ASSEMBLY, No. 4224

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JUNE 8, 2020

Sponsored by:
Assemblywoman JOANN DOWNEY
District 11 (Monmouth)
Assemblyman ERIC HOUGHTALING
District 11 (Monmouth)
Assemblyman DANIEL R. BENSON
District 14 (Mercer and Middlesex)

SYNOPSIS

Requires health insurance carriers to provide coverage for persons with diagnosed complex medical needs.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 7/23/2020)

AN ACT concerning insurance coverage of complex medical needs 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. A carrier shall provide benefits for expenses incurred in conducting medical services, procedures, testing, or nursing care and the purchase of medical equipment or prescription drugs to persons with diagnosed complex medical needs, provided the attending licensed health care provider determines it medically necessary.

b. Notwithstanding the provisions of any other law, rule, or regulation to the contrary, a carrier shall approve any benefit for a person with diagnosed complex medical needs within three days of receipt of a letter from the attending licensed health care provider and shall not condition the payment of any benefit for a medical service, procedure, or test, nursing care, or purchase of medical equipment or prescription drug upon any pre-approval or precertification of any kind by the carrier if that medical service, procedure, or test, nursing care, or purchase of medical equipment or prescription drug is otherwise covered under the health benefits plan and it has been prescribed by a licensed health care provider.

c. As used in this section:

“Complex medical needs” means:

(1) a diagnosis, treatment, or procedure that has a high degree of outcome variation and requires specialized skills to provide care for the individual in order to prevent a serious adverse outcome; or

(2) a condition that is emergent, persistent, substantially disabling, or life-threatening; requires the use of anesthesia, other than local anesthesia; or that requires interventions across a variety of domains of care to prevent a serious adverse outcome.

"Carrier" means an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State or any entity contracted to administer health benefits in connection with the State Health Benefits Program or School Employees' Health Benefits Program.

2. This act shall take effect immediately and apply to health benefits plans or prescription drug benefits plans issued or purchased on or after that date.

STATEMENT

This bill requires health insurance carriers, including insurance companies, health service corporations, hospital service

corporations, medical service corporations, or health maintenance organizations authorized to issue health benefits plans in New Jersey or any entity contracted to administer health benefits in connection with the State Health Benefits Program or School Employees' Health Benefits Program to provide coverage for persons with diagnosed complex medical needs. The bill requires that the benefits be provided for expenses incurred in conducting medical services, procedures, or testing, nursing care, and the purchase of medical equipment or prescription drugs to persons with diagnosed complex medical needs, provided the attending licensed health care provider determines it medically necessary.

In addition, the bill requires that health insurance carriers and contracts for health benefits or prescription drug benefits purchased by the State Health Benefits Program and the School Employees' Health Benefits Program approve any benefit for a person with diagnosed complex medical needs within three days of receipt of a letter from the attending licensed health care provider and shall not condition the payment of any benefit for a medical service, procedure, test, nursing care, or purchase of medical equipment or prescription drug upon any pre-approval or precertification of any kind if that medical service, procedure, test, nursing care, or purchase of medical equipment or prescription drug is otherwise covered under the health benefits plan and it has been prescribed by a licensed health care provider.