

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.

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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.

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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.

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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.

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8

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STATEMENT

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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.