ASSEMBLY, No. 2672

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED FEBRUARY 13, 2020

Sponsored by:
Assemblyman BENJIE E. WIMBERLY
District 35 (Bergen and Passaic)

SYNOPSIS

Permits payment of only one co-payment or deductible for follow-up care or treatment after surgery or illness under certain health benefits plans.

CURRENT VERSION OF TEXT

As introduced.

AN ACT concerning certain health benefits plan co-payments and deductibles and supplementing P.L.1997, c.192 (C.26:2S-1 et seq.).

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

1. a. Notwithstanding the provisions of the "Health Care Quality Act," P.L.1997, c.192 (C.26:2S-1 et seq.), or any other law, to the contrary, a carrier which offers a managed care plan shall provide in that plan that if a covered person is receiving post-operative follow-up care, follow-up care for the treatment of a diagnosed illness or condition, or other follow-up care for any other covered service, which follow-up care is provided by a participating provider, then:

(1) the covered person shall be responsible for the payment of only one co-payment or deductible to the participating provider under the plan during any period of 180 days following the payment of that co-payment or deductible; and

(2) the participating provider shall not collect more than one such co-payment or deductible, during any period of 180 days following the payment of that co-payment or deductible, regardless of the number of follow-up care visits during that period.

b. The provisions of this section shall apply only if the covered person complies with the preauthorization or review requirements of the health benefits plan regarding the determination of medical necessity to access in-network inpatient benefits, as set forth in writing pursuant to section 5 of P.L.1997, c.192 (C.26:2S-5).

2. This act shall take effect on the first day of the fourth month next following the date of enactment and shall apply to all contracts and policies issued or renewed on or after that date.

STATEMENT

This bill supplements the "Health Care Quality Act," P.L.1997, c.192 (C.26:2S-1 et seq.) to provide that, when a covered person is receiving post-operative follow-up care, follow-up care for the treatment of a diagnosed illness or condition, or other follow-up care for any other covered service, which follow-up care is provided by a participating provider, the covered person shall be responsible for the payment of only one co-payment or deductible to the participating provider under the plan during any period of 180 days following the payment of that co-payment or deductible. The bill further prohibits the participating provider from collecting more than one such co-payment or deductible, during any period of 180 days following the payment of that co-payment or deductible,

regardless of the number of follow-up care visits during that period. The provisions of the bill would only apply if the covered person complies with the preauthorization or review requirements of the health benefits plan regarding the determination of medical necessity to access in-network inpatient benefits.