

17:48E-35.10

LEGISLATIVE HISTORY CHECKLIST
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(Health insurance for children--
require coverage of immunizations &
screening)

NJSA: 17:48E-35.10

LAWS OF: 1995 **CHAPTER:** 316

BILL NO: S1014

SPONSOR(S): Sinagra and others

DATE INTRODUCED: May 12, 1994

COMMITTEE: **ASSEMBLY** Insurance
SENATE: Health

AMENDED DURING PASSAGE: Yes Amendments during passage
Second reprint enacted denoted by superscript numbers

DATE OF PASSAGE: **ASSEMBLY:** June 29, 1995
SENATE: June 20, 1994

DATE OF APPROVAL: January 5, 1996

FOLLOWING STATEMENTS ARE ATTACHED IF AVAILABLE:

SPONSOR STATEMENT: Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes
SENATE: Yes

FISCAL NOTE: No

VETO MESSAGE: No

MESSAGE ON SIGNING: No

FOLLOWING WERE PRINTED:

REPORTS: No

HEARINGS: No

KBP:pp

SENATE, No. 1014

STATE OF NEW JERSEY

INTRODUCED MAY 12, 1994

By Senators SINAGRA, MATHEUSSEN and Baer

1 AN ACT concerning health insurance benefits for children and
2 revising parts of statutory law.

3

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

6 1. (New section) No health service corporation contract
7 providing hospital or medical expense benefits for groups with
8 greater than 49 persons shall be delivered, issued, executed or
9 renewed in this State, or approved for issuance or renewal in this
10 State by the Commissioner of Insurance on or after the effective
11 date of this act, unless the contract provides benefits to any
12 named subscriber or other person covered thereunder for
13 expenses incurred in the following:

14 a. Screening by blood lead measurement for lead poisoning for
15 children, including confirmatory blood lead testing ²[and related
16 lead testing services,]² as specified by the Department of Health
17 pursuant to section 7 of P.L. , c. (C.)(pending before the
18 Legislature as this bill); ²and² medical evaluation and any
19 necessary medical follow up and treatment for lead poisoned
20 children ¹[, and developmental assessments performed as part of
21 the medically prescribed course of treatment for children
22 diagnosed with lead poisoning]².

23 b. All childhood immunizations as recommended by the
24 Advisory Committee on Immunization Practices of the United
25 States Public Health Service and the Department of Health
26 pursuant to section 7 of P.L. , c. (C.)(pending before the
27 Legislature as this bill). ³A health service corporation shall
28 notify its subscribers, in writing, of any change in coverage with
29 respect to childhood immunizations and any related changes in
30 premium. Such notification shall be in a form and manner to be
31 determined by the Commissioner of Insurance.²

32 ¹The benefits shall be provided to the same extent as for any
33 other medical condition under the contract, except that no
34 deductible shall be applied for benefits provided pursuant to this
35 section. This section shall apply to all health service corporation
36 contracts in which the health service corporation has reserved
37 the right to change the premium.¹

38 2. (New section) No hospital service corporation contract
39 providing hospital or medical expense benefits for groups with
40 greater than 49 persons shall be delivered, issued, executed or
41 renewed in this State, or approved for issuance or renewal in this
42 State by the Commissioner of Insurance on or after the effective

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:

¹ Senate SHH committee amendments adopted May 19, 1994.

² Assembly AIN committee amendments adopted January 19, 1995.

1 date of this act, unless the contract provides benefits to any
2 named subscriber or other person covered thereunder for
3 expenses incurred in the following:

4 a. Screening by blood lead measurement for lead poisoning for
5 children, including confirmatory blood lead testing ²[and related
6 lead testing services,]² as specified by the Department of Health
7 pursuant to section 7 of P.L. , c. (C.)(pending before the
8 Legislature as this bill); ²and² medical evaluation and any
9 necessary medical follow-up and treatment for lead poisoned
10 children ²[: and developmental assessments performed as part of
11 the medically prescribed course of treatment for children
12 diagnosed with lead poisoning]².

13 b. All childhood immunizations as recommended by the
14 Advisory Committee on Immunization Practices of the United
15 States Public Health Service and the Department of Health
16 pursuant to section 7 of P.L. , c. (C.)(pending before the
17 Legislature as this bill). ²A hospital service corporation shall
18 notify its subscribers, in writing, of any change in coverage with
19 respect to childhood immunizations and any related changes in
20 premium. Such notification shall be in a form and manner to be
21 determined by the Commissioner of Insurance.²

22 ¹The benefits shall be provided to the same extent as for any
23 other medical condition under the contract, except that no
24 deductible shall be applied for benefits provided pursuant to this
25 section. This section shall apply to all hospital service
26 corporation contracts in which the hospital service corporation
27 has reserved the right to change the premium.¹

28 3. (New section) No group health insurance policy providing
29 hospital or medical expense benefits for groups with more than 49
30 persons shall be delivered, issued, executed or renewed in this
31 State, or approved for issuance or renewal in this State by the
32 Commissioner of Insurance on or after the effective date of this
33 act, unless the policy provides benefits to any named insured or
34 other person covered thereunder for expenses incurred in the
35 following:

36 a. Screening by blood lead measurement for lead poisoning for
37 children, including confirmatory blood lead testing ²[and related
38 lead testing services,]² as specified by the Department of Health
39 pursuant to section 7 of P.L. , c. (C.)(pending before the
40 Legislature as this bill); ²and² medical evaluation and any
41 necessary medical follow-up and treatment for lead poisoned
42 children ²[: and developmental assessments performed as part of
43 the medically prescribed course of treatment for children
44 diagnosed with lead poisoning]².

45 b. All childhood immunizations as recommended by the
46 Advisory Committee on Immunization Practices of the United
47 States Public Health Service and the Department of Health
48 pursuant to section 7 of P.L. , c. (C.)(pending before the
49 Legislature as this bill). ²A health insurer shall notify its
50 policyholders, in writing, of any change in coverage with respect
51 to childhood immunizations and any related changes in premium.
52 Such notification shall be in a form and manner to be determined
53 by the Commissioner of Insurance.²

54 ¹The benefits shall be provided to the same extent as for any

1 other medical condition under the policy, except that no
2 deductible shall be applied for benefits provided pursuant to this
3 section. This section shall apply to all group health insurance
4 policies in which the health insurer has reserved the right to
5 change the premium.¹

6 4. (New section) A certificate of authority to establish and
7 operate a health maintenance organization in this State shall not
8 be issued or continued by the Commissioner of Health on or after
9 the effective date of this act unless the health maintenance
10 organization offers health care services to any enrollee which
11 include:

12 a. Screening by blood lead measurement for lead poisoning for
13 children, including confirmatory blood lead testing ²[and related
14 lead testing services,]² as specified by the Department of Health
15 pursuant to section 7 of P.L. , c. (C.)(pending before the
16 Legislature as this bill); ²and² medical evaluation and any
17 necessary medical follow-up and treatment for lead poisoned
18 children ²]; and developmental assessments performed as part of
19 the medically prescribed course of treatment for children
20 diagnosed with lead poisoning]².

21 b. All childhood immunizations as recommended by the
22 Advisory Committee on Immunization Practices of the United
23 States Public Health Service and the Department of Health
24 pursuant to section 7 of P.L. , c. (C.)(pending before the
25 Legislature as this bill). ²A health maintenance organization
26 shall notify its enrollees, in writing, of any change in the health
27 care services provided with respect to childhood immunizations
28 and any related changes in premium. Such notification shall be in
29 a form and manner to be determined by the Commissioner of
30 Insurance.²

31 ¹The health care services shall be provided to the same extent
32 as for any other medical condition under the contract, except
33 that no deductible shall be applied for services provided pursuant
34 to this section. This section shall apply to all contracts under
35 which the health maintenance organization has reserved the right
36 to change the schedule of charges for enrollee coverage.¹

37 5. Section 6 of P.L.1992, c.161 (C.17B:27A-7) is amended to
38 read as follows:

39 6. The board shall establish the policy and contract forms and
40 benefit levels to be made available by all carriers for the policies
41 required to be issued pursuant to section 3 of [this act] P.L.1992,
42 c.161 (C.17B:27A-4). The board shall provide the commissioner
43 with an informational filing of the policy and contract forms and
44 benefit levels it establishes.

45 a. The individual health benefits plans established by the board
46 may include cost containment measures such as, but not limited
47 to: utilization review of health care services, including review of
48 medical necessity of hospital and physician services; case
49 management benefit alternatives; selective contracting with
50 hospitals, physicians, and other health care providers; and
51 reasonable benefit differentials applicable to participating and
52 nonparticipating providers; and other managed care provisions.

53 b. An individual health benefits plan offered pursuant to
54 section 3 of [this act] P.L.1992, c.161 (C.17B:27A-4) shall contain

1 a limitation of no more than 12 months on coverage for
2 preexisting conditions, except that the limitation shall not apply
3 to an individual who has, under a prior group or individual health
4 benefits plan, with no intervening lapse in coverage, been treated
5 or diagnosed by a physician for a condition under that plan or
6 satisfied a 12 month preexisting condition limitation.

7 c. In addition to the five standard individual health benefits
8 plans provided for in section 3 of [this act] P.L.1992, c.161
9 (C.17B:27A-4), the board may develop up to five rider packages.
10 Premium rates for the rider packages shall be determined in
11 accordance with section 8 of [this act] P.L.1992, c.161
12 (C.17B:27A-9).

13 d. After the board's establishment of the individual health
14 benefits plans required pursuant to section 3 of [this act]
15 P.L.1992, c.161 (C.17B:27A-4), and notwithstanding any law to
16 the contrary, a carrier shall file the policy or contract forms with
17 the board and certify to the board that the health benefits plans
18 to be used by the carrier are in substantial compliance with the
19 provisions in the corresponding board approved plans. The
20 certification shall be signed by the chief executive officer of the
21 carrier. Upon receipt by the board of the certification, the
22 certified plans may be used until the board, after notice and
23 hearing, disapproves their continued use.

24 e. Effective immediately for an individual health benefits plan
25 issued on or after the effective date of P.L. , c. (C.)(pending
26 before the Legislature as this bill) and effective on the first
27 12-month anniversary date of an individual health benefits plan in
28 effect on the effective date of P.L. , c. (C.)(pending before
29 the Legislature as this bill), the individual health benefits plans
30 required pursuant to section 3 of P.L.1992, c.161 (C.17B:27A-4),
31 including any plan offered by a federally qualified health
32 maintenance organization, shall contain benefits for expenses
33 incurred in the following:

34 (1) Screening by blood lead measurement for lead poisoning for
35 children, including confirmatory blood lead testing ²[and related
36 lead testing services,]² as specified by the Department of Health
37 pursuant to section 7 of P.L. , c. (C.)(pending before the
38 Legislature as this bill); ²and² medical evaluation and any
39 necessary medical follow-up and treatment for lead poisoned
40 children ²]; and developmental assessments performed as part of
41 the medically prescribed course of treatment for children
42 diagnosed with lead poisoning]².

43 (2) All childhood immunizations as recommended by the
44 Advisory Committee on Immunization Practices of the United
45 States Public Health Service and the Department of Health
46 pursuant to section 7 of P.L. , c. (C.)(pending before the
47 Legislature as this bill). ²A carrier shall notify its insureds, in
48 writing, of any change in the health care services provided with
49 respect to childhood immunizations and any related changes in
50 premium. Such notification shall be in a form and manner to be
51 determined by the Commissioner of Insurance.²

52 ¹The benefits shall be provided to the same extent as for any
53 other medical condition under the health benefits plan, except
54 that no deductible shall be applied for benefits provided pursuant

1 to this section. This section shall apply to all individual health
2 benefits plans in which the carrier has reserved the right to
3 change the premium.¹

4 (cf: P.L.1993, c.164, s.4)

5 6. Section 3 of P.L.1992, c.162 (C. 17B:27A-19) is amended to
6 read as follows:

7 3. a. Except as provided in subsection f. of this section, every
8 small employer carrier shall, as a condition of transacting
9 business in this State, offer to every small employer the five
10 health benefit plans as provided in this section. The board shall
11 establish a standard policy form for each of the five plans, which
12 except as otherwise provided in subsection j. of this section,¹
13 shall be the only plans offered to small groups on or after January
14 1, 1994. One policy form shall contain the benefits provided for
15 in sections 55, 57, and 59 of P.L.1991, c.187 (C.17:48E-22.2,
16 17B:26B-2 and 26:2J-4.3). In the case of indemnity carriers, one
17 policy form shall be established which contains benefits and cost
18 sharing levels which are equivalent to the health benefits plans of
19 health maintenance organizations pursuant to ¹[subchapter XI of]
20 the "Health Maintenance Organization Act of 1973,"¹
21 Pub.L.93-222 ¹[(42 U.S.C.§300 et seq.)](42 U.S.C.§300e et seq.).¹
22 The remaining policy forms shall contain basic hospital and
23 medical-surgical benefits, including, but not limited to:

- 24 (1) Basic inpatient and outpatient hospital care;
25 (2) Basic and extended medical-surgical benefits;
26 (3) Diagnostic tests, including X-rays;
27 (4) Maternity benefits, including prenatal and postnatal care;
28 and
29 (5) Preventive medicine, including periodic physical
30 examinations and inoculations.

31 At least three of the forms shall provide for major medical
32 benefits in varying lifetime aggregates, one of which shall
33 provide at least \$1,000,000 in lifetime aggregate benefits. The
34 policy forms provided pursuant to this section shall contain
35 benefits representing progressively greater actuarial values.

36 b. Initially, a carrier shall offer a plan within 90 days of the
37 approval of such plan by the commissioner. Thereafter, the plans
38 shall be available to all small employers on a continuing basis.
39 Every small employer which elects to be covered under any
40 health benefits plan who pays the premium therefor and who
41 satisfies the participation requirements of the plan shall be issued
42 a policy or contract by the carrier.

43 c. The carrier may establish a premium payment plan which
44 provides installment payments and which may contain reasonable
45 provisions to ensure payment security, provided that provisions to
46 ensure payment security are uniformly applied.

47 d. In addition to the five standard policies described in
48 subsection a. of this section, the board may develop up to five
49 rider packages. Any such package which a carrier chooses to
50 offer shall be issued to a small employer who pays the premium
51 therefor, and shall be subject to the rating methodology set forth
52 in section 9 of P.L.1992, c.162 (C.17B:27A-25).

53 e. Notwithstanding the provisions of subsection a. of this
54 section to the contrary, the board may approve a health benefits

1 plan containing only medical-surgical benefits or major medical
2 expense benefits, or a combination thereof, which is issued as a
3 separate policy in conjunction with a contract of insurance for
4 hospital expense benefits issued by a hospital service corporation,
5 if the health benefits plan and hospital service corporation
6 contract combined otherwise comply with the provisions of
7 P.L.1992, c.162 (C.17B:27A-17 et seq.).

8 f. Notwithstanding the provisions of this section to the
9 contrary, a health maintenance organization which is a qualified
10 health maintenance organization pursuant to the "Health
11 Maintenance Organization Act of 1973," Pub.L.93-222 (42
12 U.S.C.§300e et seq.) shall be permitted to offer health benefits
13 plans formulated by the board and approved by the commissioner
14 which are in accordance with the provisions of that law in lieu of
15 the five plans required pursuant to this section.

16 Notwithstanding the provisions of this section to the contrary,
17 a health maintenance organization which is approved pursuant to
18 P.L.1973, c.337 (C.26:2J-1 et seq.) shall be permitted to offer
19 health benefits plans formulated by the board and approved by
20 the commissioner which are in accordance with the provisions of
21 that law in lieu of the five plans required pursuant to this section,
22 except that the plans shall provide the same level of benefits as
23 required for a federally qualified health maintenance
24 organization, including any requirements concerning copayments
25 by enrollees.

26 g. A carrier shall not be required to own or control a health
27 maintenance organization or otherwise affiliate with a health
28 maintenance organization in order to comply with the provisions
29 of this section, but the carrier shall be required to offer the five
30 health benefits plans which are formulated by the board and
31 approved by the commissioner, including one plan which contains
32 benefits and cost sharing levels that are equivalent to those
33 required for health maintenance organizations.

34 h. Notwithstanding the provisions of subsection a. of this
35 section to the contrary, the board may modify the benefits
36 provided for in sections 55, 57 and 59 of P.L.1991, c.187
37 (C.17:48E-22.2, 17B:26B-2 and 26:2J-4.3).

38 1i. (1) In addition to the rider packages provided for in
39 subsection d. of this section, every carrier may offer, in
40 connection with the five health benefits plans required to be
41 offered by this section, any number of riders which may revise
42 the coverage offered by the five plans in any way, provided,
43 however, that any form of such rider or amendment thereof
44 which decreases benefits or decreases the actuarial value of one
45 of the five plans shall be filed for informational purposes with the
46 board and for approval by the commissioner before such rider
47 may be sold. Any rider or amendment thereof which adds
48 benefits or increases the actuarial value of one of the five plans
49 shall be filed with the board for informational purposes before
50 such rider may be sold.

51 The commissioner shall disapprove any rider filed pursuant to
52 this subsection that is unjust, unfair, inequitable, unreasonably
53 discriminatory, misleading, contrary to law or the public policy of
54 this State. The commissioner shall not approve any rider which

1 reduces benefits below those required by sections 55, 57 and 59 of
2 P.L.1991, c.187 (C.17:48E-22.2, 17B:26B-2 and 26:2J-4.3) and
3 required to be sold pursuant to this section. The commissioner's
4 determination shall be in writing and shall be appealable.

5 (2) The benefit riders provided for in paragraph (1) of this
6 subsection shall be subject to the provisions of section 2,
7 subsection b. of section 3, and sections 6, 7, 8, 9 and 11 of
8 P.L.1992, c.162 (C.17B:27A-18, 17B:27A-19b., 17B:27A-22,
9 17B:27A-23, 17B:27A-24, 17B:27A-25, and 17B:27A-27).

10 j. (1) Notwithstanding the provisions of P.L.1992, c.162
11 (C.17B:27A-17 et seq.) to the contrary, a health benefits plan
12 issued by or through a carrier, association, multiple employer
13 arrangement or out-of-State trust prior to January 1, 1994, at
14 the option of a small employer policy or contract holder, may be
15 renewed or continued after February 28, 1994, or in the case of
16 such a health benefits plan whose anniversary date occurred
17 between March 1, 1994 and the effective date of P.L.1994, c.11
18 (C.17B:27A-19.1 et al.), may be reinstated within 60 days of that
19 anniversary date, for two successive 12-month periods
20 commencing with the first 12-month anniversary date occurring
21 after February 28, 1994, notwithstanding the provisions of
22 P.L.1992, c.162 (C.17B:27A-17 et seq.) to the contrary, if,
23 beginning on the first 12-month anniversary date occurring on or
24 after the sixtieth day after the board adopts regulations
25 concerning the implementation of the rating factors permitted by
26 section 9 of P.L.1992, c.162 (C.17B:27A-25) and, regardless of
27 the situs of delivery of the health benefits plan, the health
28 benefits plan renewed, continued or reinstated pursuant to this
29 subsection complies with the provisions of section 2, subsection b.
30 of section 3, and sections 6, 7, 8, 9 and 11 of P.L.1992, c.162
31 (C.17B:27A-18, 17B:27A-19b., 17B:27A-22, 17B:27A-23,
32 17B:27A-24, 17B:27A-25 and 17B:27A-27).

33 Nothing in this subsection shall be construed to require an
34 association, multiple employer arrangement or out-of-State trust
35 to provide health benefits coverage to small employers that are
36 not contemplated by the organizational documents, bylaws, or
37 other regulations governing the purpose and operation of the
38 association, multiple employer arrangement or out-of-State
39 trust. Notwithstanding the foregoing provision to the contrary, an
40 association, multiple employer arrangement or out-of-State trust
41 that offers health benefits coverage to its members' employees
42 and dependents shall offer coverage to all eligible employees and
43 their dependents within the membership of the association,
44 multiple employer arrangement or out-of-State trust and an
45 association, multiple employer arrangement or out-of-State trust
46 shall not use actual or expected health status in determining its
47 membership.

48 (2) Notwithstanding the provisions (2) of this subsection to the
49 contrary, a carrier or out-of-State trust which writes the health
50 benefits plans required pursuant to subsection a. of this section,
51 shall be required to offer those plans to any small employer,
52 association or multiple employer arrangement.

53 (3) A carrier, association, multiple employer arrangement or
54 out-of-State trust shall not withdraw a health benefits plan

1 marketed to small employers that was in effect on December 31,
2 1993 without the approval of the commissioner. The
3 commissioner shall approve a request to withdraw a plan only on
4 the grounds that retention of the plan would present a substantial
5 threat to the financial condition of the carrier.

6 (4) Notwithstanding the provisions of P.L.1992, c.162
7 (C.17B:27A-17 et seq.) to the contrary, a health benefits plan in
8 effect on the effective date of P.L.1994, c.11 (C.17B:27A-19.1 et
9 al.) shall remain in effect until the third 12-month anniversary
10 date occurring after February 28, 1994 of that policy or contract
11 and may, at the option of the policy or contract holder, be
12 renewed or continued until the second 12-month anniversary date
13 of that policy or contract occurring after February 28, 1994.

14 (5) A health benefits plan that otherwise conforms to the
15 requirements of this subsection shall be deemed to be in
16 compliance with this subsection, notwithstanding any change in
17 the plan's deductible or copayment.

18 (6) A health benefits plan renewed, continued or reinstated
19 pursuant to this subsection shall be filed with the commissioner
20 for informational purposes within 30 days after its renewal date.
21 No later than 60 days after the board adopts regulations
22 concerning the implementation of the rating factors permitted by
23 section 9 of P.L.1992, c.162 (C.17B:27A-25) the filing shall be
24 amended to show any modifications in the plan that are necessary
25 to comply with the provisions of this subsection. The
26 commissioner shall monitor compliance of any such plan with the
27 requirements of this subsection, except that the board shall
28 enforce the loss ratio requirements.

29 (7) Notwithstanding the provisions of P.L.1992, c.162
30 (C.17B:27A-17 et seq.) to the contrary, an association, multiple
31 employer arrangement or out-of-State trust may offer a health
32 benefits plan authorized to be renewed, continued or reinstated
33 pursuant to this subsection to small employer groups that are
34 otherwise eligible pursuant to paragraph (1) of subsection j. of
35 this section during the period for which such health benefits plan
36 is otherwise authorized to be renewed, continued or reinstated.

37 (8) Notwithstanding the provisions of P.L.1992, c.162
38 (C.17B:27A-17 et seq.) to the contrary, a carrier, association,
39 multiple employer arrangement or out-of-State trust may offer
40 coverage under a health benefits plan authorized to be renewed,
41 continued or reinstated pursuant to this subsection to new
42 employees of small employer groups that were covered by the
43 health benefits plan on December 31, 1993, during the period for
44 which such health benefits plan is otherwise authorized to be
45 renewed, continued or reinstated.

46 (9) Notwithstanding the provisions of P.L.1992, c.162
47 (C.17B:27A-17 et seq.) or P.L.1992, c.161 (C.17B:27A-2 et seq.)
48 to the contrary, any individual, who is eligible for small employer
49 coverage under a policy issued, renewed, continued or reinstated
50 pursuant to this subsection, but who would be subject to a
51 preexisting condition exclusion under the small employer health
52 benefits plan, or who is a member of a small employer group who
53 has been denied coverage under the small employer group health
54 benefits plan for health reasons, may elect to purchase or

1 continue coverage under an individual health benefits plan until
 2 such time as the group health benefits plan covering the small
 3 employer group of which the individual is a member complies
 4 with the provisions of P.L.1992, c.162 (C.17B:27A-17 et seq.).¹

5 ¹[i.] k.¹ Effective immediately for a health benefits plan
 6 issued on or after the effective date of P.L. , c. (C.)(pending
 7 before the Legislature as this bill) and effective on the first
 8 12-month anniversary date of a health benefits plan in effect on
 9 the effective date of P.L. , c. (C.)(pending before the
 10 Legislature as this bill), the health benefits plans required
 11 pursuant to this section, including any plans offered by a State
 12 approved or federally qualified health maintenance organization,
 13 shall contain benefits for expenses incurred in the following:

14 (1) Screening by blood lead measurement for lead poisoning for
 15 children, including confirmatory blood lead testing ²[and related
 16 lead testing services,]² as specified by the Department of Health
 17 pursuant to section 7 of P.L. , c. (C.)(pending before the
 18 Legislature as this bill); ²and² medical evaluation and any
 19 necessary medical follow-up and treatment for lead poisoned
 20 children ²[; and developmental assessments performed as part of
 21 the medically prescribed course of treatment for children
 22 diagnosed with lead poisoning]².

23 (2) All childhood immunizations as recommended by the
 24 Advisory Committee on Immunization Practices of the United
 25 States Public Health Service and the Department of Health
 26 pursuant to section 7 of P.L. , c. (C.)(pending before the
 27 Legislature as this bill). ²A carrier shall notify its insureds, in
 28 writing, of any change in the health care services provided with
 29 respect to childhood immunizations and any related changes in
 30 premium. Such notification shall be in a form and manner to be
 31 determined by the Commissioner of Insurance.²

32 ¹The benefits shall be provided to the same extent as for any
 33 other medical condition under the health benefits plan, except
 34 that no deductible shall be applied for benefits provided pursuant
 35 to this section. This section shall apply to all small employer
 36 health benefits plans in which the carrier has reserved the right
 37 to change the premium.¹

38 (cf: P.L.1994, c.11. s.2)

39 7. (New section) The Department of Health shall specify by
 40 regulation, pursuant to the "Administrative Procedure Act,"
 41 P.L.1968, c.410 (C.52:14B-1 et seq.):

42 a. The lead screening provided for under P.L. , c.
 43 (C.)(pending before the Legislature as this bill), including the
 44 age of the child when initial screening should be conducted, the
 45 time intervals between screening, when follow-up testing is
 46 required, the methods that shall be used to conduct the lead
 47 screening, and the level of lead in the bloodstream that shall be
 48 considered to be "lead poisoning;" and

49 b. The childhood immunizations recommended by the Advisory
 50 Committee on Immunization Practices of the United States
 51 Public Health Service and the Department of Health.

52 8. This act shall take effect 90 days after the date of
 53 enactment.

1

2

3 Mandates health insurance benefits for childhood immunization
4 and screening and treatment of lead poisoning.

1 (2) All childhood immunizations as recommended by the
 2 Advisory Committee on Immunization Practices of the United
 3 States Public Health Service and the Department of Health
 4 pursuant to section 7 of P.L. , c. (C.)(pending before the
 5 Legislature as this bill).

6 (cf: P.L.1993, c.162, s.2)

7 7. (New section) The Department of Health shall specify by
 8 regulation, pursuant to the "Administrative Procedure Act,"
 9 P.L.1968, c.410 (C.52:14B-1 et seq.):

10 a. The lead screening provided for under P.L. , c.
 11 (C.)(pending before the Legislature as this bill), including the
 12 age of the child when initial screening should be conducted, the
 13 time intervals between screening, when follow-up testing is
 14 required, the methods that shall be used to conduct the lead
 15 screening, and the level of lead in the bloodstream that shall be
 16 considered to be "lead poisoning;" and

17 b. The childhood immunizations recommended by the Advisory
 18 Committee on Immunization Practices of the United States
 19 Public Health Service and the Department of Health.

20 8. This act shall take effect 90 days after the date of
 21 enactment.

22

23

24

STATEMENT

25

26 This bill requires all health insurance carriers and health
 27 maintenance organizations to provide coverage for:

28 a. Screening by blood lead measurement for lead poisoning for
 29 children, including confirmatory blood lead testing and related
 30 lead testing services, as specified in regulation by the
 31 Department of Health; medical evaluation and any necessary
 32 medical follow-up and treatment for lead poisoned children; and
 33 developmental assessments performed as part of the medically
 34 prescribed course of treatment for children diagnosed with lead
 35 poisoning; and

36 b. All childhood immunizations as recommended by the
 37 Advisory Committee on Immunization Practices of the United
 38 States Public Health Service and the Department of Health.

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43 Mandates health insurance benefits for childhood immunization
 44 and screening and treatment of lead poisoning.

ASSEMBLY INSURANCE COMMITTEE

STATEMENT TO

[FIRST REPRINT]

SENATE, No. 1014

STATE OF NEW JERSEY

DATED: JANUARY 19, 1995

The Assembly Insurance Committee reports favorably and with committee amendments, Senate Bill No. 1014 [1R].

As amended by the committee, the bill requires all health insurance carriers and health maintenance organizations to provide coverage for:

a. Screening by blood lead measurement for lead poisoning for children, including confirmatory blood lead testing as specified in regulation by the Department of Health; and medical evaluation and any necessary medical follow-up and treatment for lead poisoned children; and

b. All childhood immunizations as recommended by the Advisory Committee on Immunization Practices of the United States Public Health Service and the Department of Health.

The bill provides that the insurance carrier or health maintenance organization shall not apply any deductible for these benefits.

The lead screening health insurance benefits provided for in this bill are in accordance with State Department of Health policy. The department's "Preventing Lead Toxicity In New Jersey Policy Statement" (April 1993) states: "To determine the risk of lead toxicity, all children less than six years of age shall be screened. Every effort should be made to ensure that all children are screened prior to their second birthday. In addition, all workers at risk shall be screened annually."

The amendments remove the requirement to provide coverage for related lead testing services and developmental assessments performed as part of the medically prescribed course of treatment for children diagnosed with lead poisoning.

The amendments also require an insurer to notify its insureds, in writing, of any change in coverage with respect to childhood immunizations and any related changes in premium, in a form and manner to be determined by the Commissioner of Insurance.

As reported by the Committee, this bill is identical to Assembly Bill No. 2130 [1R].

SENATE HEALTH COMMITTEE

STATEMENT TO

SENATE, No. 1014

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 19, 1994

The Senate Health Committee favorably reports Senate Bill No. 1014 with committee amendments.

As amended by committee, this bill requires all health insurance carriers and health maintenance organizations to provide coverage for:

a. Screening by blood lead measurement for lead poisoning for children, including confirmatory blood lead testing and related lead testing services, as specified in regulation by the Department of Health; medical evaluation and any necessary medical follow-up and treatment for lead poisoned children; and developmental assessments performed as part of the medically prescribed course of treatment for children diagnosed with lead poisoning; and

b. All childhood immunizations as recommended by the Advisory Committee on Immunization Practices of the United States Public Health Service and the Department of Health.

The bill provides that the insurance carrier or health maintenance organization shall not apply any deductible for these benefits.

The lead screening health insurance benefits provided for in this bill are in accordance with State Department of Health policy. The department's "Preventing Lead Toxicity In New Jersey Policy Statement" (April 1993) states: "To determine the risk of lead toxicity, all children less than six years of age shall be screened. Every effort should be made to ensure that all children are screened prior to their second birthday. In addition, all workers at risk shall be screened annually."

The committee amended the bill to specify that no deductible shall be applied for the benefits mandated in the bill and to clarify that the bill applies to all contracts and policies for which the carrier has reserved the right to change the premium. Amendments also update section 6 of the bill to reflect recent changes made to section 3 of P.L.1992, c.162 (C.17B:27A-19) pursuant to P.L.1994, c.11.