

ASSEMBLY, No. 376

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblyman CHRISTOPHER P. DEPHILLIPS

District 40 (Bergen, Essex, Morris and Passaic)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman JON M. BRAMNICK

District 21 (Morris, Somerset and Union)

Co-Sponsored by:

Assemblywomen Murphy, B.DeCroce, Dunn and Chaparro

SYNOPSIS

Requires health insurance coverage for annual mental health screening.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 11/8/2021)

1 **AN ACT** concerning insurance coverage of mental health screenings
2 and amending 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. Section 1 of P.L.1999, c.106 (C.17:48-6v) is amended to
8 read as follows:

9 1. a. (1) Every individual and group hospital service
10 corporation contract that provides hospital or medical expense
11 benefits and is delivered, issued, executed or renewed in this State
12 pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or approved for
13 issuance or renewal in this State by the Commissioner of Banking
14 and Insurance, on or after the effective date of this act shall provide
15 coverage for mental health conditions and substance use disorders
16 under the same terms and conditions as provided for any other
17 sickness under the contract and shall meet the requirements of the
18 federal Paul Wellstone and Pete Domenici Mental Health Parity and
19 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
20 amendments to, and federal guidance or regulations issued under
21 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
22 s.156.115(a)(3).

23 Coverage shall include, but not be limited to, an annual
24 screening for mental health conditions.

25 (2) As used in this section:

26 "Mental health condition" means a condition defined to be
27 consistent with generally recognized independent standards of
28 current medical practice referenced in the current version of the
29 Diagnostic and Statistical Manual of Mental Disorders.

30 "Same terms and conditions" means that the hospital service
31 corporation cannot apply more restrictive non-quantitative
32 limitations, such as utilization review and other criteria or more
33 quantitative limitations such as copayments, deductibles, aggregate
34 or annual limits or benefit limits to mental health condition and
35 substance use disorder benefits than those applied to substantially
36 all other medical or surgical benefits.

37 "Substance use disorder" means a disorder defined to be
38 consistent with generally recognized independent standards of
39 current medical practice referenced in the most current version of
40 the Diagnostic and Statistical Manual of Mental Disorders.

41 b. (Deleted by amendment, P.L.2019, c.58)

42 c. The provisions of this section shall apply to all contracts in
43 which the hospital service corporation has reserved the right to
44 change the premium.

**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 d. Nothing in this section shall reduce the requirement for a
2 hospital service corporation to provide benefits pursuant to section
3 1 of P.L.2017, c.28 (C.17:48-6nn).

4 (cf: P.L.2019, c.58, s.1)

5
6 2. Section 2 of P.L.1999, c.106 (C.17:48A-7u) is amended to
7 read as follows:

8 2. a. (1) Every individual and group medical service
9 corporation contract that provides hospital or medical expense
10 benefits that is delivered, issued, executed or renewed in this State
11 pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for
12 issuance or renewal in this State by the Commissioner of Banking
13 and Insurance, on or after the effective date of this act shall provide
14 coverage for mental health conditions and substance use disorders
15 under the same terms and conditions as provided for any other
16 sickness under the contract and shall meet the requirements of the
17 federal Paul Wellstone and Pete Domenici Mental Health Parity and
18 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
19 amendments to, and federal guidance or regulations issued under
20 that act, including 45 s.C.F.R. Parts 146 and 147 and 45 C.F.R.
21 s.156.115(a)(3).

22 Coverage shall include, but not be limited to, an annual
23 screening for mental health conditions.

24 (2) As used in this section:

25 "Mental health condition" means a condition defined to be
26 consistent with generally recognized independent standards of
27 current medical practice referenced in the current version of the
28 Diagnostic and Statistical Manual of Mental Disorders.

29 "Same terms and conditions" means that the medical service
30 corporation cannot apply more restrictive non-quantitative
31 limitations, such as utilization review and other criteria or more
32 quantitative limitations such as copayments, deductibles, aggregate
33 or annual limits or benefit limits to mental health condition and
34 substance use disorder benefits than those applied to substantially
35 all other medical or surgical benefits.

36 "Substance use disorder" means a disorder defined to be
37 consistent with generally recognized independent standards of
38 current medical practice referenced in the most current version of
39 the Diagnostic and Statistical Manual of Mental Disorders.

40 b. (Deleted by amendment, P.L.2019, c.58)

41 c. The provisions of this section shall apply to all contracts in
42 which the medical service corporation has reserved the right to
43 change the premium.

44 d. Nothing in this section shall reduce the requirement for a
45 medical service corporation to provide benefits pursuant to section
46 2 of P.L.2017, c.28 (C.17:48A-7kk).

47 (cf: P.L.2019, c.58, s.2)

1 3. Section 3 of P.L.1999, c.106 (C.17:48E-35.20) is amended
2 to read as follows:

3 3. a. (1) Every individual and group health service corporation
4 contract that provides hospital or medical expense benefits and is
5 delivered, issued, executed or renewed in this State pursuant to
6 P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for issuance or
7 renewal in this State by the Commissioner of Banking and
8 Insurance, on or after the effective date of this act shall provide
9 coverage for mental health conditions and substance use disorders
10 under the same terms and conditions as provided for any other
11 sickness under the contract and shall meet the requirements of the
12 federal Paul Wellstone and Pete Domenici Mental Health Parity and
13 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
14 amendments to, and federal guidance or regulations issued under
15 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
16 s.156.115(a)(3).

17 Coverage shall include, but not be limited to, an annual
18 screening for mental health conditions.

19 (2) As used in this section:

20 "Mental health condition" means a condition defined to be
21 consistent with generally recognized independent standards of
22 current medical practice referenced in the current version of the
23 Diagnostic and Statistical Manual of Mental Disorders.

24 "Same terms and conditions" means that the health service
25 corporation cannot apply more restrictive non-quantitative
26 limitations, such as utilization review and other criteria or more
27 quantitative limitations such as copayments, deductibles, aggregate
28 or annual limits or benefit limits to mental health condition and
29 substance use disorder benefits than those applied to substantially
30 all other medical or surgical benefits.

31 "Substance use disorder" means a disorder defined to be
32 consistent with generally recognized independent standards of
33 current medical practice referenced in the most current version of
34 the Diagnostic and Statistical Manual of Mental Disorders.

35 b. (Deleted by amendment, P.L.2019, c.58)

36 c. The provisions of this section shall apply to all contracts in
37 which the health service corporation has reserved the right to
38 change the premium.

39 d. Nothing in this section shall reduce the requirement for a
40 health service corporation to provide benefits pursuant to section 3
41 of P.L.2017, c.28 (C.17:48E-35.38).
42 (cf: P.L.2019, c.58, s.3)

43

44 4. Section 4 of P.L.1999, c.106 (C.17B:26-2.1s) is amended to
45 read as follows:

46 4. a. (1) Every individual health insurance policy that
47 provides hospital or medical expense benefits and is delivered,
48 issued, executed or renewed in this State pursuant to chapter 26 of
49 Title 17B of the New Jersey Statutes, or approved for issuance or

1 renewal in this State by the Commissioner of Banking and
2 Insurance, on or after the effective date of this act shall provide
3 coverage for mental health conditions and substance use disorders
4 under the same terms and conditions as provided for any other
5 sickness under the contract and shall meet the requirements of the
6 federal Paul Wellstone and Pete Domenici Mental Health Parity and
7 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
8 amendments to, and federal guidance or regulations issued under
9 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
10 s.156.115(a)(3).

11 Coverage shall include, but not be limited to, an annual
12 screening for mental health conditions.

13 (2) As used in this section:

14 "Mental health condition" means a condition defined to be
15 consistent with generally recognized independent standards of
16 current medical practice referenced in the current version of the
17 Diagnostic and Statistical Manual of Mental Disorders.

18 "Same terms and conditions" means that the insurer cannot apply
19 more restrictive non-quantitative limitations, such as utilization
20 review and other criteria or more quantitative limitations such as
21 copayments, deductibles, aggregate or annual limits or benefit
22 limits to mental health condition and substance use disorder
23 benefits than those applied to substantially all other medical or
24 surgical benefits.

25 "Substance use disorder" means a disorder defined to be
26 consistent with generally recognized independent standards of
27 current medical practice referenced in the most current version of
28 the Diagnostic and Statistical Manual of Mental Disorders.

29 b. (Deleted by amendment, P.L.2019, c.58)

30 c. The provisions of this section shall apply to all policies in
31 which the insurer has reserved the right to change the premium.

32 d. Nothing in this section shall reduce the requirement for an
33 insurer to provide benefits pursuant to section 4 of P.L.2017, c.28
34 (C.17B:26-2.1hh).

35 (cf: P.L.2019, c.58, s.4)

36

37 5. Section 5 of P.L.1999, c.106 (C.17B:27-46.1v) is amended
38 to read as follows:

39 5. a. (1) Every group health insurance policy that provides
40 hospital or medical expense benefits and is delivered, issued,
41 executed or renewed in this State pursuant to chapter 27 of Title
42 17B of the New Jersey Statutes, or approved for issuance or renewal
43 in this State by the Commissioner of Banking and Insurance, on or
44 after the effective date of this act shall provide benefits for mental
45 health conditions and substance use disorders under the same terms
46 and conditions as provided for any other sickness under the policy
47 and shall meet the requirements of the federal Paul Wellstone and
48 Pete Domenici Mental Health Parity and Addiction Equity Act of
49 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal

guidance or regulations issued under that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

Benefits shall include, but not be limited to, an annual screening for mental health conditions.

(2) As used in this section:

"Mental health condition" means a condition defined to be consistent with generally recognized independent standards of current medical practice referenced in the current version of the Diagnostic and Statistical Manual of Mental Disorders.

"Same terms and conditions" means that the insurer cannot apply more restrictive non-quantitative limitations, such as utilization review and other criteria or more quantitative limitations such as copayments, deductibles, aggregate or annual limits or benefit limits to mental health condition and substance use disorder benefits than those applied to substantially all other medical or surgical benefits.

"Substance use disorder" means a disorder defined to be consistent with generally recognized independent standards of current medical practice referenced in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.

b. (Deleted by amendment, P.L.2019, c.59)

c. The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

d. Nothing in this section shall reduce the requirement for an insurer to provide benefits pursuant to section 5 of P.L.2017, c.28 (C.17B:27-46.1nn).
(cf: P.L.2019, c.58, s.5)

6. Section 2 of P.L.1999, c.106 (C.17B:27A-7.5) is amended to read as follows:

6. a. (1) Every individual health benefits plan that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this State on or after the effective date of this act shall provide benefits for mental health conditions and substance use disorders under the same terms and conditions as provided for any other sickness under the health benefits plan and shall meet the requirements of the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal guidance or regulations issued under that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

Benefits shall include, but not be limited to, an annual screening for mental health conditions.

(2) As used in this section:

"Mental health condition" means a condition defined to be consistent with generally recognized independent standards of

1 current medical practice referenced in the current version of the
2 Diagnostic and Statistical Manual of Mental Disorders.

3 "Same terms and conditions" means that the plan cannot apply
4 more restrictive non-quantitative limitations, such as utilization
5 review and other criteria or more quantitative limitations such as
6 copayments, deductibles, aggregate or annual limits or benefit
7 limits to mental health condition and substance use disorder
8 benefits than those applied to substantially all other medical or
9 surgical benefits.

10 "Substance use disorder" means a disorder defined to be
11 consistent with generally recognized independent standards of
12 current medical practice referenced in the most current version of
13 the Diagnostic and Statistical Manual of Mental Disorders.

14 b. (Deleted by amendment, P.L.2019, c.58)

15 c. The provisions of this section shall apply to all health
16 benefits plans in which the carrier has reserved the right to change
17 the premium.

18 d. Nothing in this section shall reduce the requirement for a
19 plan to provide benefits pursuant to section 6 of P.L.2017, c.28
20 (C.17B:27A-7.21).

21 (cf: P.L.2019, c.58, s.6)

22

23 7. Section 7 of P.L.1999, c.106 (C.17B:27A-19.7) is amended
24 to read as follows:

25 7. a (1) Every small employer health benefits plan that
26 provides hospital or medical expense benefits and is delivered,
27 issued, executed or renewed in this State pursuant to P.L.1992,
28 c.162 (C.17B:27A-17 et seq.) or approved for issuance or renewal
29 in this State on or after the effective date of this act shall provide
30 benefits for mental health conditions and substance use disorders
31 under the same terms and conditions as provided for any other
32 sickness under the health benefits plan and shall meet the
33 requirements of the federal Paul Wellstone and Pete Domenici
34 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
35 s.18031(j), and any amendments to, and federal guidance or
36 regulations issued under that act, including 45 C.F.R. Parts 146 and
37 147 and 45 C.F.R. s.156.115(a)(3).

38 Benefits shall include, but not be limited to, an annual screening
39 for mental health conditions.

40 (2) As used in this section:

41 "Mental health condition" means a condition defined to be
42 consistent with generally recognized independent standards of
43 current medical practice referenced in the current version of the
44 Diagnostic and Statistical Manual of Mental Disorders.

45 "Same terms and conditions" means that the plan cannot apply
46 more restrictive non-quantitative limitations, such as utilization
47 review and other criteria or more quantitative limitations such as
48 copayments, deductibles, aggregate or annual limits or benefit
49 limits to mental health condition and substance use disorder

1 benefits than those applied to substantially all other medical or
2 surgical benefits.

3 "Substance use disorder" means a disorder defined to be
4 consistent with generally recognized independent standards of
5 current medical practice referenced in the most current version of
6 the Diagnostic and Statistical Manual of Mental Disorders.

7 b. (Deleted by amendment, P.L.2019, c.58)

8 c. The provisions of this section shall apply to all health
9 benefits plans in which the carrier has reserved the right to change
10 the premium.

11 d. Nothing in this section shall reduce the requirement for a
12 plan to provide benefits pursuant to section 7 of P.L.2017, c.28
13 (C.17B:27A-19.25).

14 (cf: P.L.2019, c.58, s.7)

15

16 8. Section 8 of P.L.1999, c.106 (C.26:2J-4.20) is amended to
17 read as follows:

18 8. a. (1) Every enrollee agreement delivered, issued, executed,
19 or renewed in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et
20 seq.) or approved for issuance or renewal in this State by the
21 Commissioner of Banking and Insurance, on or after the effective
22 date of this act shall provide health care services for mental health
23 conditions and substance use disorders under the same terms and
24 conditions as provided for any other sickness under the agreement
25 and shall meet the requirements of the federal Paul Wellstone and
26 Pete Domenici Mental Health Parity and Addiction Equity Act of
27 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal
28 guidance or regulations issued under that act, including 45 C.F.R.
29 Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

30 Health care services shall include, but not be limited to, an
31 annual screening for mental health conditions.

32 (2) As used in this section:

33 "Mental health condition" means a condition defined to be
34 consistent with generally recognized independent standards of
35 current medical practice referenced in the current version of the
36 Diagnostic and Statistical Manual of Mental Disorders.

37 "Same terms and conditions" means that the health maintenance
38 organization cannot apply more restrictive non-quantitative
39 limitations, such as utilization review and other criteria or more
40 quantitative limitations such as copayments, deductibles,, aggregate
41 or annual limits or health care services limits to mental health
42 condition and substance use disorder services than those applied to
43 substantially all other medical or surgical health care services.

44 "Substance use disorder" means a disorder defined to be
45 consistent with generally recognized independent standards of
46 current medical practice referenced in the most current version of
47 the Diagnostic and Statistical Manual of Mental Disorders.

48 b. (Deleted by amendment, P.L.2019, c.58)

1 c. The provisions of this section shall apply to enrollee
2 agreements in which the health maintenance organization has
3 reserved the right to change the premium.

4 d. Nothing in this section shall reduce the requirement for a
5 health maintenance organization to provide benefits pursuant to
6 section 8 of P.L.2017, c.28 (C.26:2J-4.39).
7 (cf: P.L.2019, c.58, s.8)

8
9 9. Section 2 of P.L.1999, c.441 (C.52:14-17.29e) is amended to
10 read as follows:

11 2. a. 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 for mental health conditions and
15 substance use disorders under the same terms and conditions as
16 provided for any other sickness under the contract and shall meet
17 the requirements of the federal Paul Wellstone and Pete Domenici
18 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
19 s.18031(j), and any amendments to, and federal guidance or
20 regulations issued under that act, including 45 C.F.R. Parts 146 and
21 147 and 45 C.F.R. s.156.115(a)(3).

22 Coverage shall include, but not be limited to, an annual
23 screening for mental health conditions.

24 b. The commission shall provide notice to employees regarding
25 the coverage required by this section in accordance with this
26 subsection and regulations promulgated by the Commissioner of
27 Health pursuant to the "Administrative Procedure Act," P.L.1968,
28 c.410 (C.52:14B-1 et seq.). The notice shall be in writing and
29 prominently positioned in any literature or correspondence and shall
30 be transmitted at the earliest of: (1) the next mailing to the
31 employee; (2) the yearly informational packet sent to the employee;
32 or (3) July 1, 2000. The commission shall also ensure that the
33 carrier under contract with the commission, upon receipt of
34 information that a covered person is receiving treatment for a
35 mental health condition or substance use disorder, shall promptly
36 notify that person of the coverage required by this section.

37 c. Nothing in this section shall reduce the requirement for a
38 carrier to provide benefits pursuant to section 9 of P.L.2017, c.28
39 (C.52:14-17.29u).
40 (cf: P.L.2019, c.58, s.10)

41
42 10. This act shall take effect on the 90th day next following the
43 date of enactment and shall apply to all contracts and policies
44 delivered, issued, executed or renewed on or after that date.

45
46 STATEMENT

47
48 This bill requires health insurers (health, hospital, and medical
49 service corporations, commercial individual and group health

1 insurers, health maintenance organizations, health benefits plans
2 issued pursuant to the New Jersey Individual Health Coverage and
3 Small Employer Health Benefits Programs, and the State Health
4 Benefits Program) to provide coverage for an annual mental health
5 screening.

6 The provisions of the bill will take effect 90 days after the date
7 of enactment and will apply to all health benefits plans issued or
8 renewed on or after that date.