

SENATE, No. 511

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

SYNOPSIS

Requires health insurers, SHBP, and SEHBP to provide coverage for medication and treatment for hepatitis C.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 **AN ACT** concerning health benefits coverage for medication and
2 treatment for hepatitis C and supplementing various parts of the
3 statutory law.

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

7
8 1. a. A hospital service corporation contract that provides
9 hospital and medical expense benefits and is delivered, issued,
10 executed, or renewed in this State, or approved for issuance or
11 renewal in this State by the Commissioner of Banking and
12 Insurance, on or after the effective date of this act, shall provide
13 coverage for expenses for prescribed medication and treatment for
14 hepatitis C. Coverage shall not be denied on the basis that:

- 15 (1) the covered person uses drugs or alcohol;
16 (2) the disease has not reached an advanced stage; or
17 (3) the prescribing health care professional is not a specialist.

18 b. The benefits shall be provided to the same extent as for any
19 other condition under the contract.

20 c. This section shall apply to those hospital service corporation
21 contracts in which the hospital service corporation has reserved the
22 right to change the premium.

23
24 2. a. A medical service corporation contract that provides
25 hospital and medical expense benefits and is delivered, issued,
26 executed, or renewed in this State, or approved for issuance or
27 renewal in this State by the Commissioner of Banking and
28 Insurance, on or after the effective date of this act, shall provide
29 coverage for expenses for prescribed medication and treatment for
30 hepatitis C. Coverage shall not be denied on the basis that:

- 31 (1) the covered person uses drugs or alcohol;
32 (2) the disease has not reached an advanced stage; or
33 (3) the prescribing health care professional is not a specialist.

34 b. The benefits shall be provided to the same extent as for any
35 other condition under the contract.

36 c. This section shall apply to those hospital service corporation
37 contracts in which the medical service corporation has reserved the
38 right to change the premium.

39
40 3. a. A health service corporation contract that provides
41 hospital and medical expense benefits and is delivered, issued,
42 executed, or renewed in this State, or approved for issuance or
43 renewal in this State by the Commissioner of Banking and
44 Insurance, on or after the effective date of this act, shall provide
45 coverage for expenses for prescribed medication and treatment for
46 hepatitis C. Coverage shall not be denied on the basis that:

- 47 (1) the covered person uses drugs or alcohol;
48 (2) the disease has not reached an advanced stage; or

- 1 (3) the prescribing health care professional is not a specialist.
- 2 b. The benefits shall be provided to the same extent as for any
- 3 other condition under the contract.
- 4 c. This section shall apply to those hospital service corporation
- 5 contracts in which the health service corporation has reserved the
- 6 right to change the premium.
- 7
- 8 4. a. An individual health insurance policy that provides
- 9 hospital and medical expense benefits and is delivered, issued,
- 10 executed, or renewed in this State, or approved for issuance or
- 11 renewal in this State by the Commissioner of Banking and
- 12 Insurance, on or after the effective date of this act, shall provide
- 13 coverage for expenses for prescribed medication and treatment for
- 14 hepatitis C. Coverage shall not be denied on the basis that:
- 15 (1) the covered person uses drugs or alcohol;
- 16 (2) the disease has not reached an advanced stage; or
- 17 (3) the prescribing health care professional is not a specialist.
- 18 b. The benefits shall be provided to the same extent as for any
- 19 other condition under the policy.
- 20 c. This section shall apply to those policies in which the insurer
- 21 has reserved the right to change the premium.
- 22
- 23 5. a. A group health insurance policy that provides hospital
- 24 and medical expense benefits and is delivered, issued, executed, or
- 25 renewed in this State, or approved for issuance or renewal in this
- 26 State by the Commissioner of Banking and Insurance, on or after
- 27 the effective date of this act, shall provide coverage for expenses
- 28 for prescribed medication and treatment for hepatitis C. Coverage
- 29 shall not be denied on the basis that:
- 30 (1) the covered person uses drugs or alcohol;
- 31 (2) the disease has not reached an advanced stage; or
- 32 (3) the prescribing health care professional is not a specialist.
- 33 b. The benefits shall be provided to the same extent as for any
- 34 other condition under the policy.
- 35 c. This section shall apply to those policies in which the insurer
- 36 has reserved the right to change the premium.
- 37
- 38 6. a. An individual health benefits plan that is delivered,
- 39 issued, executed, or renewed in this State pursuant to
- 40 P.L.1992, c.161 (C.17B:27A-2 et seq.), or approved for issuance or
- 41 renewal in this State by the Commissioner of Banking and
- 42 Insurance, on or after the effective date of this act, shall provide
- 43 coverage for expenses for prescribed medication and treatment for
- 44 hepatitis C. Coverage shall not be denied on the basis that:
- 45 (1) the covered person uses drugs or alcohol;
- 46 (2) the disease has not reached an advanced stage; or
- 47 (3) the prescribing health care professional is not a specialist.

1 b. The benefits shall be provided to the same extent as for any
2 other condition under the plan.

3 c. This section shall apply to those plans in which the carrier
4 has reserved the right to change the premium.

5
6 7. a. A small employer health benefits plan that is delivered,
7 issued, executed, or renewed in this State pursuant to
8 P.L.1992, c.162 (C.17B:27A-17 et seq.), or approved for issuance
9 or renewal in this State by the Commissioner of Banking and
10 Insurance, on or after the effective date of this act, shall provide
11 coverage for expenses for prescribed medication and treatment for
12 hepatitis C. Coverage shall not be denied on the basis that:

- 13 (1) the covered person uses drugs or alcohol;
14 (2) the disease has not reached an advanced stage; or
15 (3) the prescribing health care professional is not a specialist.

16 b. The benefits shall be provided to the same extent as for any
17 other condition under the plan.

18 c. This section shall apply to those plans in which the carrier
19 has reserved the right to change the premium.

20
21 8. a. A health maintenance organization contract for health
22 care services that is delivered, issued, executed, or renewed in this
23 State, or approved for issuance or renewal in this State by the
24 Commissioner of Banking and Insurance, on or after the effective
25 date of this act, shall provide coverage for expenses for prescribed
26 medication and treatment for hepatitis C. Coverage shall not be
27 denied on the basis that:

- 28 (1) the enrollee uses drugs or alcohol;
29 (2) the disease has not reached an advanced stage; or
30 (3) the prescribing health care professional is not a specialist.

31 b. The benefits shall be provided to the same extent as for any
32 other condition under the contract.

33 c. This section shall apply to those contracts for health care
34 services in which the health maintenance organization has reserved
35 the right to change the schedule of charges for enrollee coverage.

36
37 9. a. The State Health Benefits Commission shall ensure that
38 every contract purchased on or after the effective date of this act
39 that provides hospital or medical expense benefits shall provide
40 coverage for expenses for prescribed medication and treatment for
41 hepatitis C. Coverage shall not be denied on the basis that:

- 42 (1) the covered person uses drugs or alcohol;
43 (2) the disease has not reached an advanced stage; or
44 (3) the prescribing health care professional is not a specialist.

45 b. The benefits shall be provided to the same extent as for any
46 other condition under the contract.

- 7 (1) the covered person uses drugs or alcohol;
- 8 (2) the disease has not reached an advanced stage; or
- 9 (3) the prescribing health care professional is not a specialist.

12
13 11. This act shall take effect on the 90th day next following
14 enactment.

18
19 This bill requires hospital, medical, and health service
20 corporations, commercial, individual, and group health insurers,
21 health maintenance organizations, and health benefits plans issued
22 pursuant to the New Jersey Individual Coverage and Small
23 Employer Health Benefits programs, as well as the State Health
24 Benefits Commission and the School Employees' Health Benefits
25 Commission, to provide health benefits coverage for medication
26 and treatment for hepatitis C.

29 (1) the covered person uses drugs or alcohol;
30 (2) the disease has not reached an advanced stage; or
31 (3) the prescribing health care professional is not a specialist.