custodial parent, or the health care provider with  
40 the authorization of the custodial parent, to submit claims for  
41 covered services without the approval of the noncustodial parent;  
42 and

43 (3) Make payments on claims submitted in accordance with  
44 paragraph (2) of this subsection directly to the custodial parent, the  
45 health care provider or the Division of Medical Assistance and  
46 Health Services in the Department of Human Services which  
47 administers the State Medicaid program, as appropriate.

1 c. When a parent who is the subscriber is eligible for  
2 dependent coverage and is required by a court or administrative  
3 order to provide health insurance coverage for his child, the medical  
4 service corporation shall:

5 (1) Permit the parent to enroll his child as a dependent, without  
6 regard to any enrollment season restrictions;

7 (2) Permit the child's other parent, or the Division of Medical  
8 Assistance and Health Services as the State Medicaid agency or the  
9 Division of Family Development as the State IV-D agency, in the  
10 Department of Human Services, to enroll the child under the  
11 contract if the parent who is the subscriber fails to enroll the child;  
12 and

13 (3) Not terminate coverage of the child unless the parent who is  
14 the subscriber provides the medical service corporation with  
15 satisfactory written evidence that: the court or administrative order  
16 is no longer in effect; or the child is or will be enrolled in a  
17 comparable health benefits plan whose coverage will be effective  
18 on the date of the termination of coverage.

19 (cf: P.L.1995, c.288, s.3)

20

21 3. Section 5 of P.L.1995, c.288 (C.17:48E-32.1) is amended to  
22 read as follows:

23 5. a. A health service corporation contract which provides  
24 hospital or medical expense benefits under which dependent  
25 coverage is available shall continue to make that coverage available  
26 for an adult child until the child turns 26 years of age. A contract  
27 shall not deny coverage for a subscriber's child on the grounds that:

28 (1) The child was born out of wedlock;

29 (2) The child is not claimed as a dependent on the subscriber's  
30 federal tax return; **[or]**

31 (3) The child does not reside with the subscriber or in the health  
32 service corporation's service area, provided that, in the case of a  
33 managed care plan, the child complies with the terms and  
34 conditions of the contract with respect to the use of specified  
35 providers;

36 (4) The child is married;

37 (5) The child has or adopts a child; or

38 (6) The child starts or leaves school.

39 b. If a child has coverage through a health service corporation  
40 contract of a noncustodial parent, the health service corporation  
41 shall:

42 (1) Provide such information to the custodial parent as may be  
43 necessary for the child to obtain benefits through the child's  
44 noncustodial parent's coverage;

45 (2) Permit the custodial parent, or the health care provider with  
46 the authorization of the custodial parent, to submit claims for  
47 covered services without the approval of the noncustodial parent;  
48 and



1 (3) Make payments on claims submitted in accordance with  
2 paragraph (2) of this subsection directly to the custodial parent, the  
3 health care provider or the Division of Medical Assistance and  
4 Health Services in the Department of Human Services which  
5 administers the State Medicaid program, as appropriate.

6 c. When a parent who is the subscriber is eligible for  
7 dependent coverage and is required by a court or administrative  
8 order to provide health insurance coverage for his child, the health  
9 service corporation shall:

10 (1) Permit the parent to enroll his child as a dependent, without  
11 regard to any enrollment season restrictions;

12 (2) Permit the child's other parent, or the Division of Medical  
13 Assistance and Health Services as the State Medicaid agency or the  
14 Division of Family Development as the State IV-D agency, in the  
15 Department of Human Services, to enroll the child under the  
16 contract if the parent who is the subscriber fails to enroll the child;  
17 and

18 (3) Not terminate coverage of the child unless the parent who is  
19 the subscriber provides the health service corporation with  
20 satisfactory written evidence that: the court or administrative order  
21 is no longer in effect; or the child is or will be enrolled in a  
22 comparable health benefits plan whose coverage will be effective  
23 on the date of the termination of coverage.

24 (cf: P.L.1995, c.288, s.5)

25  
26 4. Section 11 of P.L.1995, c.288 (C.17B:27-30.1) is amended  
27 to read as follows:

28 11. a. A policy which provides hospital or medical expense  
29 benefits under which dependent coverage is available shall continue  
30 to make that coverage available for an adult child until the child  
31 turns 26 years of age. A policy shall not deny coverage for an  
32 insured's child on the grounds that:

33 (1) The child was born out of wedlock;

34 (2) The child is not claimed as a dependent on the insured's  
35 federal tax return; **【or】**

36 (3) The child does not reside with the insured or in the insurer's  
37 service area, provided that, in the case of a managed care plan, the  
38 child complies with the terms and conditions of the policy with  
39 respect to the use of specified providers;

40 (4) The child is married;

41 (5) The child has or adopts a child; or

42 (6) The child starts or leaves school.

43 b. If a child has coverage through a health insurance policy of a  
44 noncustodial parent, the insurer shall:

45 (1) Provide such information to the custodial parent as may be  
46 necessary for the child to obtain benefits through the child's  
47 noncustodial parent's coverage;

1 (2) Permit the custodial parent, or the health care provider with  
2 the authorization of the custodial parent, to submit claims for  
3 covered services without the approval of the noncustodial parent;  
4 and

5 (3) Make payments on claims submitted in accordance with  
6 paragraph (2) of this subsection directly to the custodial parent, the  
7 health care provider or the Division of Medical Assistance and  
8 Health Services in the Department of Human Services which  
9 administers the State Medicaid program, as appropriate.

10 c. When a parent who is the insured is eligible for dependent  
11 coverage and is required by a court or administrative order to  
12 provide health insurance coverage for his child, the insurer shall:

13 (1) Permit the parent to enroll his child as a dependent, without  
14 regard to any enrollment season restrictions;

15 (2) Permit the child's other parent, or the Division of Medical  
16 Assistance and Health Services as the State Medicaid agency or the  
17 Division of Family Development as the State IV-D agency, in the  
18 Department of Human Services, to enroll the child under the health  
19 insurance policy if the parent who is the insured fails to enroll the  
20 child; and

21 (3) Not terminate coverage of the child unless the parent who is  
22 the insured provides the insurer with satisfactory written evidence  
23 that: the court or administrative order is no longer in effect; or the  
24 child is or will be enrolled in a comparable health benefits plan  
25 whose coverage will be effective on the date of the termination of  
26 coverage.

27 (cf: P.L.1995, c.288, s.11)

28

29 5. Section 15 of P.L.1995, c.288 (C.17B:27-30.3) is amended  
30 to read as follows:

31 15. a. A group health plan as defined in section 607(1) of the  
32 "Employee Retirement Income Security Act of 1974," 29  
33 U.S.C.1167(1) which provides hospital or medical expense benefits  
34 under which dependent coverage is available shall continue to make  
35 that coverage available for an adult child until the child turns 26  
36 years of age. A plan shall not deny coverage for a covered  
37 employee's child on the grounds that:

38 (1) The child was born out of wedlock;

39 (2) The child is not claimed as a dependent on the covered  
40 employee's federal tax return; **[or]**

41 (3) The child does not reside with the covered employee or in  
42 the group health plan's service area, provided that, in the case of a  
43 managed care plan, the child complies with the terms and  
44 conditions of the plan with respect to the use of specified providers;

45 (4) The child is married;

46 (5) The child has or adopts a child; or

47 (6) The child starts or leaves school.

1       b. If a child has coverage through a group health plan of a  
2 noncustodial parent, the plan shall:

3       (1) Provide such information to the custodial parent as may be  
4 necessary for the child to obtain benefits through the child's  
5 noncustodial parent's coverage;

6       (2) Permit the custodial parent, or the health care provider with  
7 the authorization of the custodial parent, to submit claims for  
8 covered services without the approval of the noncustodial parent;  
9 and

10       (3) Make payments on claims submitted in accordance with  
11 paragraph (2) of this subsection directly to the custodial parent, the  
12 health care provider or the Division of Medical Assistance and  
13 Health Services in the Department of Human Services which  
14 administers the State Medicaid program, as appropriate.

15       c. When a parent who is the covered employee is eligible for  
16 dependent coverage and is required by a court or administrative  
17 order to provide health insurance coverage for his child, the group  
18 health plan shall:

19       (1) Permit the parent to enroll his child as a dependent, without  
20 regard to any enrollment season restrictions;

21       (2) Permit the child's other parent, or the Division of Medical  
22 Assistance and Health Services as the State Medicaid agency or the  
23 Division of Family Development as the State IV-D agency, in the  
24 Department of Human Services, to enroll the child under the group  
25 health plan if the parent who is the covered employee fails to enroll  
26 the child; and

27       (3) Not terminate coverage of the child unless the parent who is  
28 the covered employee provides the group health plan with  
29 satisfactory written evidence that: the court or administrative order  
30 is no longer in effect; or the child is or will be enrolled in a  
31 comparable health benefits plan whose coverage will be effective  
32 on the date of the termination of coverage.

33 (cf: P.L.1995, c.288, s.15)

34

35       6. Section 7 of P.L.1995, c.288 (C.17B:27A-4.1) is amended to  
36 read as follows:

37       7. a. A policy or contract which provides hospital or medical  
38 expense benefits under which dependent coverage is available shall  
39 continue to make that coverage available for an adult child until the  
40 child turns 26 years of age. A policy or contract shall not deny  
41 coverage for a policy or contract holder's child on the grounds that:

42       (1) The child was born out of wedlock;

43       (2) The child is not claimed as a dependent on the policy or  
44 contract holder's federal tax return; **[or]**

45       (3) The child does not reside with the policy or contract holder  
46 or in the carrier's service area, provided that, in the case of a  
47 managed care plan, the child complies with the terms and

1 conditions of the policy or contract with respect to the use of  
2 specified providers;

3 (4) The child is married;

4 (5) The child has or adopts a child; or

5 (6) The child starts or leaves school.

6 b. If a child has coverage through a policy or contract of a  
7 noncustodial parent, the carrier shall:

8 (1) Provide such information to the custodial parent as may be  
9 necessary for the child to obtain benefits through the child's  
10 noncustodial parent's coverage;

11 (2) Permit the custodial parent, or the health care provider with  
12 the authorization of the custodial parent, to submit claims for  
13 covered services without the approval of the noncustodial parent;  
14 and

15 (3) Make payments on claims submitted in accordance with  
16 paragraph (2) of this subsection directly to the custodial parent, the  
17 health care provider or the Division of Medical Assistance and  
18 Health Services in the Department of Human Services which  
19 administers the State Medicaid program, as appropriate.

20 c. When a parent who is the policy or contract holder is eligible  
21 for dependent coverage and is required by a court or administrative  
22 order to provide health insurance coverage for his child, the carrier  
23 shall:

24 (1) Permit the parent to enroll his child as a dependent, without  
25 regard to any enrollment season restrictions;

26 (2) Permit the child's other parent, or the Division of Medical  
27 Assistance and Health Services as the State Medicaid agency or the  
28 Division of Family Development as the State IV-D agency, in the  
29 Department of Human Services, to enroll the child under the policy  
30 or contract if the parent who is the policy or contract holder fails to  
31 enroll the child; and

32 (3) Not terminate coverage of the child unless the parent who is  
33 the policy or contract holder provides the carrier with satisfactory  
34 written evidence that: the court or administrative order is no longer  
35 in effect; or the child is or will be enrolled in a comparable health  
36 benefits plan whose coverage will be effective on the date of the  
37 termination of coverage.

38 (cf: P.L.1995, c.288, s.7)

39

40 7. Section 9 of P.L.1995, c.288 (C.17B:27A-18.1) is amended  
41 to read as follows:

42 9. a. A policy or contract which provides hospital or medical  
43 expense benefits under which dependent coverage is available shall  
44 continue to make that coverage available for an adult child until the  
45 child turns 26 years of age. A policy or contract shall not deny  
46 coverage for a covered employee's child on the grounds that:

47 (1) The child was born out of wedlock;

1 (2) The child is not claimed as a dependent on the covered  
2 employee's federal tax return; **[or]**

3 (3) The child does not reside with the covered employee or in  
4 the carrier's service area, provided that, in the case of a managed  
5 care plan, the child complies with the terms and conditions of the  
6 policy or contract with respect to the use of specified providers;

7 (4) The child is married;

8 (5) The child has or adopts a child; or

9 (6) The child starts or leaves school.

10 b. If a child has coverage through a policy or contract of a  
11 noncustodial parent, the carrier shall:

12 (1) Provide such information to the custodial parent as may be  
13 necessary for the child to obtain benefits through the child's  
14 noncustodial parent's coverage;

15 (2) Permit the custodial parent, or the health care provider with  
16 the authorization of the custodial parent, to submit claims for  
17 covered services without the approval of the noncustodial parent;  
18 and

19 (3) Make payments on claims submitted in accordance with  
20 paragraph (2) of this subsection directly to the custodial parent, the  
21 health care provider or the Division of Medical Assistance and  
22 Health Services in the Department of Human Services which  
23 administers the State Medicaid program, as appropriate.

24 c. When a parent who is the covered employee is eligible for  
25 dependent coverage and is required by a court or administrative  
26 order to provide health insurance coverage for his child, the carrier  
27 shall:

28 (1) Permit the parent to enroll his child as a dependent, without  
29 regard to any enrollment season restrictions;

30 (2) Permit the child's other parent, or the Division of Medical  
31 Assistance and Health Services as the State Medicaid agency or the  
32 Division of Family Development as the State IV-D agency, in the  
33 Department of Human Services, to enroll the child under the policy  
34 or contract if the parent who is the covered employee fails to enroll  
35 the child; and

36 (3) Not terminate coverage of the child unless the parent who is  
37 the covered employee provides the carrier with satisfactory written  
38 evidence that: the court or administrative order is no longer in  
39 effect; or the child is or will be enrolled in a comparable health  
40 benefits plan whose coverage will be effective on the date of the  
41 termination of coverage.

42 (cf: P.L.1995, c.288, s.9)

43

44 8. Section 13 of P.L.1995, c.288 (C.26:2J-10.1) is amended to  
45 read as follows:

46 13. a. A health maintenance organization contract or certificate  
47 in which dependent coverage is available shall continue to make  
48 that coverage available for an adult child until the child turns 26

1 years of age. A contract or certificate shall not deny coverage for  
2 an enrollee's child for health care services on the grounds that:

- 3 (1) The child was born out of wedlock;  
4 (2) The child is not claimed as a dependent on the enrollee's  
5 federal tax return; **[or]**  
6 (3) The child does not reside with the enrollee or in the health  
7 maintenance organization's service area, provided that the child  
8 complies with the terms and conditions of the coverage with respect  
9 to the use of specified providers;  
10 (4) The child is married;  
11 (5) The child has or adopts a child; or  
12 (6) The child starts or leaves school.

13 b. If a child has coverage through a health maintenance  
14 organization plan of a noncustodial parent, the health maintenance  
15 organization shall:

- 16 (1) Provide such information to the custodial parent as may be  
17 necessary for the child to obtain health care services through the  
18 child's noncustodial parent's coverage;  
19 (2) Permit the custodial parent, or the health care provider with  
20 the authorization of the custodial parent, to submit claims for health  
21 care services without the approval of the noncustodial parent; and  
22 (3) Make payments on claims submitted in accordance with  
23 paragraph (2) of this subsection directly to the custodial parent, the  
24 health care provider or the Division of Medical Assistance and  
25 Health Services in the Department of Human Services which  
26 administers the State Medicaid program, as appropriate.

27 c. When a parent who is the enrollee is eligible for dependent  
28 coverage and is required by a court or administrative order to  
29 provide health insurance coverage for his child, the health  
30 maintenance organization shall:

- 31 (1) Permit the parent to enroll his child as a dependent, without  
32 regard to any enrollment season restrictions;  
33 (2) Permit the child's other parent, or the Division of Medical  
34 Assistance and Health Services as the State Medicaid agency or the  
35 Division of Family Development as the State IV-D agency, in the  
36 Department of Human Services, to enroll the child if the parent who  
37 is the enrollee fails to enroll the child; and  
38 (3) Not terminate coverage of the child unless the parent who is  
39 the enrollee provides the health maintenance organization with  
40 satisfactory written evidence that: the court or administrative order  
41 is no longer in effect; or the child is or will be enrolled in a  
42 comparable health benefits plan whose coverage will be effective  
43 on the date of the termination of coverage.

44 (cf: P.L.1995, c.288, s.13)

45

46 9. This act shall take effect on the 90th day after enactment.

1 STATEMENT

2 This bill requires health insurers (health, hospital and medical  
3 service corporations, commercial group health insurers; health  
4 maintenance organizations, and health benefits plans issued  
5 pursuant to the Individual Health Coverage Program and the Small  
6 Employer Health Benefits Program) and group health plans that  
7 provide dependent coverage of children to continue to make that  
8 coverage available for adult children until the children turn 26 years  
9 of age. The bill also provides that health insurers and group health  
10 plans may not deny coverage for a covered individual's child on the  
11 grounds that the child is married, the child has or adopts a child, or  
12 the child starts or leaves school.

ASSEMBLY FINANCIAL INSTITUTIONS AND INSURANCE  
COMMITTEE

STATEMENT TO

**ASSEMBLY, No. 5501**

**STATE OF NEW JERSEY**

DATED: JUNE 6, 2019

The Assembly Financial Institutions and Insurance Committee reports favorably Assembly Bill No. 5501.

This bill requires health insurers (health, hospital and medical service corporations, commercial group health insurers; health maintenance organizations, and health benefits plans issued pursuant to the Individual Health Coverage Program and the Small Employer Health Benefits Program) and group health plans that provide dependent coverage of children to continue to make that coverage available for adult children until the children turn 26 years of age. The bill also provides that health insurers and group health plans may not deny coverage for a covered individual's child on the grounds that the child is married, the child has or adopts a child, or the child starts or leaves school.



# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 5501**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JUNE 13, 2019

The Assembly Appropriations Committee reports favorably Assembly Bill No. 5501, with committee amendments.

As amended, this bill requires health insurers (health, hospital and medical service corporations, commercial group health insurers; health maintenance organizations, and health benefits plans issued pursuant to the Individual Health Coverage Program and the Small Employer Health Benefits Program) and group health plans that provide dependent coverage of children to continue to make that coverage available for adult children until the children turn 26 years of age. The bill also provides that health insurers and group health plans may not deny coverage for a covered individual's child on the grounds that the child is married, the child has or adopts a child, or the child starts or leaves school.

#### COMMITTEE AMENDMENTS:

The committee amendments make a technical correction, clarifying that health insurers are required to permit parents to enroll their eligible children as dependents, without regard to any open enrollment restrictions.

#### FISCAL IMPACT:

This bill is not certified as requiring a fiscal note.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**ASSEMBLY, No. 5501**

# **STATE OF NEW JERSEY**

DATED: JANUARY 6, 2020

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 5501 (1R).

This bill requires health insurers (health, hospital and medical service corporations, commercial group health insurers; health maintenance organizations, and health benefits plans issued pursuant to the Individual Health Coverage Program and the Small Employer Health Benefits Program) and group health plans that provide dependent coverage of children to continue to make that coverage available for adult children until the children turn 26 years of age. The bill also provides that health insurers and group health plans may not deny coverage for a covered individual's child on the grounds that the child is married, the child has or adopts a child, or the child starts or leaves school.

As reported by the committee, Assembly Bill No. 5501 (1R) is identical to Senate Bill No. 3802, as amended and reported by the committee.

**FISCAL IMPACT:**

This bill is not certified as requiring a fiscal note.

**SENATE, No. 3802**

**STATE OF NEW JERSEY**  
**218th LEGISLATURE**

INTRODUCED MAY 30, 2019

**Sponsored by:**

**Senator NELLIE POU**

**District 35 (Bergen and Passaic)**

**Senator LORETTA WEINBERG**

**District 37 (Bergen)**

**SYNOPSIS**

Requires continuation of health benefits dependent coverage until child turns 26 years of age.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning enrollment of adult children for health  
2 insurance coverage and amending P.L.1995, c.288.

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.1995, c.288 (C.17:48-6.15) is amended to  
8 read as follows:

9 1. a. A hospital service corporation contract which provides  
10 hospital or medical expense benefits under which dependent  
11 coverage is available shall continue to make that coverage available  
12 for an adult child until the child turns 26 years of age. A contract  
13 shall not deny coverage for a subscriber's child on the grounds that:

14 (1) The child was born out of wedlock;

15 (2) The child is not claimed as a dependent on the subscriber's  
16 federal tax return; **[or]**

17 (3) The child does not reside with the subscriber or in the  
18 hospital service corporation's service area, provided that, in the case  
19 of a managed care plan, the child complies with the terms and  
20 conditions of the contract with respect to the use of specified  
21 providers;

22 (4) The child is married;

23 (5) The child has or adopts a child; or

24 (6) The child starts or leaves school.

25 b. If a child has coverage through a hospital service corporation  
26 contract of a noncustodial parent, the hospital service corporation  
27 shall:

28 (1) Provide such information to the custodial parent as may be  
29 necessary for the child to obtain benefits through the child's  
30 noncustodial parent's coverage;

31 (2) Permit the custodial parent, or the health care provider with  
32 the authorization of the custodial parent, to submit claims for  
33 covered services without the approval of the noncustodial parent;  
34 and

35 (3) Make payments on claims submitted in accordance with  
36 paragraph (2) of this subsection directly to the custodial parent, the  
37 health care provider or the Division of Medical Assistance and  
38 Health Services in the Department of Human Services which  
39 administers the State Medicaid program, as appropriate.

40 c. When a parent who is the subscriber is eligible for  
41 dependent coverage and is required by a court or administrative  
42 order to provide health insurance coverage for his child, the hospital  
43 service corporation shall:

44 (1) Permit the parent to enroll his child as a dependent, without  
45 regard to any enrollment season restrictions;

**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 (2) Permit the child's other parent, or the Division of Medical  
2 Assistance and Health Services as the State Medicaid agency or the  
3 Division of Family Development as the State IV-D agency, in the  
4 Department of Human Services, to enroll the child under the  
5 contract if the parent who is the subscriber fails to enroll the child;  
6 and

7 (3) Not terminate coverage of the child unless the parent who is  
8 the subscriber provides the hospital service corporation with  
9 satisfactory written evidence that: the court or administrative order  
10 is no longer in effect; or the child is or will be enrolled in a  
11 comparable health benefits plan whose coverage will be effective  
12 on the date of the termination of coverage.

13 (cf: P.L.1995, c.288, s.1)

14

15 2. Section 3 of P.L.1995, c.288 (C.17:48A-7.10) is amended to  
16 read as follows:

17 3. a. A medical service corporation contract which provides  
18 hospital or medical expense benefits under which dependent  
19 coverage is available shall continue to make that coverage available  
20 for an adult child until the child turns 26 years of age. A contract  
21 shall not deny coverage for a subscriber's child on the grounds that:

22 (1) The child was born out of wedlock;

23 (2) The child is not claimed as a dependent on the subscriber's  
24 federal tax return; **【or】**

25 (3) The child does not reside with the subscriber or in the  
26 medical service corporation's service area, provided that, in the case  
27 of a managed care plan, the child complies with the terms and  
28 conditions of the contract with respect to the use of specified  
29 providers;

30 (4) The child is married;

31 (5) The child has or adopts a child; or

32 (6) The child starts or leaves school.

33 b. If a child has coverage through a medical service corporation  
34 contract of a noncustodial parent, the medical service corporation  
35 shall:

36 (1) Provide such information to the custodial parent as may be  
37 necessary for the child to obtain benefits through the child's  
38 noncustodial parent's coverage;

39 (2) Permit the custodial parent, or the health care provider with  
40 the authorization of the custodial parent, to submit claims for  
41 covered services without the approval of the noncustodial parent;  
42 and

43 (3) Make payments on claims submitted in accordance with  
44 paragraph (2) of this subsection directly to the custodial parent, the  
45 health care provider or the Division of Medical Assistance and  
46 Health Services in the Department of Human Services which  
47 administers the State Medicaid program, as appropriate.

1 c. When a parent who is the subscriber is eligible for  
2 dependent coverage and is required by a court or administrative  
3 order to provide health insurance coverage for his child, the medical  
4 service corporation shall:

5 (1) Permit the parent to enroll his child as a dependent, without  
6 regard to any enrollment season restrictions;

7 (2) Permit the child's other parent, or the Division of Medical  
8 Assistance and Health Services as the State Medicaid agency or the  
9 Division of Family Development as the State IV-D agency, in the  
10 Department of Human Services, to enroll the child under the  
11 contract if the parent who is the subscriber fails to enroll the child;  
12 and

13 (3) Not terminate coverage of the child unless the parent who is  
14 the subscriber provides the medical service corporation with  
15 satisfactory written evidence that: the court or administrative order  
16 is no longer in effect; or the child is or will be enrolled in a  
17 comparable health benefits plan whose coverage will be effective  
18 on the date of the termination of coverage.

19 (cf: P.L.1995, c.288, s.3)

20

21 3. Section 5 of P.L.1995, c.288 (C.17:48E-32.1) is amended to  
22 read as follows:

23 5. a. A health service corporation contract which provides  
24 hospital or medical expense benefits under which dependent  
25 coverage is available shall continue to make that coverage available  
26 for an adult child until the child turns 26 years of age. A contract  
27 shall not deny coverage for a subscriber's child on the grounds that:

28 (1) The child was born out of wedlock;

29 (2) The child is not claimed as a dependent on the subscriber's  
30 federal tax return; **[or]**

31 (3) The child does not reside with the subscriber or in the health  
32 service corporation's service area, provided that, in the case of a  
33 managed care plan, the child complies with the terms and  
34 conditions of the contract with respect to the use of specified  
35 providers;

36 (4) The child is married;

37 (5) The child has or adopts a child; or

38 (6) The child starts or leaves school.

39 b. If a child has coverage through a health service corporation  
40 contract of a noncustodial parent, the health service corporation  
41 shall:

42 (1) Provide such information to the custodial parent as may be  
43 necessary for the child to obtain benefits through the child's  
44 noncustodial parent's coverage;

45 (2) Permit the custodial parent, or the health care provider with  
46 the authorization of the custodial parent, to submit claims for  
47 covered services without the approval of the noncustodial parent;  
48 and

1 (3) Make payments on claims submitted in accordance with  
2 paragraph (2) of this subsection directly to the custodial parent, the  
3 health care provider or the Division of Medical Assistance and  
4 Health Services in the Department of Human Services which  
5 administers the State Medicaid program, as appropriate.

6 c. When a parent who is the subscriber is eligible for  
7 dependent coverage and is required by a court or administrative  
8 order to provide health insurance coverage for his child, the health  
9 service corporation shall:

10 (1) Permit the parent to enroll his child as a dependent, without  
11 regard to any enrollment season restrictions;

12 (2) Permit the child's other parent, or the Division of Medical  
13 Assistance and Health Services as the State Medicaid agency or the  
14 Division of Family Development as the State IV-D agency, in the  
15 Department of Human Services, to enroll the child under the  
16 contract if the parent who is the subscriber fails to enroll the child;  
17 and

18 (3) Not terminate coverage of the child unless the parent who is  
19 the subscriber provides the health service corporation with  
20 satisfactory written evidence that: the court or administrative order  
21 is no longer in effect; or the child is or will be enrolled in a  
22 comparable health benefits plan whose coverage will be effective  
23 on the date of the termination of coverage.

24 (cf: P.L.1995, c.288, s.5)

25

26 4. Section 11 of P.L.1995, c.288 (C.17B:27-30.1) is amended  
27 to read as follows:

28 11. a. A policy which provides hospital or medical expense  
29 benefits under which dependent coverage is available shall continue  
30 to make that coverage available for an adult child until the child  
31 turns 26 years of age. A policy shall not deny coverage for an  
32 insured's child on the grounds that:

33 (1) The child was born out of wedlock;

34 (2) The child is not claimed as a dependent on the insured's  
35 federal tax return; **【or】**

36 (3) The child does not reside with the insured or in the insurer's  
37 service area, provided that, in the case of a managed care plan, the  
38 child complies with the terms and conditions of the policy with  
39 respect to the use of specified providers;

40 (4) The child is married;

41 (5) The child has or adopts a child; or

42 (6) The child starts or leaves school.

43 b. If a child has coverage through a health insurance policy of a  
44 noncustodial parent, the insurer shall:

45 (1) Provide such information to the custodial parent as may be  
46 necessary for the child to obtain benefits through the child's  
47 noncustodial parent's coverage;

1 (2) Permit the custodial parent, or the health care provider with  
2 the authorization of the custodial parent, to submit claims for  
3 covered services without the approval of the noncustodial parent;  
4 and

5 (3) Make payments on claims submitted in accordance with  
6 paragraph (2) of this subsection directly to the custodial parent, the  
7 health care provider or the Division of Medical Assistance and  
8 Health Services in the Department of Human Services which  
9 administers the State Medicaid program, as appropriate.

10 c. When a parent who is the insured is eligible for dependent  
11 coverage and is required by a court or administrative order to  
12 provide health insurance coverage for his child, the insurer shall:

13 (1) Permit the parent to enroll his child as a dependent, without  
14 regard to any enrollment season restrictions;

15 (2) Permit the child's other parent, or the Division of Medical  
16 Assistance and Health Services as the State Medicaid agency or the  
17 Division of Family Development as the State IV-D agency, in the  
18 Department of Human Services, to enroll the child under the health  
19 insurance policy if the parent who is the insured fails to enroll the  
20 child; and

21 (3) Not terminate coverage of the child unless the parent who is  
22 the insured provides the insurer with satisfactory written evidence  
23 that: the court or administrative order is no longer in effect; or the  
24 child is or will be enrolled in a comparable health benefits plan  
25 whose coverage will be effective on the date of the termination of  
26 coverage.

27 (cf: P.L.1995, c.288, s.11)

28

29 5. Section 15 of P.L.1995, c.288 (C.17B:27-30.3) is amended  
30 to read as follows:

31 15. a. A group health plan as defined in section 607(1) of the  
32 "Employee Retirement Income Security Act of 1974," 29  
33 U.S.C.1167(1) which provides hospital or medical expense benefits  
34 under which dependent coverage is available shall continue to make  
35 that coverage available for an adult child until the child turns 26  
36 years of age. A plan shall not deny coverage for a covered  
37 employee's child on the grounds that:

38 (1) The child was born out of wedlock;

39 (2) The child is not claimed as a dependent on the covered  
40 employee's federal tax return; **[or]**

41 (3) The child does not reside with the covered employee or in  
42 the group health plan's service area, provided that, in the case of a  
43 managed care plan, the child complies with the terms and  
44 conditions of the plan with respect to the use of specified providers;

45 (4) The child is married;

46 (5) The child has or adopts a child; or

47 (6) The child starts or leaves school.



1       b. If a child has coverage through a group health plan of a  
2 noncustodial parent, the plan shall:

3       (1) Provide such information to the custodial parent as may be  
4 necessary for the child to obtain benefits through the child's  
5 noncustodial parent's coverage;

6       (2) Permit the custodial parent, or the health care provider with  
7 the authorization of the custodial parent, to submit claims for  
8 covered services without the approval of the noncustodial parent;  
9 and

10       (3) Make payments on claims submitted in accordance with  
11 paragraph (2) of this subsection directly to the custodial parent, the  
12 health care provider or the Division of Medical Assistance and  
13 Health Services in the Department of Human Services which  
14 administers the State Medicaid program, as appropriate.

15       c. When a parent who is the covered employee is eligible for  
16 dependent coverage and is required by a court or administrative  
17 order to provide health insurance coverage for his child, the group  
18 health plan shall:

19       (1) Permit the parent to enroll his child as a dependent, without  
20 regard to any enrollment season restrictions;

21       (2) Permit the child's other parent, or the Division of Medical  
22 Assistance and Health Services as the State Medicaid agency or the  
23 Division of Family Development as the State IV-D agency, in the  
24 Department of Human Services, to enroll the child under the group  
25 health plan if the parent who is the covered employee fails to enroll  
26 the child; and

27       (3) Not terminate coverage of the child unless the parent who is  
28 the covered employee provides the group health plan with  
29 satisfactory written evidence that: the court or administrative order  
30 is no longer in effect; or the child is or will be enrolled in a  
31 comparable health benefits plan whose coverage will be effective  
32 on the date of the termination of coverage.

33 (cf: P.L.1995, c.288, s.15)

34

35       6. Section 7 of P.L.1995, c.288 (C.17B:27A-4.1) is amended to  
36 read as follows:

37       7. a. A policy or contract which provides hospital or medical  
38 expense benefits under which dependent coverage is available shall  
39 continue to make that coverage available for an adult child until the  
40 child turns 26 years of age. A policy or contract shall not deny  
41 coverage for a policy or contract holder's child on the grounds that:

42       (1) The child was born out of wedlock;

43       (2) The child is not claimed as a dependent on the policy or  
44 contract holder's federal tax return; **[or]**

45       (3) The child does not reside with the policy or contract holder  
46 or in the carrier's service area, provided that, in the case of a  
47 managed care plan, the child complies with the terms and

1 conditions of the policy or contract with respect to the use of  
2 specified providers;

3 (4) The child is married;

4 (5) The child has or adopts a child; or

5 (6) The child starts or leaves school.

6 b. If a child has coverage through a policy or contract of a  
7 noncustodial parent, the carrier shall:

8 (1) Provide such information to the custodial parent as may be  
9 necessary for the child to obtain benefits through the child's  
10 noncustodial parent's coverage;

11 (2) Permit the custodial parent, or the health care provider with  
12 the authorization of the custodial parent, to submit claims for  
13 covered services without the approval of the noncustodial parent;  
14 and

15 (3) Make payments on claims submitted in accordance with  
16 paragraph (2) of this subsection directly to the custodial parent, the  
17 health care provider or the Division of Medical Assistance and  
18 Health Services in the Department of Human Services which  
19 administers the State Medicaid program, as appropriate.

20 c. When a parent who is the policy or contract holder is eligible  
21 for dependent coverage and is required by a court or administrative  
22 order to provide health insurance coverage for his child, the carrier  
23 shall:

24 (1) Permit the parent to enroll his child as a dependent, without  
25 regard to any enrollment season restrictions;

26 (2) Permit the child's other parent, or the Division of Medical  
27 Assistance and Health Services as the State Medicaid agency or the  
28 Division of Family Development as the State IV-D agency, in the  
29 Department of Human Services, to enroll the child under the policy  
30 or contract if the parent who is the policy or contract holder fails to  
31 enroll the child; and

32 (3) Not terminate coverage of the child unless the parent who is  
33 the policy or contract holder provides the carrier with satisfactory  
34 written evidence that: the court or administrative order is no longer  
35 in effect; or the child is or will be enrolled in a comparable health  
36 benefits plan whose coverage will be effective on the date of the  
37 termination of coverage.

38 (cf: P.L.1995, c.288, s.7)

39

40 7. Section 9 of P.L.1995, c.288 (C.17B:27A-18.1) is amended  
41 to read as follows:

42 9. a. A policy or contract which provides hospital or medical  
43 expense benefits under which dependent coverage is available shall  
44 continue to make that coverage available for an adult child until the  
45 child turns 26 years of age. A policy or contract shall not deny  
46 coverage for a covered employee's child on the grounds that:

47 (1) The child was born out of wedlock;

- 1 (2) The child is not claimed as a dependent on the covered  
2 employee's federal tax return; **[or]**
- 3 (3) The child does not reside with the covered employee or in  
4 the carrier's service area, provided that, in the case of a managed  
5 care plan, the child complies with the terms and conditions of the  
6 policy or contract with respect to the use of specified providers;
- 7 (4) The child is married;
- 8 (5) The child has or adopts a child; or
- 9 (6) The child starts or leaves school.
- 10 b. If a child has coverage through a policy or contract of a  
11 noncustodial parent, the carrier shall:
- 12 (1) Provide such information to the custodial parent as may be  
13 necessary for the child to obtain benefits through the child's  
14 noncustodial parent's coverage;
- 15 (2) Permit the custodial parent, or the health care provider with  
16 the authorization of the custodial parent, to submit claims for  
17 covered services without the approval of the noncustodial parent;  
18 and
- 19 (3) Make payments on claims submitted in accordance with  
20 paragraph (2) of this subsection directly to the custodial parent, the  
21 health care provider or the Division of Medical Assistance and  
22 Health Services in the Department of Human Services which  
23 administers the State Medicaid program, as appropriate.
- 24 c. When a parent who is the covered employee is eligible for  
25 dependent coverage and is required by a court or administrative  
26 order to provide health insurance coverage for his child, the carrier  
27 shall:
- 28 (1) Permit the parent to enroll his child as a dependent, without  
29 regard to any enrollment season restrictions;
- 30 (2) Permit the child's other parent, or the Division of Medical  
31 Assistance and Health Services as the State Medicaid agency or the  
32 Division of Family Development as the State IV-D agency, in the  
33 Department of Human Services, to enroll the child under the policy  
34 or contract if the parent who is the covered employee fails to enroll  
35 the child; and
- 36 (3) Not terminate coverage of the child unless the parent who is  
37 the covered employee provides the carrier with satisfactory written  
38 evidence that: the court or administrative order is no longer in  
39 effect; or the child is or will be enrolled in a comparable health  
40 benefits plan whose coverage will be effective on the date of the  
41 termination of coverage.
- 42 (cf: P.L.1995, c.288, s.9)
- 43
- 44 8. Section 13 of P.L.1995, c.288 (C.26:2J-10.1) is amended to  
45 read as follows:
- 46 13. a. A health maintenance organization contract or certificate  
47 in which dependent coverage is available shall continue to make

1 that coverage available for an adult child until the child turns 26  
2 years of age. A contract or certificate shall not deny coverage for  
3 an enrollee's child for health care services on the grounds that:

- 4 (1) The child was born out of wedlock;  
5 (2) The child is not claimed as a dependent on the enrollee's  
6 federal tax return; **[or]**  
7 (3) The child does not reside with the enrollee or in the health  
8 maintenance organization's service area, provided that the child  
9 complies with the terms and conditions of the coverage with respect  
10 to the use of specified providers;  
11 (4) The child is married;  
12 (5) The child has or adopts a child; or  
13 (6) The child starts or leaves school.

14 b. If a child has coverage through a health maintenance  
15 organization plan of a noncustodial parent, the health maintenance  
16 organization shall:

- 17 (1) Provide such information to the custodial parent as may be  
18 necessary for the child to obtain health care services through the  
19 child's noncustodial parent's coverage;  
20 (2) Permit the custodial parent, or the health care provider with  
21 the authorization of the custodial parent, to submit claims for health  
22 care services without the approval of the noncustodial parent; and  
23 (3) Make payments on claims submitted in accordance with  
24 paragraph (2) of this subsection directly to the custodial parent, the  
25 health care provider or the Division of Medical Assistance and  
26 Health Services in the Department of Human Services which  
27 administers the State Medicaid program, as appropriate.

28 c. When a parent who is the enrollee is eligible for dependent  
29 coverage and is required by a court or administrative order to  
30 provide health insurance coverage for his child, the health  
31 maintenance organization shall:

- 32 (1) Permit the parent to enroll his child as a dependent, without  
33 regard to any enrollment season restrictions;  
34 (2) Permit the child's other parent, or the Division of Medical  
35 Assistance and Health Services as the State Medicaid agency or the  
36 Division of Family Development as the State IV-D agency, in the  
37 Department of Human Services, to enroll the child if the parent who  
38 is the enrollee fails to enroll the child; and  
39 (3) Not terminate coverage of the child unless the parent who is  
40 the enrollee provides the health maintenance organization with  
41 satisfactory written evidence that: the court or administrative order  
42 is no longer in effect; or the child is or will be enrolled in a  
43 comparable health benefits plan whose coverage will be effective  
44 on the date of the termination of coverage.

45 (cf: P.L.1995, c.288, s.13)

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47 9. This act shall take effect on the 90th day after enactment.

STATEMENT

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This bill requires health insurers (health, hospital and medical service corporations, commercial group health insurers; health maintenance organizations, and health benefits plans issued pursuant to the Individual Health Coverage Program and the Small Employer Health Benefits Program) and group health plans that provide dependent coverage of children to continue to make that coverage available for adult children until the children turn 26 years of age. The bill also provides that health insurers and group health plans may not deny coverage for a covered individual's child on the grounds that the child is married, the child has or adopts a child, or the child starts or leaves school.

SENATE COMMERCE COMMITTEE

STATEMENT TO

**SENATE, No. 3802**

**STATE OF NEW JERSEY**

DATED: JUNE 3, 2019

The Senate Commerce Committee reports favorably Senate Bill No. 3802.

This bill requires health insurers (health, hospital and medical service corporations, commercial group health insurers; health maintenance organizations, and health benefits plans issued pursuant to the Individual Health Coverage Program and the Small Employer Health Benefits Program) and group health plans that provide dependent coverage of children to continue to make that coverage available for adult children until the children turn 26 years of age. The bill also provides that health insurers and group health plans may not deny coverage for a covered individual's child on the grounds that the child is married, the child has or adopts a child, or the child starts or leaves school.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

### **SENATE, No. 3802**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JANUARY 6, 2020

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 3802, with committee amendments.

This bill, as amended, requires health insurers (health, hospital and medical service corporations, commercial group health insurers; health maintenance organizations, and health benefits plans issued pursuant to the Individual Health Coverage Program and the Small Employer Health Benefits Program) and group health plans that provide dependent coverage of children to continue to make that coverage available for adult children until the children turn 26 years of age. The bill also provides that health insurers and group health plans may not deny coverage for a covered individual's child on the grounds that the child is married, the child has or adopts a child, or the child starts or leaves school.

As amended and reported by the committee, Senate Bill No. 3802 is identical to Assembly Bill No. 5501 (1R), as amended and reported by the committee.

#### COMMITTEE AMENDMENTS:

The committee amendments make a technical correction, clarifying that health insurers are required to permit parents to enroll their eligible children as dependents, without regard to any open enrollment restrictions.

#### FISCAL IMPACT:

This bill is not certified as requiring a fiscal note.

# Governor Murphy Signs Legislative Package Protecting the Affordable Care Act in New Jersey

01/16/2020

**TRENTON** – Governor Phil Murphy today signed a package of bills to safeguard the provisions of the Affordable Care Act (ACA) in New Jersey. The bills, which will codify into state law the basic protections for health care consumers that are part of the Affordable Care Act, include protections for no-cost preventative care and contraception, prohibit exclusions for pre-existing conditions, allow children to stay on their parents' plan until age 26, and incorporate mental health and maternity care as part of essential benefits, among others. The Governor highlighted the importance of these bills during an armchair discussion with Hackensack Meridian Health Chief Executive Officer Bob Garret.

“At a time when the Affordable Care Act is under siege by the Trump Administration and being challenged in the courts, New Jersey has a responsibility to protect and provide access to high-quality, affordable health care for all of our residents,” **said Governor Murphy**. “I applaud my colleagues in the Legislature for taking the critical steps necessary to ensure that the provisions of the Affordable Health Care Act are codified into state law and for working to make the health of our residents a top priority.”

The Governor signed the following bills into law:

**A5500 (Greenwald, Lopez, Lampitt/Pou, Lagana)** - Expands rate review process in DOBI for certain individual and small employer health benefits plans.

**A5501 (McKeon, Vainieri Huttie, Speight/Pou, Weinberg)** - Requires continuation of health benefits dependent coverage until child turns 26 years of age.

**A5503 (Reynolds-Jackson, Swain/Vitale, Cryan)** - Establishes open enrollment period under Individual Health Coverage Program.

**A5504 (Benson, Schaer/Cryan, Diegnan)** - Applies 85 percent loss ratio requirement to certain large group health benefits carriers.

**A5506 (Tully, Danielsen/Singleton, Diegnan)** - Repeals statute authorizing offering of “Basic and Essential” health benefits plans under individual health benefits plans and other statutes concerning basic health plans; makes conforming amendments.

**A5507 (McKeon, Conaway, Mukherji/Pou, Ruiz)** - Requires health benefits coverage for certain preventive services.

**A5508 (Zwicker, Murphy, Sumter/Ruiz, Pou)** - Revises law requiring health benefits coverage for certain contraceptives.

**A5248 (Conaway, Mukherji, McKeon/Gill, Singleton)** - Preserves certain requirements that health insurance plans cover essential health benefits.

**S626 (Vitale, Diegnan/Vainieri Huttie, Chiaravalloti, Downey, Danielsen)** - Clarifies prohibition on preexisting condition exclusions in health insurance policies.

“It is more than health insurance, it is security. It is the safety you feel in knowing that if something goes wrong you have somewhere to go,” **said Senator Pou**. “While not every New Jerseyan has health insurance coverage, there are a lot more people covered now because of the Affordable Care Act than there were before the landmark legislation led by the Obama administration. This life-saving federal program, however, is currently being attacked by Trump and the Republicans in Congress and I am proud of the Governor and Legislature for



standing up for residents and making the ACA the law of our state, regardless of who is in the White House.”

“With the President trying to do everything he can to destroy the Affordable Care Act, I’m glad the legislature and the administration worked together to ensure that the people who benefitted from the ACA will be protected in New Jersey,” **said Senator Vitale**. “We cannot leave the health and safety of New Jerseyans up to the whims of the oval office. These laws, along with the state health care exchange signed earlier, will go a long way to make sure our state can offer affordable health care to all of our residents.”

“The Affordable Care Act gave millions of people across the country access to health care and protected those with pre-existing conditions from being discriminated against by health insurance companies,” **said Senator Singleton**. “Taking away a person’s health insurance, regardless of whether or not they will be able to find an alternative, is disgraceful. New Jersey is a state that protects its residents, and by strengthening the ACA in this state, we will continue to protect working and middle class families.”

“Contraception was named as one of the top ten public health achievements of the 20th century by the Centers for Disease Control and Prevention. That was twenty years ago, whether or not insurance plans cover contraceptives shouldn’t be a question today,” **said Senator Ruiz**. “It’s a matter of public health and it’s a matter of gender equity. People should have access to birth control and this law will help ensure that they do.”

### **A5500**

“The affordable care act has helped tens of thousands of New Jersey residents gain access to healthcare for themselves and their families,” **said Assemblyman Greenwald**. “With this law, we are keeping healthcare affordable for working families by preventing unreasonable rate hikes for the insured, preserving the substantial progress we’ve made on increasing access to quality healthcare in New Jersey.”

“The Affordable Care Act has changed the lives of many New Jersey families,” **said Assemblywoman Lopez**. “Protecting families against unjustified rate changes is critical to maintaining and expanding access to healthcare in the state for many more residents.”

“This is the next practical step in protecting thousands of New Jerseyans who have been afforded healthcare benefits under the Affordable Care Act,” **said Assemblywoman Lampitt**. “The key is to ensure health insurance remains affordable for all residents by keeping an eye on and preventing unnecessary rate increases.”

### **A5501**

Assemblymembers McKeon, Vainieri Huttle, and Speight issued a joint statement:

“With many college graduates returning home while they look for jobs, there was a steep rise in residents ages 19 -26 without access to healthcare. For those who did have insurance through their parents, the cost became an additional, unexpected burden on families. The Affordable Care Act has significantly helped to reduce the uninsured rate for young adults under the age of 26 by allowing parents to cover them in their own plans without the requirement of a separate premium. Codifying this into New Jersey State law will help families ensure their children, whether they are continuing their education or at home temporarily, are provided for in terms of healthcare.”

### **A5503**

Assemblymembers Reynolds-Jackson and Swain issued the following statement:

“Changes on the federal level of ACA have deliberately shortened the open enrollment period by 50 percent placing consumers at a great disadvantage. There’s less time to research their coverage options and enroll. As New Jersey embarks on the creation of a State-based healthcare exchange, it is critical to ensure open enrollment periods which provide enough time, promotion and access for residents.”

### **A5504**

“The Affordable Care Act was groundbreaking in expanding health insurance coverage for millions of Americans. It is important for our state that we maintain the essential protections of Obamacare for all our families,” **said Assemblyman Benson**. “This new state law will help guarantee the money residents spend on their health insurance overwhelmingly goes to the medical care and services they need.”

“This law allows for continued oversight of health insurance companies so that our state can make sure they are properly applying customers’ payments,” **said Assemblyman Schaer**. “There is no room for frivolous spending when it comes to health; the hard-earned money coming out of our residents’ paychecks for health insurance should go towards actually giving them the treatments, tests, procedures and medications they need.”

### **A5507**

Assemblymembers McKeon, Conaway and Mukherji joint statement:

“Preventive healthcare is critical to helping individuals’ live longer, healthier lives. In the long run, preventive medicine and services helps families’ keep healthcare costs down and avoid potential health problems. These are services every resident relies on for themselves and their children. The Affordable Care Act ensured more residents’ access to preventive care than before. Setting these same standards under the State-based healthcare exchange will continue to protect New Jersey families’ and their access to these critical services.”

### **A5506**

“It’s understandable that the government wanted to encourage Americans to purchase ACA health insurance by initially offering simple and inexpensive plans,” **said Assemblyman Tully**. “However, we now know these ‘Basic and Essential Plans’ simply do not cover the healthcare services many people require, which is why the ACA no longer allows them. In case the ACA is ever dismantled at the federal level, this law will make sure providers in our state do not begin offering these limited plans again.”

“Although some people were drawn to the lower-cost healthcare plans the ACA once provided, many didn’t realize just how limited their coverage would be,” **said Assemblyman Danielsen**. “When it comes to healthcare, the services provided can literally mean the difference between life and death. From high stakes procedures to daily medicine, no one should have to lose their life or experience crushing medical debt due to a lack of coverage. This will help make sure such restrictive plans can never be offered in the future.”

### **A5508**

Assemblymembers Zwicker, Murphy, and Sumter joint statement:

“Federal changes to the Affordable Care Act aimed to jeopardize women’s access to safe, preventive care. This new law will remove those obstacles in New Jersey and preserve the benefits afforded to residents’ under the ACA. With this law, women will continue to have insurance that covers contraception without having to pay out of pocket.”

“Because of the Affordable Care Act, as many as 133 million people – or 51 percent of Americans – who have pre-existing conditions are guaranteed that condition will be covered by their health insurer,” **said Assemblywoman Vainieri Huttle**. “But the ACA has been threatened in the past few years. This new law will safeguard this crucial protection for patients should anything ever happen to the ACA.”

“When the ACA was passed, state law was never changed to include the mandate for coverage of pre-existing conditions,” **said Assemblyman Chiaravalloti**. “This important update sends a clear message that we in New Jersey believe health care is not a privilege, but a right.”

“People with pre-existing conditions had their lives changed when the Affordable Care Act became law in 2010,” **said Assemblywoman Downey**. “For the first time, they could not be denied coverage by an insurance company because of their conditions, from diabetes to allergies to cancer. We cannot go back to a world where people had less access to critical medications or treatments because of poor insurance coverage. With this law, we ensure that will never happen in New Jersey.”

“No one should ever be penalized for having a medical condition,” **said Assemblyman Danielsen**. “The ACA paved the way for Americans to begin seeing what was possible when they had access to coverage for pre-existing conditions. So many people now have far better quality of life as a result, and that’s something we will fight to protect and guarantee for all New Jersey residents.”

### **A5248**

“As a physician, I firmly believe that access to health care is a right, not a privilege,” **said Assemblyman Conaway**. “We took a tremendous step forward toward securing that right for all Americans under the Affordable Care Act. The legislation signed today will enshrine the essential health benefits and guiding principles of the ACA into State law, so that New Jerseyans will continue receiving the same benefits if the ACA were ever struck down.”

“We hear stories far too often of patients facing discrimination because of their age or disability,” **said Assemblyman Mukherji**. “No one should be penalized or taken advantage of for having a health condition. This is the law of the land nationwide, and we’ve now reaffirmed these values here in New Jersey.”

“Essential health benefits are exactly that: essential,” **said Assemblyman McKeon**. “Our children need vision and oral care; our new mothers need maternity care; and at any moment, anyone may need emergency services. I’m proud to live in a state that values the health and wellbeing of its residents, so much that it guarantees certain protections under the law.”