SENATE, No. 1386

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED FEBRUARY 13, 2020

Sponsored by:
Senator JOSEPH PENNACCHIO
District 26 (Essex, Morris and Passaic)

SYNOPSIS

Requires health insurers to provide coverage for the treatment of tick-borne diseases.

CURRENT VERSION OF TEXT

As introduced.

AN ACT concerning health insurance coverage of tick-borne diseases and supplementing various parts of the statutory law.

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

1. a. A hospital service corporation contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide coverage for expenses incurred in the treatment of a tick-borne disease determined to be medically necessary by the covered person's physician, including, but not limited to, long-term antibiotic therapy and ongoing testing.

As used in this section:

"Long-term antibiotic therapy" means the administration of oral, intramuscular, or intravenous antibiotics singly or in combination for periods of time in excess of four weeks.

"Tick-borne disease" means a disease caused when an infected tick bites a person and the tick's saliva transmits an infectious agent, including bacteria, viruses, or parasites, that can cause illness. "Tick-borne disease" includes:

(1) a severe infection with borrelia burgdorferi;

(2) a late stage, persistent, or chronic infection, or complications related to an infection;

(3) an infection with other strains of borrelia or a tick-borne disease that is recognized by the United States Centers for Disease Control and Prevention; and

(4) the presence of signs or symptoms compatible with acute infection of borrelia or other tick-borne diseases recognized by the United States Centers for Disease Control and Prevention.

b. Treatment otherwise eligible for benefits pursuant to this section may not be denied solely because the treatment may be characterized as experimental or investigational in nature or the treatment involves the use of a prescription drug for a treatment that has not been approved by the Food and Drug Administration, if the drug:

(1) is recognized as being medically appropriate for the specific type of treatment for which the drug has been prescribed in any official compendium widely accepted by the medical profession; or

(2) is recommended by a clinical study or review article in a major peer-reviewed professional journal.

c. This section shall apply to all contracts in which the hospital service corporation has reserved the right to change the premium.

2. a. A medical service corporation contract that provides hospital or medical expense benefits and is delivered, issued,

executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide coverage for expenses incurred in the treatment of a tick-borne disease determined to be medically necessary by the covered person's physician, including, but not limited to, long-term antibiotic therapy and ongoing testing.

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"Long-term antibiotic therapy" means the administration of oral, intramuscular, or intravenous antibiotics singly or in combination for periods of time in excess of four weeks.

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(3) an infection with other strains of borrelia or a tick-borne disease that is recognized by the United States Centers for Disease Control and Prevention; and

(4) the presence of signs or symptoms compatible with acute infection of borrelia or other tick-borne diseases recognized by the United States Centers for Disease Control and Prevention.

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(1) is recognized as being medically appropriate for the specific type of treatment for which the drug has been prescribed in any official compendium widely accepted by the medical profession; or

(2) is recommended by a clinical study or review article in a major peer-reviewed professional journal.

c. This section shall apply to all contracts in which the medical service corporation has reserved the right to change the premium.

3. a. A health service corporation contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide coverage for expenses incurred in the treatment of a tick-borne disease determined to be medically necessary by the covered person's physician, including, but not limited to, long-term antibiotic therapy and ongoing testing.

As used in this section:

"Long-term antibiotic therapy" means the administration of oral, intramuscular, or intravenous antibiotics singly or in combination for periods of time in excess of four weeks.

"Tick-borne disease" means a disease caused when an infected tick bites a person and the tick's saliva transmits an infectious agent, including bacteria, viruses, or parasites, that can cause illness. "Tick-borne disease" includes:

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(2) a late stage, persistent, or chronic infection, or complications related to an infection;

(3) an infection with other strains of borrelia or a tick-borne disease that is recognized by the United States Centers for Disease Control and Prevention; and

(4) the presence of signs or symptoms compatible with acute infection of borrelia or other tick-borne diseases recognized by the United States Centers for Disease Control and Prevention.

b. Treatment otherwise eligible for benefits pursuant to this section may not be denied solely because the treatment may be characterized as experimental or investigational in nature or the treatment involves the use of a prescription drug for a treatment that has not been approved by the Food and Drug Administration, if the drug:

(1) is recognized as being medically appropriate for the specific type of treatment for which the drug has been prescribed in any official compendium widely accepted by the medical profession; or

(2) is recommended by a clinical study or review article in a major peer-reviewed professional journal.

c. This section shall apply to all contracts in which the health service corporation has reserved the right to change the premium.

4. a. An individual health insurance policy that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide coverage for expenses incurred in the treatment of a tick-borne disease determined to be medically necessary by the covered person's physician, including, but not limited to, long-term antibiotic therapy and ongoing testing.

As used in this section:

"Long-term antibiotic therapy" means the administration of oral, intramuscular, or intravenous antibiotics singly or in combination for periods of time in excess of four weeks.

"Tick-borne disease" means a disease caused when an infected tick bites a person and the tick's saliva transmits an infectious agent, including bacteria, viruses, or parasites, that can cause illness. "Tick-borne disease" includes:

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(2) a late stage, persistent, or chronic infection, or complications related to an infection;

(3) an infection with other strains of borrelia or a tick-borne disease that is recognized by the United States Centers for Disease Control and Prevention; and

(4) the presence of signs or symptoms compatible with acute infection of borrelia or other tick-borne diseases recognized by the United States Centers for Disease Control and Prevention.

b. Treatment otherwise eligible for benefits pursuant to this section may not be denied solely because the treatment may be characterized as experimental or investigational in nature or the treatment involves the use of a prescription drug for a treatment that has not been approved by the Food and Drug Administration, if the drug:

(1) is recognized as being medically appropriate for the specific type of treatment for which the drug has been prescribed in any official compendium widely accepted by the medical profession; or

(2) is recommended by a clinical study or review article in a major peer-reviewed professional journal.

c. This section shall apply to those individual health insurance policies in which the insurer has reserved the right to change the premium.

5. a. A group health insurance policy that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide coverage for expenses incurred in the treatment of a tick-borne disease determined to be medically necessary by the covered person's physician, including, but not limited to, long-term antibiotic therapy and ongoing testing.

As used in this section:

“Long-term antibiotic therapy” means the administration of oral, intramuscular, or intravenous antibiotics singly or in combination for periods of time in excess of four weeks.

“Tick-borne disease” means a disease caused when an infected tick bites a person and the tick’s saliva transmits an infectious agent, including bacteria, viruses, or parasites, that can cause illness. “Tick-borne disease” includes:

(1) a severe infection with borrelia burgdorferi;

(2) a late stage, persistent, or chronic infection, or complications related to an infection;

(3) an infection with other strains of borrelia or a tick-borne disease that is recognized by the United States Centers for Disease Control and Prevention; and

(4) the presence of signs or symptoms compatible with acute infection of borrelia or other tick-borne diseases recognized by the United States Centers for Disease Control and Prevention.

b. Treatment otherwise eligible for benefits pursuant to this section may not be denied solely because the treatment may be characterized as experimental or investigational in nature or the treatment involves the use of a prescription drug for a treatment that has not been approved by the Food and Drug Administration, if the drug:

(1) is recognized as being medically appropriate for the specific type of treatment for which the drug has been prescribed in any official compendium widely accepted by the medical profession; or

(2) is recommended by a clinical study or review article in a major peer-reviewed professional journal.

c. This section shall apply to all group health insurance policies in which the insurer has reserved the right to change the premium.

6. a. A individual health benefits plan that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide benefits for expenses incurred in the treatment of a tick-borne disease determined to be medically necessary by the covered person's physician, including, but not limited to, long-term antibiotic therapy and ongoing testing.

As used in this section:

“Long-term antibiotic therapy” means the administration of oral, intramuscular, or intravenous antibiotics singly or in combination for periods of time in excess of four weeks.

“Tick-borne disease” means a disease caused when an infected tick bites a person and the tick’s saliva transmits an infectious agent, including bacteria, viruses, or parasites, that can cause illness. “Tick-borne disease” includes:

(1) a severe infection with borrelia burgdorferi;

(2) a late stage, persistent, or chronic infection, or complications related to an infection;

(3) an infection with other strains of borrelia or a tick-borne disease that is recognized by the United States Centers for Disease Control and Prevention; and

(4) the presence of signs or symptoms compatible with acute infection of borrelia or other tick-borne diseases recognized by the United States Centers for Disease Control and Prevention.

b. Treatment otherwise eligible for benefits pursuant to this section may not be denied solely because the treatment may be characterized as experimental or investigational in nature or the treatment involves the use of a prescription drug for a treatment that has not been approved by the Food and Drug Administration, if the drug:

(1) is recognized as being medically appropriate for the specific type of treatment for which the drug has been prescribed in any official compendium widely accepted by the medical profession; or

(2) is recommended by a clinical study or review article in a major peer-reviewed professional journal.

c. This section shall apply to those individual health benefits plans in which the carrier has reserved the right to change the premium.

7. a. A small employer health benefits plan that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide benefits for expenses incurred in the treatment of a tick-borne disease determined to be medically necessary by the covered person's physician, including, but not limited to, long-term antibiotic therapy and ongoing testing.

As used in this section:

"Long-term antibiotic therapy" means the administration of oral, intramuscular, or intravenous antibiotics singly or in combination for periods of time in excess of four weeks.

"Tick-borne disease" means a disease caused when an infected tick bites a person and the tick's saliva transmits an infectious agent, including bacteria, viruses, or parasites, that can cause illness. "Tick-borne disease" includes:

(1) a severe infection with borrelia burgdorferi;

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(3) an infection with other strains of borrelia or a tick-borne disease that is recognized by the United States Centers for Disease Control and Prevention; and

(4) the presence of signs or symptoms compatible with acute infection of borrelia or other tick-borne diseases recognized by the United States Centers for Disease Control and Prevention.

b. Treatment otherwise eligible for benefits pursuant to this section may not be denied solely because the treatment may be characterized as experimental or investigational in nature or the treatment involves the use of a prescription drug for a treatment that has not been approved by the Food and Drug Administration, if the drug:

(1) is recognized as being medically appropriate for the specific type of treatment for which the drug has been prescribed in any official compendium widely accepted by the medical profession; or

(2) is recommended by a clinical study or review article in a major peer-reviewed professional journal.

c. This section shall apply to those small employer health benefits plans in which the carrier has reserved the right to change the premium.

8. a. A health maintenance organization contract for health care services that is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide coverage for expenses incurred in the treatment of a tick-borne disease determined to be medically necessary by the covered person's physician, including, but not limited to, long-term antibiotic therapy and ongoing testing.

As used in this section:

"Long-term antibiotic therapy" means the administration of oral, intramuscular, or intravenous antibiotics singly or in combination for periods of time in excess of four weeks.

"Tick-borne disease" means a disease caused when an infected tick bites a person and the tick's saliva transmits an infectious agent, including bacteria, viruses, or parasites, that can cause illness. "Tick-borne disease" includes:

(1) a severe infection with borrelia burgdorferi;

(2) a late stage, persistent, or chronic infection, or complications related to an infection;

(3) an infection with other strains of borrelia or a tick-borne disease that is recognized by the United States Centers for Disease Control and Prevention; and

(4) the presence of signs or symptoms compatible with acute infection of borrelia or other tick-borne diseases recognized by the United States Centers for Disease Control and Prevention.

b. Treatment otherwise eligible for benefits pursuant to this section may not be denied solely because the treatment may be characterized as experimental or investigational in nature or the treatment involves the use of a prescription drug for a treatment that has not been approved by the Food and Drug Administration, if the drug:

(1) is recognized as being medically appropriate for the specific type of treatment for which the drug has been prescribed in any official compendium widely accepted by the medical profession; or

(2) is recommended by a clinical study or review article in a major peer-reviewed professional journal.

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

9. a. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital or medical expense

shall provide coverage for expenses incurred in the treatment of a tick-borne disease determined to be medically necessary by the covered person's physician, including, but not limited to, long-term antibiotic therapy and ongoing testing.

As used in this section:

"Long-term antibiotic therapy" means the administration of oral, intramuscular, or intravenous antibiotics singly or in combination for periods of time in excess of four weeks.

"Tick-borne disease" means a disease caused when an infected tick bites a person and the tick's saliva transmits an infectious agent, including bacteria, viruses, or parasites, that can cause illness. "Tick-borne disease" includes:

(1) a severe infection with borrelia burgdorferi;

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(4) the presence of signs or symptoms compatible with acute infection of borrelia or other tick-borne diseases recognized by the United States Centers for Disease Control and Prevention.

b. Treatment otherwise eligible for benefits pursuant to this section may not be denied solely because the treatment may be characterized as experimental or investigational in nature or the treatment involves the use of a prescription drug for a treatment that has not been approved by the Food and Drug Administration, if the drug:

(1) is recognized as being medically appropriate for the specific type of treatment for which the drug has been prescribed in any official compendium widely accepted by the medical profession; or

(2) is recommended by a clinical study or review article in a major peer-reviewed professional journal.

10. a. The School Employees' Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital and medical expense benefits shall provide coverage for expenses incurred in the treatment of a tick-borne disease determined to be medically necessary by the covered person's physician, including, but not limited to, long-term antibiotic therapy and ongoing testing.

As used in this section:

"Long-term antibiotic therapy" means the administration of oral, intramuscular, or intravenous antibiotics singly or in combination for periods of time in excess of four weeks.

"Tick-borne disease" means a disease caused when an infected tick bites a person and the tick's saliva transmits an infectious agent, including bacteria, viruses, or parasites, that can cause illness. "Tick-borne disease" includes:

(1) a severe infection with borrelia burgdorferi;

(2) a late stage, persistent, or chronic infection, or complications related to an infection;

(3) an infection with other strains of borrelia or a tick-borne disease that is recognized by the United States Centers for Disease Control and Prevention; and

(4) the presence of signs or symptoms compatible with acute infection of borrelia or other tick-borne diseases recognized by the United States Centers for Disease Control and Prevention.

b. Treatment otherwise eligible for benefits pursuant to this section may not be denied solely because the treatment may be characterized as experimental or investigational in nature or the treatment involves the use of a prescription drug for a treatment that has not been approved by the Food and Drug Administration, if the drug:

(1) is recognized as being medically appropriate for the specific type of treatment for which the drug has been prescribed in any official compendium widely accepted by the medical profession; or

(2) is recommended by a clinical study or review article in a major peer-reviewed professional journal.

11. This act shall take effect on the 90th day after enactment.

STATEMENT

This bill requires health insurers (health, hospital and medical service corporations, commercial individual and group health insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program) to provide coverage for expenses incurred in the treatment of a tick-borne disease. Treatment otherwise eligible for benefits pursuant to this bill may not be denied solely because such treatment may be characterized as experimental or investigational in nature or because the treatment requires the use of a prescription drug in an off-label manner.