

ASSEMBLY, No. 2549

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED FEBRUARY 13, 2020

Sponsored by:

Assemblyman GARY S. SCHAER

District 36 (Bergen and Passaic)

Assemblyman JOE DANIELSEN

District 17 (Middlesex and Somerset)

SYNOPSIS

Requires certain health care providers, SHBP, and School Employees' Health Benefits Program to submit certain health care claims data to DOBI.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/16/2020)

1 **AN ACT** concerning the disclosure of certain health care claims data
2 and supplementing Titles 30 and 52 of the Revised Statutes and
3 Title 17B of the New Jersey Statutes.

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

7
8 1. a. A provider that receives reimbursement pursuant to a
9 State Medicaid managed care contract shall annually submit health
10 care claims data from all health insurance payers to the
11 Commissioner of Banking and Insurance for the ten services having
12 the highest costs reimbursed pursuant to the State Medicaid
13 program, as identified by the Commissioner of Human Services.

14 b. As used in this section:

15 "Provider" means any person, public or private institution,
16 agency, or business concern, approved by the Division of Medical
17 Assistance and Health Services in the Department of Human
18 Services, lawfully providing medical care, services, goods, and
19 supplies authorized under P.L.1968, c.413 (C.30:4D-1 et seq.), and
20 where applicable, holding a current valid license to provide such
21 services or to dispense such goods or supplies.

22
23 2. The State Health Benefits Program, established pursuant to
24 the "New Jersey State Health Benefits Program Act," P.L.1961,
25 c.49 (C.52:14-17.25 et seq.), shall annually submit health care
26 claims data from all health insurance payers to the Commissioner of
27 Banking and Insurance for the ten hospital and medical expense
28 benefits having the highest costs pursuant to contracts purchased by
29 the Program.

30
31 3. The School Employees' Health Benefits Program,
32 established pursuant to the "School Employees' Health Benefits
33 Program Act," sections 31 through 41 of P.L.2007, c.103 (C.52:14-
34 17.46.1 through C.52:14-17.46.11), shall annually submit health
35 care claims data from all health care payers to the Commissioner of
36 Banking and Insurance for the ten hospital and medical expense
37 benefits having the highest costs pursuant to contracts purchased by
38 the Program.

39
40 4. The Commissioner of Banking and Insurance shall establish
41 and maintain a database that includes a record of all health care
42 claims for which data is submitted to the commissioner pursuant to
43 sections 1, 2, and 3 of P.L. , c. (C.) (pending before the
44 Legislature as this bill). The commissioner shall make this
45 information available upon request and at no cost to the public for
46 the purposes of research or policymaking, and shall establish
47 procedures to ensure the privacy and confidentiality of patients.
48 The commissioner, in consultation with the Commissioner of

1 Human Services, the State Health Benefits Program, and the School
2 Employees' Health Benefits Program, shall adopt, by regulation, a
3 standard reporting form in paper and electronic formats for the
4 purposes of submitting health care claims data pursuant to sections
5 1, 2, and 3 of P.L. , c. (C.) (pending before the
6 Legislature as this bill).

7
8 5. The Commissioner of Banking and Insurance shall, in
9 accordance with the "Administrative Procedure Act," P.L.1968,
10 c.410 (C.52:14B-1 et seq.), adopt any rules and regulations as
11 deemed necessary to carry out the provisions of this act.

12
13 6. This act shall take effect on the first day of the fiscal year
14 next following the date of enactment, except that the Commissioner
15 of Banking and Insurance may take such anticipatory administrative
16 action in advance thereof as shall be necessary for the
17 implementation of the act.

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20 STATEMENT

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22 This bill requires health care providers reimbursed by the State
23 Medicaid Program, and the State Health Benefits Program (SHBP)
24 and the School Employees' Health Benefits Program (SEHBP), to
25 annually submit to the Commissioner of Banking and Insurance
26 information regarding health care claims data from all health care
27 payers for the ten services or benefits having the highest costs
28 within each respective program. The commissioner shall maintain
29 this information and make it available upon request and at no cost
30 to the public for the purposes of research or policymaking.
31 Furthermore, the commissioner shall establish procedures to ensure
32 privacy and confidentiality of patients and adopt a standard
33 reporting form in paper and electronic formats for the purposes of
34 submitting health care claims data pursuant to the bill.

35 The United States Supreme Court decision in *Goebeille v.*
36 *Liberty Mutual Insurance Co.* prohibits states from collecting
37 certain health care claims data directly from employers and third-
38 party administrators, and hence, limits efforts to identify measures
39 to lower health care costs. It is the sponsor's intent to provide
40 certain health care claims data from the State's Medicaid Program,
41 SHBP, and SEHBP to researchers and policymakers, in a manner
42 permissible under federal law, as a means to assess utilization, cost,
43 and quality in parts of the State's health care system.