

SENATE, No. 1132

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JANUARY 30, 2020

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

SYNOPSIS

Requires managed care plans, SHBP and SEHBP, to provide for reasonable accommodation in accessing providers for persons with physical disabilities.

CURRENT VERSION OF TEXT

As introduced.



1 **AN ACT** concerning health care coverage for persons with physical
2 disabilities and supplementing P.L.1997, c.192 (C.26:2S-1 et
3 seq.), P.L.1961, c.49 (C.52:14-17.25 et seq.), and P.L.2007,
4 c.103 (C.52:14-17.46.1 et seq.).

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

8
9 1. a. A carrier which offers a managed care plan that is subject
10 to the provisions of P.L.1997, c.192 (C.26:2S-1 et seq.) shall
11 establish procedures to ensure that persons with physical disabilities
12 have reasonable access to primary and specialty care providers
13 whose professional offices are accessible to persons with physical
14 disabilities in accordance with the “Americans with Disabilities Act
15 of 1990” standards for accessible design published by the United
16 States Department of Justice pursuant to 28 CFR Part 36. A carrier
17 shall make a good faith effort to ensure reasonable access to such
18 providers within the geographic access standards for network
19 adequacy promulgated by the Department of Banking and Insurance
20 by regulation.

21 b. The procedures established pursuant to subsection a. of this
22 section shall provide that in the event a covered person with a
23 physical disability is unable to reasonably access an in-network
24 primary or specialty care provider whose professional office is
25 accessible to the covered person, the carrier shall arrange for a
26 provider that is accessible, and if that provider is out-of-network,
27 with the same financial responsibility as the covered person would
28 incur if the provider was in-network. The carrier shall reimburse
29 the accessible out-of-network provider for the covered service at the
30 same rate as that which the carrier would pay to an in-network
31 provider for the same service. The out-of-network provider shall
32 accept the payment by the carrier as payment in full for the covered
33 service and shall not balance bill the covered person for any amount
34 in excess of the payment made by the carrier plus any required
35 copayment or coinsurance.

36
37 2. a. The State Health Benefits Commission shall ensure that
38 every contract purchased by the commission on or after the
39 effective date of this act that provides hospital or medical expense
40 benefits through a managed care plan, provides procedures to
41 ensure that persons with physical disabilities have reasonable access
42 to primary and specialty care providers whose professional offices
43 are accessible to persons with physical disabilities in accordance
44 with the “Americans with Disabilities Act of 1990” standards for
45 accessible design published by the United States Department of
46 Justice pursuant to 28 CFR Part 36. The commission shall make a
47 good faith effort to ensure reasonable access to such providers in a
48 manner consistent with the geographic access standards for network

1 adequacy applicable to carriers offering managed care plans, as
2 promulgated by the Department of Banking and Insurance by
3 regulation pursuant to the “Health Care Quality Act,” P.L.1997,
4 c.192 (C.26:2S-1 et seq.).

5 b. The procedures established pursuant to subsection a. of this
6 section shall provide that in the event a covered person with a
7 physical disability is unable to reasonably access an in-network
8 primary or specialty care provider whose professional office is
9 accessible to the covered person, the managed care plan shall
10 arrange for a provider that is accessible, and if that provider is out-
11 of-network, with the same financial responsibility as the covered
12 person would incur if the provider was in-network. The contract
13 purchased by the commission shall provide that the accessible out-
14 of-network provider shall be reimbursed for the covered service at
15 the same rate as that which would be paid to an in-network provider
16 for the same service. The out-of-network provider shall accept the
17 payment pursuant to the contract as payment in full for the covered
18 service and shall not balance bill the covered person for any amount
19 in excess of the payment made pursuant to the contract plus any
20 required copayment or coinsurance.

21
22 3. a. The School Employees’ Health Benefits Commission
23 shall ensure that every contract purchased by the commission on or
24 after the effective date of this act that provides hospital or medical
25 expense benefits through a managed care plan, provides procedures
26 to ensure that persons with physical disabilities have reasonable
27 access to primary and specialty care providers whose professional
28 offices are accessible to persons with physical disabilities in
29 accordance with the “Americans with Disabilities Act of 1990”
30 standards for accessible design published by the United States
31 Department of Justice pursuant to 28 CFR Part 36. The commission
32 shall make a good faith effort to ensure reasonable access to such
33 providers in a manner consistent with the geographic access
34 standards for network adequacy applicable to carriers offering
35 managed care plans, as promulgated by the Department of Banking
36 and Insurance by regulation pursuant to the “Health Care Quality
37 Act,” P.L.1997, c.192 (C.26:2S-1 et seq.).

38 b. The procedures established pursuant to subsection a. of this
39 section shall provide that in the event a covered person with a
40 physical disability is unable to reasonably access an in-network
41 primary or specialty care provider whose professional office is
42 accessible to the covered person, the managed care plan shall
43 arrange for a provider that is accessible, and if that provider is out-
44 of-network, with the same financial responsibility as the covered
45 person would incur if the provider was in-network. The contract
46 purchased by the commission shall provide that the accessible out-
47 of-network provider shall be reimbursed for the covered service at
48 the same rate as that which would be paid to an in-network provider

1 for the same service. The out-of-network provider shall accept the
2 payment pursuant to the contract as payment in full for the covered
3 service and shall not balance bill the covered person for any amount
4 in excess of the payment made pursuant to the contract plus any
5 required copayment or coinsurance.

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7 4. This act shall take effect on the 180th day following
8 enactment and shall apply to any contract or policy issued or
9 renewed on or after that date.

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12 STATEMENT

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14 The purpose of this bill is to ensure that persons with physical
15 disabilities, who have health insurance through a managed care
16 plan, have reasonable access to primary care and specialist
17 providers whose professional offices are accessible in accordance
18 with the federal “Americans with Disabilities Act of 1990” (ADA)
19 standards for accessible design. The provisions of the bill apply to
20 individual, small employer and larger employer health benefits
21 plans, and plans issued by the State Health Benefits Program and
22 the School Employees’ Health Benefits Program.

23 Specifically, the bill requires a carrier which offers a managed
24 care plan to establish procedures to ensure that persons with
25 physical disabilities have reasonable access to primary and specialty
26 care providers whose professional offices are accessible to persons
27 with physical disabilities in accordance with the ADA standards for
28 accessible design published by the United States Department of
29 Justice pursuant to 28 CFR Part 36. A carrier will be required to
30 make a good faith effort to ensure reasonable access to such
31 providers within the geographic access standards for network
32 adequacy promulgated by the Department of Banking and Insurance
33 by regulation, pursuant to the “Health Care Quality Act,” P.L.1997,
34 c.192 (C.26:2S-1 et seq.).

35 Under the bill, the procedures must provide that if a covered
36 person with a physical disability is unable to reasonably access an
37 in-network primary or specialty care provider whose professional
38 office is accessible to the covered person, the carrier is required to
39 arrange for a provider that is accessible, and if that provider is out-
40 of-network, with the same financial responsibility as the covered
41 person would incur if the provider was in-network. The carrier will
42 reimburse the accessible out-of-network provider for the covered
43 service at the same rate as that which the carrier would pay to an in-
44 network provider for the same service. The out-of-network
45 provider will be required to accept the payment by the carrier as
46 payment in full for the covered service and will not be permitted to
47 balance bill the covered person for any amount in excess of the

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1 payment made by the carrier plus any required copayment or
2 coinsurance.

3 The bill similarly applies these requirements to managed care
4 plan contracts purchased by the State Health Benefits Commission
5 and the School Employees' Health Benefits Commission.

6 The bill takes effect on the 180th day after enactment and applies
7 to any health insurance contract or policy issued or renewed on or
8 after that date.