

Appropriations

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

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: 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

§1 - C.17:48-6tt
§2 - C.17:48A-7qq
§3 - C.17:48E-35.44
§4 - C.17B:26-2.1mm
§5 - C.17B:27-46.1tt
§6 - C.17B:27A-7.27
§7 - C.17B:27A-19.31
§8 - C.26:2J-4.45
§9 - C.52:14-17.29dd
§10 - C.52:14-17.46.6o
§11 - Note

(CORRECTED COPY)

P.L. 2019, CHAPTER 360, *approved January 16, 2020*
Assembly, No. 5507 (*First Reprint*)

1 AN ACT concerning insurance coverage for preventive services and
2 supplementing various parts of the statutory law.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. a. A hospital service corporation contract that provides
8 hospital or medical expense benefits and is delivered, issued,
9 executed or renewed in this State, or approved for issuance or
10 renewal in this State by the Commissioner of Banking and
11 Insurance, on or after the effective date of this act, shall provide
12 coverage, without requiring any cost sharing, for the following
13 preventive services:

14 (1) evidence-based items or services that have in effect a rating
15 of "A" or "B" in the current recommendations of the United States
16 Preventive Services Task Force;

17 (2) immunizations that have in effect a recommendation from
18 the Advisory Committee on Immunization Practices of the Centers
19 for Disease Control and Prevention;

20 (3) with respect to infants, children, and adolescents, evidence-
21 informed preventive care and screenings provided for in the
22 comprehensive guidelines supported by the Health Resources and
23 Services Administration; and

24 (4) with respect to women, any additional preventive care and
25 screenings not described in paragraph (1) as provided for in the
26 comprehensive guidelines supported by the Health Resources and
27 Services Administration.

28 b. ¹(1) Except as provided in paragraph (2) of this subsection,
29 nothing in this section shall:

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:

¹Senate SBA committee amendments adopted January 6, 2020.

1 (a) require a contract which has a network of providers to provide
2 benefits for items or services described in subsection a. of this section
3 that are delivered by an out-of-network provider; or

4 (b) preclude a contract which has a network of providers from
5 imposing cost-sharing requirements for items or services described in
6 subsection a. of this section that are delivered by an out-of-network
7 provider.

8 (2) If a contract does not have in its network a provider who can
9 provide an item or service described in subsection a. of this section,
10 the contract shall cover the item or service when performed by an out-
11 of-network provider, and shall not impose cost sharing with respect to
12 that item or service.

13 c. (1) A contract shall provide coverage for an item or service
14 described in subsection a. of this section for plan years that begin on or
15 after the date that is one year after the date the recommendation or
16 guideline is issued.

17 (2) (a) Except as provided in subparagraph (b) of this paragraph, a
18 contract that is required to provide coverage for an item or service
19 described in subsection a. of this section on the first day of a plan year
20 shall provide coverage for that item or service through the last day of
21 the plan year.

22 (b) The commissioner may remove a coverage requirement for an
23 item or service during a plan year if the recommendation or guideline
24 changes or is no longer described in subsection a. of this section.

25 d.¹ The provisions of this section shall apply to those hospital
26 service corporation contracts in which the hospital service
27 corporation has reserved the right to change the premium.

28
29 2. a. A medical service corporation contract that provides
30 hospital or medical expense benefits and is delivered, issued,
31 executed or renewed in this State, or approved for issuance or
32 renewal in this State by the Commissioner of Banking and
33 Insurance, on or after the effective date of this act, shall provide
34 coverage, without requiring any cost sharing, for the following
35 preventive services:

36 (1) evidence-based items or services that have in effect a rating
37 of "A" or "B" in the current recommendations of the United States
38 Preventive Services Task Force;

39 (2) immunizations that have in effect a recommendation from
40 the Advisory Committee on Immunization Practices of the Centers
41 for Disease Control and Prevention;

42 (3) with respect to infants, children, and adolescents, evidence-
43 informed preventive care and screenings provided for in the
44 comprehensive guidelines supported by the Health Resources and
45 Services Administration; and

46 (4) with respect to women, any additional preventive care and
47 screenings not described in paragraph (1) as provided for in the

1 comprehensive guidelines supported by the Health Resources and
2 Services Administration.

3 b. ¹(1) Except as provided in paragraph (2) of this subsection,
4 nothing in this section shall:

5 (a) require a contract which has a network of providers to provide
6 benefits for items or services described in subsection a. of this section
7 that are delivered by an out-of-network provider; or

8 (b) preclude a contract which has a network of providers from
9 imposing cost-sharing requirements for items or services described in
10 subsection a. of this section that are delivered by an out-of-network
11 provider.

12 (2) If a contract does not have in its network a provider who can
13 provide an item or service described in subsection a. of this section,
14 the contract shall cover the item or service when performed by an out-
15 of-network provider, and shall not impose cost sharing with respect to
16 that item or service.

17 c. (1) A contract shall provide coverage for an item or service
18 described in subsection a. of this section for plan years that begin on or
19 after the date that is one year after the date the recommendation or
20 guideline is issued.

21 (2) (a) Except as provided in subparagraph (b) of this paragraph, a
22 contract that is required to provide coverage for an item or service
23 described in subsection a. of this section on the first day of a plan year
24 shall provide coverage for that item or service through the last day of
25 the plan year.

26 (b) The commissioner may remove a coverage requirement for an
27 item or service during a plan year if the recommendation or guideline
28 changes or is no longer described in subsection a. of this section.

29 d.¹ The provisions of this section shall apply to those medical
30 service corporation contracts in which the medical service
31 corporation has reserved the right to change the premium.

32

33 3. a. A health service corporation contract that provides
34 hospital or medical expense benefits and is delivered, issued,
35 executed or renewed in this State, or approved for issuance or
36 renewal in this State by the Commissioner of Banking and
37 Insurance, on or after the effective date of this act, shall provide
38 coverage, without requiring any cost sharing, for the following
39 preventive services:

40 (1) evidence-based items or services that have in effect a rating
41 of "A" or "B" in the current recommendations of the United States
42 Preventive Services Task Force;

43 (2) immunizations that have in effect a recommendation from
44 the Advisory Committee on Immunization Practices of the Centers
45 for Disease Control and Prevention;

46 (3) with respect to infants, children, and adolescents, evidence-
47 informed preventive care and screenings provided for in the

1 comprehensive guidelines supported by the Health Resources and
2 Services Administration; and

3 (4) with respect to women, any additional preventive care and
4 screenings not described in paragraph (1) as provided for in the
5 comprehensive guidelines supported by the Health Resources and
6 Services Administration.

7 b. ¹(1) Except as provided in paragraph (2) of this subsection,
8 nothing in this section shall:

9 (a) require a contract which has a network of providers to provide
10 benefits for items or services described in subsection a. of this section
11 that are delivered by an out-of-network provider; or

12 (b) preclude a contract which has a network of providers from
13 imposing cost-sharing requirements for items or services described in
14 subsection a. of this section that are delivered by an out-of-network
15 provider.

16 (2) If a contract does not have in its network a provider who can
17 provide an item or service described in subsection a. of this section,
18 the contract shall cover the item or service when performed by an out-
19 of-network provider, and shall not impose cost sharing with respect to
20 that item or service.

21 c. (1) A contract shall provide coverage for an item or service
22 described in subsection a. of this section for plan years that begin on or
23 after the date that is one year after the date the recommendation or
24 guideline is issued.

25 (2) (a) Except as provided in subparagraph (b) of this paragraph, a
26 contract that is required to provide coverage for an item or service
27 described in subsection a. of this section on the first day of a plan year
28 shall provide coverage for that item or service through the last day of
29 the plan year.

30 (b) The commissioner may remove a coverage requirement for an
31 item or service during a plan year if the recommendation or guideline
32 changes or is no longer described in subsection a. of this section.

33 d.¹ The provisions of this section shall apply to those health
34 service corporation contracts in which the health service
35 corporation has reserved the right to change the premium.

36
37 4. a. An individual health insurer policy that provides hospital
38 or medical expense benefits and is delivered, issued, executed or
39 renewed in this State, or approved for issuance or renewal in this
40 State by the Commissioner of Banking and Insurance, on or after
41 the effective date of this act, shall provide coverage, without
42 requiring any cost sharing, for the following preventive services:

43 (1) evidence-based items or services that have in effect a rating
44 of "A" or "B" in the current recommendations of the United States
45 Preventive Services Task Force;

46 (2) immunizations that have in effect a recommendation from
47 the Advisory Committee on Immunization Practices of the Centers
48 for Disease Control and Prevention;

1 (3) with respect to infants, children, and adolescents, evidence-
2 informed preventive care and screenings provided for in the
3 comprehensive guidelines supported by the Health Resources and
4 Services Administration; and

5 (4) with respect to women, any additional preventive care and
6 screenings not described in paragraph (1) as provided for in the
7 comprehensive guidelines supported by the Health Resources and
8 Services Administration.

9 b. ¹(1) Except as provided in paragraph (2) of this subsection,
10 nothing in this section shall:

11 (a) require a policy which has a network of providers to provide
12 benefits for items or services described in subsection a. of this section
13 that are delivered by an out-of-network provider; or

14 (b) preclude a policy which has a network of providers from
15 imposing cost-sharing requirements for items or services described in
16 subsection a. of this section that are delivered by an out-of-network
17 provider.

18 (2) If a policy does not have in its network a provider who can
19 provide an item or service described in subsection a. of this section,
20 the policy shall cover the item or service when performed by an out-
21 of-network provider, and shall not impose cost sharing with respect to
22 that item or service.

23 c. (1) A policy shall provide coverage for an item or service
24 described in subsection a. of this section for plan years that begin on or
25 after the date that is one year after the date the recommendation or
26 guideline is issued.

27 (2) (a) Except as provided in subparagraph (b) of this paragraph, a
28 policy that is required to provide coverage for an item or service
29 described in subsection a. of this section on the first day of a plan year
30 shall provide coverage for that item or service through the last day of
31 the plan year.

32 (b) The commissioner may remove a coverage requirement for an
33 item or service during a plan year if the recommendation or guideline
34 changes or is no longer described in subsection a. of this section.

35 d.¹ This section shall apply to those policies in which the insurer
36 has reserved the right to change the premium.

37
38 5. a. A group health insurer policy that provides hospital or
39 medical expense benefits and is delivered, issued, executed or
40 renewed in this State, or approved for issuance or renewal in this
41 State by the Commissioner of Banking and Insurance, on or after
42 the effective date of this act, shall provide coverage, without
43 requiring any cost sharing, for the following preventive services:

44 (1) evidence-based items or services that have in effect a rating
45 of "A" or "B" in the current recommendations of the United States
46 Preventive Services Task Force;

1 (2) immunizations that have in effect a recommendation from
2 the Advisory Committee on Immunization Practices of the Centers
3 for Disease Control and Prevention;

4 (3) with respect to infants, children, and adolescents, evidence-
5 informed preventive care and screenings provided for in the
6 comprehensive guidelines supported by the Health Resources and
7 Services Administration; and

8 (4) with respect to women, any additional preventive care and
9 screenings not described in paragraph (1) as provided for in the
10 comprehensive guidelines supported by the Health Resources and
11 Services Administration.

12 b. ¹(1) Except as provided in paragraph (2) of this subsection,
13 nothing in this section shall:

14 (a) require a policy which has a network of providers to provide
15 benefits for items or services described in subsection a. of this section
16 that are delivered by an out-of-network provider; or

17 (b) preclude a policy which has a network of providers from
18 imposing cost-sharing requirements for items or services described in
19 subsection a. of this section that are delivered by an out-of-network
20 provider.

21 (2) If a policy does not have in its network a provider who can
22 provide an item or service described in subsection a. of this section,
23 the policy shall cover the item or service when performed by an out-
24 of-network provider, and shall not impose cost sharing with respect to
25 that item or service.

26 c. (1) A policy shall provide coverage for an item or service
27 described in subsection a. of this section for plan years that begin on or
28 after the date that is one year after the date the recommendation or
29 guideline is issued.

30 (2) (a) Except as provided in subparagraph (b) of this paragraph, a
31 policy that is required to provide coverage for an item or service
32 described in subsection a. of this section on the first day of a plan year
33 shall provide coverage for that item or service through the last day of
34 the plan year.

35 (b) The commissioner may remove a coverage requirement for an
36 item or service during a plan year if the recommendation or guideline
37 changes or is no longer described in subsection a. of this section.

38 d.¹ This section shall apply to those policies in which the insurer
39 has reserved the right to change the premium.

40
41 6. a. An individual health benefits plan that provides hospital
42 or medical expense benefits and is delivered, issued, executed or
43 renewed in this State, or approved for issuance or renewal in this
44 State by the Commissioner of Banking and Insurance, on or after
45 the effective date of this act, shall provide coverage, without
46 requiring any cost sharing, for the following preventive services:

- 1 (1) evidence-based items or services that have in effect a rating
2 of "A" or "B" in the current recommendations of the United States
3 Preventive Services Task Force;
- 4 (2) immunizations that have in effect a recommendation from
5 the Advisory Committee on Immunization Practices of the Centers
6 for Disease Control and Prevention;
- 7 (3) with respect to infants, children, and adolescents, evidence-
8 informed preventive care and screenings provided for in the
9 comprehensive guidelines supported by the Health Resources and
10 Services Administration; and
- 11 (4) with respect to women, any additional preventive care and
12 screenings not described in paragraph (1) as provided for in the
13 comprehensive guidelines supported by the Health Resources and
14 Services Administration.
- 15 b. ¹(1) Except as provided in paragraph (2) of this subsection,
16 nothing in this section shall:
- 17 (a) require a plan which has a network of providers to provide
18 benefits for items or services described in subsection a. of this section
19 that are delivered by an out-of-network provider; or
- 20 (b) preclude a plan which has a network of providers from
21 imposing cost-sharing requirements for items or services described in
22 subsection a. of this section that are delivered by an out-of-network
23 provider.
- 24 (2) If a plan does not have in its network a provider who can
25 provide an item or service described in subsection a. of this section,
26 the plan shall cover the item or service when performed by an out-of-
27 network provider, and shall not impose cost sharing with respect to
28 that item or service.
- 29 c. (1) A plan shall provide coverage for an item or service
30 described in subsection a. of this section for plan years that begin on or
31 after the date that is one year after the date the recommendation or
32 guideline is issued.
- 33 (2) (a) Except as provided in subparagraph (b) of this paragraph, a
34 plan that is required to provide coverage for an item or service
35 described in subsection a. of this section on the first day of a plan year
36 shall provide coverage for that item or service through the last day of
37 the plan year.
- 38 (b) The commissioner may remove a coverage requirement for an
39 item or service during a plan year if the recommendation or guideline
40 changes or is no longer described in subsection a. of this section.
- 41 d.¹ This section shall apply to all individual health benefits
42 plans in which the carrier has reserved the right to change the
43 premium.
- 44
- 45 7. a. An small employer health benefits plan that provides
46 hospital or medical expense benefits and is delivered, issued,
47 executed or renewed in this State, or approved for issuance or
48 renewal in this State by the Commissioner of Banking and

1 Insurance, on or after the effective date of this act, shall provide
2 coverage, without requiring any cost sharing, for the following
3 preventive services:

4 (1) evidence-based items or services that have in effect a rating
5 of "A" or "B" in the current recommendations of the United States
6 Preventive Services Task Force;

7 (2) immunizations that have in effect a recommendation from
8 the Advisory Committee on Immunization Practices of the Centers
9 for Disease Control and Prevention;

10 (3) with respect to infants, children, and adolescents, evidence-
11 informed preventive care and screenings provided for in the
12 comprehensive guidelines supported by the Health Resources and
13 Services Administration; and

14 (4) with respect to women, any additional preventive care and
15 screenings not described in paragraph (1) as provided for in the
16 comprehensive guidelines supported by the Health Resources and
17 Services Administration.

18 b. ¹(1) Except as provided in paragraph (2) of this subsection,
19 nothing in this section shall:

20 (a) require a plan which has a network of providers to provide
21 benefits for items or services described in subsection a. of this section
22 that are delivered by an out-of-network provider; or

23 (b) preclude a plan which has a network of providers from
24 imposing cost-sharing requirements for items or services described in
25 subsection a. of this section that are delivered by an out-of-network
26 provider.

27 (2) If a plan does not have in its network a provider who can
28 provide an item or service described in subsection a. of this section,
29 the plan shall cover the item or service when performed by an out-of-
30 network provider, and shall not impose cost sharing with respect to
31 that item or service.

32 c. (1) A plan shall provide coverage for an item or service
33 described in subsection a. of this section for plan years that begin on or
34 after the date that is one year after the date the recommendation or
35 guideline is issued.

36 (2) (a) Except as provided in subparagraph (b) of this paragraph, a
37 plan that is required to provide coverage for an item or service
38 described in subsection a. of this section on the first day of a plan year
39 shall provide coverage for that item or service through the last day of
40 the plan year.

41 (b) The commissioner may remove a coverage requirement for an
42 item or service during a plan year if the recommendation or guideline
43 changes or is no longer described in subsection a. of this section.

44 d.¹ This section shall apply to all small employer health benefits
45 plans in which the carrier has reserved the right to change the
46 premium.

1 8. a. A health maintenance organization contract that provides
2 hospital or medical expense benefits and is delivered, issued,
3 executed or renewed in this State, or approved for issuance or
4 renewal in this State by the Commissioner of Banking and
5 Insurance, on or after the effective date of this act, shall provide
6 coverage, without requiring any cost sharing, for the following
7 preventive services:

8 (1) evidence-based items or services that have in effect a rating
9 of "A" or "B" in the current recommendations of the United States
10 Preventive Services Task Force;

11 (2) immunizations that have in effect a recommendation from
12 the Advisory Committee on Immunization Practices of the Centers
13 for Disease Control and Prevention;

14 (3) with respect to infants, children, and adolescents, evidence-
15 informed preventive care and screenings provided for in the
16 comprehensive guidelines supported by the Health Resources and
17 Services Administration; and

18 (4) with respect to women, any additional preventive care and
19 screenings not described in paragraph (1) as provided for in the
20 comprehensive guidelines supported by the Health Resources and
21 Services Administration.

22 b. ¹(1) Except as provided in paragraph (2) of this subsection,
23 nothing in this section shall:

24 (a) require a contract which has a network of providers to provide
25 benefits for items or services described in subsection a. of this section
26 that are delivered by an out-of-network provider; or

27 (b) preclude a contract which has a network of providers from
28 imposing cost-sharing requirements for items or services described in
29 subsection a. of this section that are delivered by an out-of-network
30 provider.

31 (2) If a contract does not have in its network a provider who can
32 provide an item or service described in subsection a. of this section,
33 the contract shall cover the item or service when performed by an out-
34 of-network provider, and shall not impose cost sharing with respect to
35 that item or service.

36 c. (1) A contract shall provide coverage for an item or service
37 described in subsection a. of this section for plan years that begin on or
38 after the date that is one year after the date the recommendation or
39 guideline is issued.

40 (2) (a) Except as provided in subparagraph (b) of this paragraph, a
41 contract that is required to provide coverage for an item or service
42 described in subsection a. of this section on the first day of a plan year
43 shall provide coverage for that item or service through the last day of
44 the plan year.

45 (b) The commissioner may remove a coverage requirement for an
46 item or service during a plan year if the recommendation or guideline
47 changes or is no longer described in subsection a. of this section.

1 d.¹ The provisions of this section shall apply to those contracts
2 in which the health maintenance organization has reserved the right
3 to change the premium.

4
5 9. ^{1a.} The State Health Benefits Commission shall ensure that
6 every contract purchased by the commission on or after the
7 effective date of this act that provides hospital or medical expense
8 benefits shall provide coverage, without requiring any cost sharing,
9 for the following preventive services:

10 (1) evidence-based items or services that have in effect a rating
11 of "A" or "B" in the current recommendations of the United States
12 Preventive Services Task Force;

13 (2) immunizations that have in effect a recommendation from
14 the Advisory Committee on Immunization Practices of the Centers
15 for Disease Control and Prevention;

16 (3) with respect to infants, children, and adolescents, evidence-
17 informed preventive care and screenings provided for in the
18 comprehensive guidelines supported by the Health Resources and
19 Services Administration; and

20 (4) with respect to women, any additional preventive care and
21 screenings not described in paragraph (1) as provided for in the
22 comprehensive guidelines supported by the Health Resources and
23 Services Administration.

24 ^{1b.} (1) Except as provided in paragraph (2) of this subsection,
25 nothing in this section shall:

26 (a) require a contract which has a network of providers to provide
27 benefits for items or services described in subsection a. of this section
28 that are delivered by an out-of-network provider; or

29 (b) preclude a contract which has a network of providers from
30 imposing cost-sharing requirements for items or services described in
31 subsection a. of this section that are delivered by an out-of-network
32 provider.

33 (2) If a contract does not have in its network a provider who can
34 provide an item or service described in subsection a. of this section,
35 the contract shall cover the item or service when performed by an out-
36 of-network provider, and shall not impose cost sharing with respect to
37 that item or service.

38 c. (1) A contract shall provide coverage for an item or service
39 described in subsection a. of this section for plan years that begin on or
40 after the date that is one year after the date the recommendation or
41 guideline is issued.

42 (2) (a) Except as provided in subparagraph (b) of this paragraph, a
43 contract that is required to provide coverage for an item or service
44 described in subsection a. of this section on the first day of a plan year
45 shall provide coverage for that item or service through the last day of
46 the plan year.

1 **(b) The commissioner may remove a coverage requirement for an**
2 **item or service during a plan year if the recommendation or guideline**
3 **changes or is no longer described in subsection a. of this section.**¹
4

5 10. ¹**a.**¹ The School Employees' Health Benefits Commission
6 shall ensure that every contract purchased by the commission on or
7 after the effective date of this act that provides hospital or medical
8 expense benefits shall provide coverage, without requiring any cost
9 sharing, for the following preventive services:

10 (1) evidence-based items or services that have in effect a rating
11 of "A" or "B" in the current recommendations of the United States
12 Preventive Services Task Force;

13 (2) immunizations that have in effect a recommendation from
14 the Advisory Committee on Immunization Practices of the Centers
15 for Disease Control and Prevention;

16 (3) with respect to infants, children, and adolescents, evidence-
17 informed preventive care and screenings provided for in the
18 comprehensive guidelines supported by the Health Resources and
19 Services Administration; and

20 (4) with respect to women, any additional preventive care and
21 screenings not described in paragraph (1) as provided for in the
22 comprehensive guidelines supported by the Health Resources and
23 Services Administration.

24 ¹**b.** (1) **Except as provided in paragraph (2) of this subsection,**
25 **nothing in this section shall:**

26 **(a) require a contract which has a network of providers to provide**
27 **benefits for items or services described in subsection a. of this section**
28 **that are delivered by an out-of-network provider; or**

29 **(b) preclude a contract which has a network of providers from**
30 **imposing cost-sharing requirements for items or services described in**
31 **subsection a. of this section that are delivered by an out-of-network**
32 **provider.**

33 **(2) If a contract does not have in its network a provider who can**
34 **provide an item or service described in subsection a. of this section,**
35 **the contract shall cover the item or service when performed by an out-**
36 **of-network provider, and shall not impose cost sharing with respect to**
37 **that item or service.**

38 **c. (1) A contract shall provide coverage for an item or service**
39 **described in subsection a. of this section for plan years that begin on or**
40 **after the date that is one year after the date the recommendation or**
41 **guideline is issued.**

42 **(2) (a) Except as provided in subparagraph (b) of this paragraph, a**
43 **contract that is required to provide coverage for an item or service**
44 **described in subsection a. of this section on the first day of a plan year**
45 **shall provide coverage for that item or service through the last day of**
46 **the plan year.**

1 (b) The commissioner may remove a coverage requirement for an
2 item or service during a plan year if the recommendation or guideline
3 changes or is no longer described in subsection a. of this section.¹

4

5 11. This act shall take effect on the 90th day next following
6 enactment and shall apply to policies or contracts issued or renewed
7 on or after the effective date.

8

9

10

11

12 _____
Requires health benefits coverage for certain preventive services.

ASSEMBLY, No. 5507

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JUNE 6, 2019

Sponsored by:

Assemblyman JOHN F. MCKEON

District 27 (Essex and Morris)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Co-Sponsored by:

**Assemblywoman Speight, Assemblyman Caputo, Assemblywomen Vainieri
Huttle, Lampitt, Jasey and McKnight**

SYNOPSIS

Requires health benefits coverage for certain preventive services.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/21/2019)

1 AN ACT concerning insurance coverage for preventive services and
2 supplementing various parts of the statutory law.

3

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

6

7 1. a. A hospital service corporation contract that provides
8 hospital or medical expense benefits and is delivered, issued,
9 executed or renewed in this State, or approved for issuance or
10 renewal in this State by the Commissioner of Banking and
11 Insurance, on or after the effective date of this act, shall provide
12 coverage, without requiring any cost sharing, for the following
13 preventive services:

14 (1) evidence-based items or services that have in effect a rating
15 of "A" or "B" in the current recommendations of the United States
16 Preventive Services Task Force;

17 (2) immunizations that have in effect a recommendation from
18 the Advisory Committee on Immunization Practices of the Centers
19 for Disease Control and Prevention;

20 (3) with respect to infants, children, and adolescents, evidence-
21 informed preventive care and screenings provided for in the
22 comprehensive guidelines supported by the Health Resources and
23 Services Administration; and

24 (4) with respect to women, any additional preventive care and
25 screenings not described in paragraph (1) as provided for in the
26 comprehensive guidelines supported by the Health Resources and
27 Services Administration.

28 b. The provisions of this section shall apply to those hospital
29 service corporation contracts in which the hospital service
30 corporation has reserved the right to change the premium.

31

32 2. a. A medical service corporation contract that provides
33 hospital or medical expense benefits and is delivered, issued,
34 executed or renewed in this State, or approved for issuance or
35 renewal in this State by the Commissioner of Banking and
36 Insurance, on or after the effective date of this act, shall provide
37 coverage, without requiring any cost sharing, for the following
38 preventive services:

39 (1) evidence-based items or services that have in effect a rating
40 of "A" or "B" in the current recommendations of the United States
41 Preventive Services Task Force;

42 (2) immunizations that have in effect a recommendation from
43 the Advisory Committee on Immunization Practices of the Centers
44 for Disease Control and Prevention;

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 (3) with respect to infants, children, and adolescents, evidence-
2 informed preventive care and screenings provided for in the
3 comprehensive guidelines supported by the Health Resources and
4 Services Administration; and

5 (4) with respect to women, any additional preventive care and
6 screenings not described in paragraph (1) as provided for in the
7 comprehensive guidelines supported by the Health Resources and
8 Services Administration.

9 b. The provisions of this section shall apply to those medical
10 service corporation contracts in which the medical service
11 corporation has reserved the right to change the premium.

12

13 3. a. A health service corporation contract that provides
14 hospital or medical expense benefits and is delivered, issued,
15 executed or renewed in this State, or approved for issuance or
16 renewal in this State by the Commissioner of Banking and
17 Insurance, on or after the effective date of this act, shall provide
18 coverage, without requiring any cost sharing, for the following
19 preventive services:

20 (1) evidence-based items or services that have in effect a rating
21 of "A" or "B" in the current recommendations of the United States
22 Preventive Services Task Force;

23 (2) immunizations that have in effect a recommendation from
24 the Advisory Committee on Immunization Practices of the Centers
25 for Disease Control and Prevention;

26 (3) with respect to infants, children, and adolescents, evidence-
27 informed preventive care and screenings provided for in the
28 comprehensive guidelines supported by the Health Resources and
29 Services Administration; and

30 (4) with respect to women, any additional preventive care and
31 screenings not described in paragraph (1) as provided for in the
32 comprehensive guidelines supported by the Health Resources and
33 Services Administration.

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

37

38 4. a. An individual health insurer policy that provides hospital
39 or medical expense benefits and is delivered, issued, executed or
40 renewed in this State, or approved for issuance or renewal in this
41 State by the Commissioner of Banking and Insurance, on or after
42 the effective date of this act, shall provide coverage, without
43 requiring any cost sharing, for the following preventive services:

44 (1) evidence-based items or services that have in effect a rating
45 of "A" or "B" in the current recommendations of the United States
46 Preventive Services Task Force;

1 (2) immunizations that have in effect a recommendation from
2 the Advisory Committee on Immunization Practices of the Centers
3 for Disease Control and Prevention;

4 (3) with respect to infants, children, and adolescents, evidence-
5 informed preventive care and screenings provided for in the
6 comprehensive guidelines supported by the Health Resources and
7 Services Administration; and

8 (4) with respect to women, any additional preventive care and
9 screenings not described in paragraph (1) as provided for in the
10 comprehensive guidelines supported by the Health Resources and
11 Services Administration.

12 b. This section shall apply to those policies in which the insurer
13 has reserved the right to change the premium.

14

15 5. a. A group health insurer policy that provides hospital or
16 medical expense benefits and is delivered, issued, executed or
17 renewed in this State, or approved for issuance or renewal in this
18 State by the Commissioner of Banking and Insurance, on or after
19 the effective date of this act, shall provide coverage, without
20 requiring any cost sharing, for the following preventive services:

21 (1) evidence-based items or services that have in effect a rating
22 of "A" or "B" in the current recommendations of the United States
23 Preventive Services Task Force;

24 (2) immunizations that have in effect a recommendation from
25 the Advisory Committee on Immunization Practices of the Centers
26 for Disease Control and Prevention;

27 (3) with respect to infants, children, and adolescents, evidence-
28 informed preventive care and screenings provided for in the
29 comprehensive guidelines supported by the Health Resources and
30 Services Administration; and

31 (4) with respect to women, any additional preventive care and
32 screenings not described in paragraph (1) as provided for in the
33 comprehensive guidelines supported by the Health Resources and
34 Services Administration.

35 b. This section shall apply to those policies in which the insurer
36 has reserved the right to change the premium.

37

38 6. a. An individual health benefits plan that provides hospital
39 or medical expense benefits and is delivered, issued, executed or
40 renewed in this State, or approved for issuance or renewal in this
41 State by the Commissioner of Banking and Insurance, on or after
42 the effective date of this act, shall provide coverage, without
43 requiring any cost sharing, for the following preventive services:

44 (1) evidence-based items or services that have in effect a rating
45 of "A" or "B" in the current recommendations of the United States
46 Preventive Services Task Force;

1 (2) immunizations that have in effect a recommendation from
2 the Advisory Committee on Immunization Practices of the Centers
3 for Disease Control and Prevention;

4 (3) with respect to infants, children, and adolescents, evidence-
5 informed preventive care and screenings provided for in the
6 comprehensive guidelines supported by the Health Resources and
7 Services Administration; and

8 (4) with respect to women, any additional preventive care and
9 screenings not described in paragraph (1) as provided for in the
10 comprehensive guidelines supported by the Health Resources and
11 Services Administration.

12 b. This section shall apply to all individual health benefits
13 plans in which the carrier has reserved the right to change the
14 premium.

15

16 7. a. An small employer health benefits plan that provides
17 hospital or medical expense benefits and is delivered, issued,
18 executed or renewed in this State, or approved for issuance or
19 renewal in this State by the Commissioner of Banking and
20 Insurance, on or after the effective date of this act, shall provide
21 coverage, without requiring any cost sharing, for the following
22 preventive services:

23 (1) evidence-based items or services that have in effect a rating
24 of "A" or "B" in the current recommendations of the United States
25 Preventive Services Task Force;

26 (2) immunizations that have in effect a recommendation from
27 the Advisory Committee on Immunization Practices of the Centers
28 for Disease Control and Prevention;

29 (3) with respect to infants, children, and adolescents, evidence-
30 informed preventive care and screenings provided for in the
31 comprehensive guidelines supported by the Health Resources and
32 Services Administration; and

33 (4) with respect to women, any additional preventive care and
34 screenings not described in paragraph (1) as provided for in the
35 comprehensive guidelines supported by the Health Resources and
36 Services Administration.

37 b. This section shall apply to all small employer health benefits
38 plans in which the carrier has reserved the right to change the
39 premium.

40

41 8. a. A health maintenance organization contract that provides
42 hospital or medical expense benefits and is delivered, issued,
43 executed or renewed in this State, or approved for issuance or
44 renewal in this State by the Commissioner of Banking and
45 Insurance, on or after the effective date of this act, shall provide
46 coverage, without requiring any cost sharing, for the following
47 preventive services:

1 (1) evidence-based items or services that have in effect a rating
2 of "A" or "B" in the current recommendations of the United States
3 Preventive Services Task Force;

4 (2) immunizations that have in effect a recommendation from
5 the Advisory Committee on Immunization Practices of the Centers
6 for Disease Control and Prevention;

7 (3) with respect to infants, children, and adolescents, evidence-
8 informed preventive care and screenings provided for in the
9 comprehensive guidelines supported by the Health Resources and
10 Services Administration; and

11 (4) with respect to women, any additional preventive care and
12 screenings not described in paragraph (1) as provided for in the
13 comprehensive guidelines supported by the Health Resources and
14 Services Administration.

15 b. The provisions of this section shall apply to those contracts
16 in which the health maintenance organization has reserved the right
17 to change the premium.

18

19 9. The State Health Benefits Commission shall ensure that
20 every contract purchased by the commission on or after the
21 effective date of this act that provides hospital or medical expense
22 benefits shall provide coverage, without requiring any cost sharing,
23 for the following preventive services:

24 (1) evidence-based items or services that have in effect a rating
25 of "A" or "B" in the current recommendations of the United States
26 Preventive Services Task Force;

27 (2) immunizations that have in effect a recommendation from
28 the Advisory Committee on Immunization Practices of the Centers
29 for Disease Control and Prevention;

30 (3) with respect to infants, children, and adolescents, evidence-
31 informed preventive care and screenings provided for in the
32 comprehensive guidelines supported by the Health Resources and
33 Services Administration; and

34 (4) with respect to women, any additional preventive care and
35 screenings not described in paragraph (1) as provided for in the
36 comprehensive guidelines supported by the Health Resources and
37 Services Administration.

38

39 10. The School Employees' Health Benefits Commission shall
40 ensure that every contract purchased by the commission on or after
41 the effective date of this act that provides hospital or medical
42 expense benefits shall provide coverage, without requiring any cost
43 sharing, for the following preventive services:

44 (1) evidence-based items or services that have in effect a rating
45 of "A" or "B" in the current recommendations of the United States
46 Preventive Services Task Force;

- 1 (2) immunizations that have in effect a recommendation from
2 the Advisory Committee on Immunization Practices of the Centers
3 for Disease Control and Prevention;
- 4 (3) with respect to infants, children, and adolescents, evidence-
5 informed preventive care and screenings provided for in the
6 comprehensive guidelines supported by the Health Resources and
7 Services Administration; and
- 8 (4) with respect to women, any additional preventive care and
9 screenings not described in paragraph (1) as provided for in the
10 comprehensive guidelines supported by the Health Resources and
11 Services Administration.

12

13 11. This act shall take effect on the 90th day next following
14 enactment and shall apply to policies or contracts issued or renewed
15 on or after the effective date.

16

17

18 STATEMENT

19

20 This bill requires health insurers (health, hospital and medical
21 service corporations, commercial individual and group health
22 insurers; health maintenance organizations, health benefits plans
23 issued pursuant to the New Jersey Individual Health Coverage and
24 Small Employer Health Benefits Programs, the State Health
25 Benefits Program, and the School Employees' Health Benefits
26 Program) to provide coverage, without requiring any cost sharing,
27 for expenses incurred in the provision of the following preventive
28 services:

- 29 (1) evidence-based items or services that have in effect a rating
30 of "A" or "B" in the current recommendations of the United States
31 Preventive Services Task Force;
- 32 (2) immunizations that have in effect a recommendation from
33 the Advisory Committee on Immunization Practices of the Centers
34 for Disease Control and Prevention;
- 35 (3) with respect to infants, children, and adolescents, evidence-
36 informed preventive care and screenings provided for in the
37 comprehensive guidelines supported by the Health Resources and
38 Services Administration; and
- 39 (4) with respect to women, any additional preventive care and
40 screenings not described in paragraph (1) as provided for in the
41 comprehensive guidelines supported by the Health Resources and
42 Services Administration.

ASSEMBLY FINANCIAL INSTITUTIONS AND INSURANCE
COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5507

STATE OF NEW JERSEY

DATED: JUNE 6, 2019

The Assembly Financial Institutions and Insurance Committee reports favorably Assembly Bill No. 5507.

This bill requires health insurers (health, hospital and medical service corporations, commercial individual and group health insurers; health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program) to provide coverage, without requiring any cost sharing, for expenses incurred in the provision of the following preventive services:

(1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;

(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

(4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5507

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 6, 2020

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 5507.

This bill, as amended, requires health insurers (health, hospital and medical service corporations, commercial individual and group health insurers; health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program) to provide coverage, without requiring any cost sharing, for expenses incurred in the provision of the following preventive services:

(1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;

(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

(4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

The bill provides that health insurer contracts which have a network of providers to provide benefits for preventive services are not required to pay for, and may impose cost-sharing requirements on, services that are delivered by out-of-network providers.

If a contract does not have in its network a provider who can provide a preventive service described under the bill, the contract is required to cover the service when performed by an out-of-network provider, and may not impose cost sharing with respect to that service.

The bill provides that a health insurer contract must provide coverage for preventive services for plan years that begin on or after the date that is one year after the date the recommendation or guideline is issued. A contract that is required to provide coverage for

preventive services on the first day of a plan year must provide coverage for that item or service through the last day of the plan year, except that the commissioner may remove a coverage requirement for a preventive service during a plan year if the recommendation or guideline changes or is removed.

As amended and reported by the committee, Assembly Bill No. 5507 is identical to Senate Bill No. 3803, as also amended and reported by the committee.

COMMITTEE AMENDMENTS:

The committee amended the bill to provide that health insurer contracts which have a network of providers are not required to pay for, and may impose cost-sharing requirements on, preventive services that are delivered by out-of-network providers, except, if a contract does not have in its network a provider who can provide a preventive service described under the bill, the contract is required to cover the service when performed by an out-of-network provider, and may not impose cost sharing with respect to that service.

The amendments also provide limits for when health insurer contracts must provide coverage for preventive services.

FISCAL IMPACT:

This bill is not certified as requiring a fiscal note.

SENATE, No. 3803

STATE OF NEW JERSEY
218th LEGISLATURE

INTRODUCED MAY 30, 2019

Sponsored by:

Senator NELLIE POU

District 35 (Bergen and Passaic)

Senator M. TERESA RUIZ

District 29 (Essex)

SYNOPSIS

Requires health benefits coverage for certain preventive services.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning insurance coverage for preventive services and
2 supplementing various parts of the statutory law.

3

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

6

7 1. a. A hospital service corporation contract that provides
8 hospital or medical expense benefits and is delivered, issued,
9 executed or renewed in this State, or approved for issuance or
10 renewal in this State by the Commissioner of Banking and
11 Insurance, on or after the effective date of this act, shall provide
12 coverage, without requiring any cost sharing, for the following
13 preventive services:

14 (1) evidence-based items or services that have in effect a rating
15 of "A" or "B" in the current recommendations of the United States
16 Preventive Services Task Force;

17 (2) immunizations that have in effect a recommendation from
18 the Advisory Committee on Immunization Practices of the Centers
19 for Disease Control and Prevention;

20 (3) with respect to infants, children, and adolescents, evidence-
21 informed preventive care and screenings provided for in the
22 comprehensive guidelines supported by the Health Resources and
23 Services Administration; and

24 (4) with respect to women, any additional preventive care and
25 screenings not described in paragraph (1) as provided for in the
26 comprehensive guidelines supported by the Health Resources and
27 Services Administration.

28 b. The provisions of this section shall apply to those hospital
29 service corporation contracts in which the hospital service
30 corporation has reserved the right to change the premium.

31

32 2. a. A medical service corporation contract that provides
33 hospital or medical expense benefits and is delivered, issued,
34 executed or renewed in this State, or approved for issuance or
35 renewal in this State by the Commissioner of Banking and
36 Insurance, on or after the effective date of this act, shall provide
37 coverage, without requiring any cost sharing, for the following
38 preventive services:

39 (1) evidence-based items or services that have in effect a rating
40 of "A" or "B" in the current recommendations of the United States
41 Preventive Services Task Force;

42 (2) immunizations that have in effect a recommendation from
43 the Advisory Committee on Immunization Practices of the Centers
44 for Disease Control and Prevention;

45 (3) with respect to infants, children, and adolescents, evidence-
46 informed preventive care and screenings provided for in the
47 comprehensive guidelines supported by the Health Resources and
48 Services Administration; and

1 (4) with respect to women, any additional preventive care and
2 screenings not described in paragraph (1) as provided for in the
3 comprehensive guidelines supported by the Health Resources and
4 Services Administration.

5 b. The provisions of this section shall apply to those medical
6 service corporation contracts in which the medical service
7 corporation has reserved the right to change the premium.

8
9 3. a. A health service corporation contract that provides
10 hospital or medical expense benefits and is delivered, issued,
11 executed or renewed in this State, or approved for issuance or
12 renewal in this State by the Commissioner of Banking and
13 Insurance, on or after the effective date of this act, shall provide
14 coverage, without requiring any cost sharing, for the following
15 preventive services:

16 (1) evidence-based items or services that have in effect a rating
17 of "A" or "B" in the current recommendations of the United States
18 Preventive Services Task Force;

19 (2) immunizations that have in effect a recommendation from
20 the Advisory Committee on Immunization Practices of the Centers
21 for Disease Control and Prevention;

22 (3) with respect to infants, children, and adolescents, evidence-
23 informed preventive care and screenings provided for in the
24 comprehensive guidelines supported by the Health Resources and
25 Services Administration; and

26 (4) with respect to women, any additional preventive care and
27 screenings not described in paragraph (1) as provided for in the
28 comprehensive guidelines supported by the Health Resources and
29 Services Administration.

30 b. The provisions of this section shall apply to those health
31 service corporation contracts in which the health service
32 corporation has reserved the right to change the premium.

33
34 4. a. An individual health insurer policy that provides hospital
35 or medical expense benefits and is delivered, issued, executed or
36 renewed in this State, or approved for issuance or renewal in this
37 State by the Commissioner of Banking and Insurance, on or after
38 the effective date of this act, shall provide coverage, without
39 requiring any cost sharing, for the following preventive services:

40 (1) evidence-based items or services that have in effect a rating
41 of "A" or "B" in the current recommendations of the United States
42 Preventive Services Task Force;

43 (2) immunizations that have in effect a recommendation from
44 the Advisory Committee on Immunization Practices of the Centers
45 for Disease Control and Prevention;

46 (3) with respect to infants, children, and adolescents, evidence-
47 informed preventive care and screenings provided for in the

1 comprehensive guidelines supported by the Health Resources and
2 Services Administration; and

3 (4) with respect to women, any additional preventive care and
4 screenings not described in paragraph (1) as provided for in the
5 comprehensive guidelines supported by the Health Resources and
6 Services Administration.

7 b. This section shall apply to those policies in which the insurer
8 has reserved the right to change the premium.

9
10 5. a. A group health insurer policy that provides hospital or
11 medical expense benefits and is delivered, issued, executed or
12 renewed in this State, or approved for issuance or renewal in this
13 State by the Commissioner of Banking and Insurance, on or after
14 the effective date of this act, shall provide coverage, without
15 requiring any cost sharing, for the following preventive services:

16 (1) evidence-based items or services that have in effect a rating
17 of "A" or "B" in the current recommendations of the United States
18 Preventive Services Task Force;

19 (2) immunizations that have in effect a recommendation from
20 the Advisory Committee on Immunization Practices of the Centers
21 for Disease Control and Prevention;

22 (3) with respect to infants, children, and adolescents, evidence-
23 informed preventive care and screenings provided for in the
24 comprehensive guidelines supported by the Health Resources and
25 Services Administration; and

26 (4) with respect to women, any additional preventive care and
27 screenings not described in paragraph (1) as provided for in the
28 comprehensive guidelines supported by the Health Resources and
29 Services Administration.

30 b. This section shall apply to those policies in which the insurer
31 has reserved the right to change the premium.

32
33 6. a. An individual health benefits plan that provides hospital
34 or medical expense benefits and is delivered, issued, executed or
35 renewed in this State, or approved for issuance or renewal in this
36 State by the Commissioner of Banking and Insurance, on or after
37 the effective date of this act, shall provide coverage, without
38 requiring any cost sharing, for the following preventive services:

39 (1) evidence-based items or services that have in effect a rating
40 of "A" or "B" in the current recommendations of the United States
41 Preventive Services Task Force;

42 (2) immunizations that have in effect a recommendation from
43 the Advisory Committee on Immunization Practices of the Centers
44 for Disease Control and Prevention;

45 (3) with respect to infants, children, and adolescents, evidence-
46 informed preventive care and screenings provided for in the
47 comprehensive guidelines supported by the Health Resources and
48 Services Administration; and

1 (4) with respect to women, any additional preventive care and
2 screenings not described in paragraph (1) as provided for in the
3 comprehensive guidelines supported by the Health Resources and
4 Services Administration.

5 b. This section shall apply to all individual health benefits
6 plans in which the carrier has reserved the right to change the
7 premium.

8
9 7. a. An small employer health benefits plan that provides
10 hospital or medical expense benefits and is delivered, issued,
11 executed or renewed in this State, or approved for issuance or
12 renewal in this State by the Commissioner of Banking and
13 Insurance, on or after the effective date of this act, shall provide
14 coverage, without requiring any cost sharing, for the following
15 preventive services:

16 (1) evidence-based items or services that have in effect a rating
17 of "A" or "B" in the current recommendations of the United States
18 Preventive Services Task Force;

19 (2) immunizations that have in effect a recommendation from
20 the Advisory Committee on Immunization Practices of the Centers
21 for Disease Control and Prevention;

22 (3) with respect to infants, children, and adolescents, evidence-
23 informed preventive care and screenings provided for in the
24 comprehensive guidelines supported by the Health Resources and
25 Services Administration; and

26 (4) with respect to women, any additional preventive care and
27 screenings not described in paragraph (1) as provided for in the
28 comprehensive guidelines supported by the Health Resources and
29 Services Administration.

30 b. This section shall apply to all small employer health benefits
31 plans in which the carrier has reserved the right to change the
32 premium.

33
34 8. a. A health maintenance organization contract that provides
35 hospital or medical expense benefits and is delivered, issued,
36 executed or renewed in this State, or approved for issuance or
37 renewal in this State by the Commissioner of Banking and
38 Insurance, on or after the effective date of this act, shall provide
39 coverage, without requiring any cost sharing, for the following
40 preventive services:

41 (1) evidence-based items or services that have in effect a rating
42 of "A" or "B" in the current recommendations of the United States
43 Preventive Services Task Force;

44 (2) immunizations that have in effect a recommendation from
45 the Advisory Committee on Immunization Practices of the Centers
46 for Disease Control and Prevention;

47 (3) with respect to infants, children, and adolescents, evidence-
48 informed preventive care and screenings provided for in the

1 comprehensive guidelines supported by the Health Resources and
2 Services Administration; and

3 (4) with respect to women, any additional preventive care and
4 screenings not described in paragraph (1) as provided for in the
5 comprehensive guidelines supported by the Health Resources and
6 Services Administration.

7 b. The provisions of this section shall apply to those contracts
8 in which the health maintenance organization has reserved the right
9 to change the premium.

10

11 9. The State Health Benefits Commission shall ensure that
12 every contract purchased by the commission on or after the
13 effective date of this act that provides hospital or medical expense
14 benefits shall provide coverage, without requiring any cost sharing,
15 for the following preventive services:

16 (1) evidence-based items or services that have in effect a rating
17 of "A" or "B" in the current recommendations of the United States
18 Preventive Services Task Force;

19 (2) immunizations that have in effect a recommendation from
20 the Advisory Committee on Immunization Practices of the Centers
21 for Disease Control and Prevention;

22 (3) with respect to infants, children, and adolescents, evidence-
23 informed preventive care and screenings provided for in the
24 comprehensive guidelines supported by the Health Resources and
25 Services Administration; and

26 (4) with respect to women, any additional preventive care and
27 screenings not described in paragraph (1) as provided for in the
28 comprehensive guidelines supported by the Health Resources and
29 Services Administration.

30

31 10. The School Employees' Health Benefits Commission shall
32 ensure that every contract purchased by the commission on or after
33 the effective date of this act that provides hospital or medical
34 expense benefits shall provide coverage, without requiring any cost
35 sharing, for the following preventive services:

36 (1) evidence-based items or services that have in effect a rating
37 of "A" or "B" in the current recommendations of the United States
38 Preventive Services Task Force;

39 (2) immunizations that have in effect a recommendation from
40 the Advisory Committee on Immunization Practices of the Centers
41 for Disease Control and Prevention;

42 (3) with respect to infants, children, and adolescents, evidence-
43 informed preventive care and screenings provided for in the
44 comprehensive guidelines supported by the Health Resources and
45 Services Administration; and

46 (4) with respect to women, any additional preventive care and
47 screenings not described in paragraph (1) as provided for in the

1 comprehensive guidelines supported by the Health Resources and
2 Services Administration.

3

4 11. This act shall take effect on the 90th day next following
5 enactment and shall apply to policies or contracts issued or renewed
6 on or after the effective date.

7

8

9

STATEMENT

10

11 This bill requires health insurers (health, hospital and medical
12 service corporations, commercial individual and group health
13 insurers; health maintenance organizations, health benefits plans
14 issued pursuant to the New Jersey Individual Health Coverage and
15 Small Employer Health Benefits Programs, the State Health
16 Benefits Program, and the School Employees' Health Benefits
17 Program) to provide coverage, without requiring any cost sharing,
18 for expenses incurred in the provision of the following preventive
19 services:

20 (1) evidence-based items or services that have in effect a rating
21 of "A" or "B" in the current recommendations of the United States
22 Preventive Services Task Force;

23 (2) immunizations that have in effect a recommendation from
24 the Advisory Committee on Immunization Practices of the Centers
25 for Disease Control and Prevention;

26 (3) with respect to infants, children, and adolescents, evidence-
27 informed preventive care and screenings provided for in the
28 comprehensive guidelines supported by the Health Resources and
29 Services Administration; and

30 (4) with respect to women, any additional preventive care and
31 screenings not described in paragraph (1) as provided for in the
32 comprehensive guidelines supported by the Health Resources and
33 Services Administration.

SENATE COMMERCE COMMITTEE

STATEMENT TO

SENATE, No. 3803

STATE OF NEW JERSEY

DATED: JUNE 3, 2019

The Senate Commerce Committee reports favorably Senate Bill No. 3803.

This bill requires health insurers (health, hospital and medical service corporations, commercial individual and group health insurers; health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program) to provide coverage, without requiring any cost sharing, for expenses incurred in the provision of the following preventive services:

(1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;

(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

(4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE, No. 3803

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 6, 2020

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 3803, with committee amendments.

This bill, as amended, requires health insurers (health, hospital and medical service corporations, commercial individual and group health insurers; health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program) to provide coverage, without requiring any cost sharing, for expenses incurred in the provision of the following preventive services:

(1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;

(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

(4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

The bill provides that health insurer contracts which have a network of providers to provide benefits for preventive services are not required to pay for, and may impose cost-sharing requirements on, services that are delivered by out-of-network providers.

If a contract does not have in its network a provider who can provide a preventive service described under the bill, the contract is required to cover the service when performed by an out-of-network provider, and may not impose cost sharing with respect to that service.

The bill provides that a health insurer contract must provide coverage for preventive services for plan years that begin on or after the date that is one year after the date the recommendation or guideline is issued. A contract that is required to provide coverage for

preventive services on the first day of a plan year must provide coverage for that item or service through the last day of the plan year, except that the commissioner may remove a coverage requirement for a preventive service during a plan year if the recommendation or guideline changes or is removed.

As amended and reported by the committee, Senate Bill No. 3803 is identical to Assembly Bill No. 5507, as also amended and reported by the committee.

COMMITTEE AMENDMENTS:

The committee amended the bill to provide that health insurer contracts which have a network of providers are not required to pay for, and may impose cost-sharing requirements on, preventive services that are delivered by out-of-network providers, except, if a contract does not have in its network a provider who can provide a preventive service described under the bill, the contract is required to cover the service when performed by an out-of-network provider, and may not impose cost sharing with respect to that service.

The amendments also provide limits for when health insurer contracts must provide coverage for preventive services.

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 Huttel, 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 Huttel, 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.”