

SENATE, No. 1714

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED FEBRUARY 13, 2020

Sponsored by:

Senator ANTHONY M. BUCCO

District 25 (Morris and Somerset)

SYNOPSIS

Prohibits pre-approval or precertification of cancer treatments, tests, procedures and prescription drugs covered under health benefits or prescription drug benefits plans.

CURRENT VERSION OF TEXT

As introduced.



1 **AN ACT** concerning pre-approval and precertification of certain
2 health and pharmacy benefits and supplementing various parts of
3 the statutory law.

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

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8 1. Notwithstanding the provisions of any other law, rule or
9 regulation to the contrary, a carrier shall not condition the payment
10 of any benefit for any treatment, test, procedure, or prescription
11 drug, upon any pre-approval or precertification of any kind by the
12 carrier if that treatment, test, procedure, or prescription drug is
13 otherwise covered under the health benefits plan and it has been
14 prescribed by a licensed health care provider for a covered
15 individual who has been diagnosed with cancer.

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17 2. Notwithstanding the provisions of any other law, rule or
18 regulation to the contrary, a third party administrator shall not
19 condition the payment of any benefit for any treatment, test,
20 procedure, or prescription drug, upon any pre-approval or
21 precertification of any kind by the third party administrator or
22 benefits payer if that treatment, test, procedure, or prescription drug
23 is otherwise covered under the health benefits plan and it has been
24 prescribed by a licensed health care provider for a covered
25 individual who has been diagnosed with cancer.

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27 3. Notwithstanding the provisions of any other law, rule or
28 regulation to the contrary, a pharmacy benefits manager shall not
29 condition the payment of any benefit for a prescription drug, upon
30 any pre-approval or precertification of any kind by the pharmacy
31 benefits manager, carrier or purchaser if that prescription drug is
32 otherwise covered under the health benefits plan and it has been
33 prescribed by a licensed health care provider for a covered
34 individual who has been diagnosed with cancer.

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36 4. Notwithstanding the provisions of any other law, rule or
37 regulation to the contrary, a contract for health benefits, or for
38 prescription drug benefits, purchased by the State Health Benefits
39 Program shall not condition the payment of any benefit for any
40 treatment, test, procedure, or prescription drug, upon any pre-
41 approval or precertification of any kind if that treatment, test,
42 procedure, or prescription drug is otherwise covered under the
43 health benefits plan and it has been prescribed by a licensed health
44 care provider for a covered individual who has been diagnosed with
45 cancer.

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47 5. Notwithstanding the provisions of any other law, rule or
48 regulation to the contrary, a contract for health benefits, or for

1 prescription drug benefits, purchased by the School Employees'
2 Health Benefits Program shall not condition the payment of any
3 benefit for any treatment, test, procedure, or prescription drug, upon
4 any pre-approval or precertification of any kind if that treatment,
5 test, procedure, or prescription drug is otherwise covered under the
6 health benefits plan and it has been prescribed by a licensed health
7 care provider for a covered individual who has been diagnosed with
8 cancer.

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

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15 STATEMENT

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17 This bill prohibits health insurers, third party administrators,
18 pharmacy benefits managers, and the State Health Benefits Program
19 and the School Employees' Health Benefits Program from requiring
20 the pre-approval or precertification of treatments, tests, procedures,
21 or prescription drugs covered under a health benefits or prescription
22 drug benefits plan when prescribed for a covered individual who
23 has been diagnosed with cancer. This bill will ensure that cancer
24 patients are not burdened with technical requirements by health
25 benefits providers which employ utilization management review
26 systems that slow down medical care.

27 The sponsor is concerned that complaints from people who need
28 medical treatment are on the rise, and feels that it is time to end the
29 nightmare of the insurance company bureaucracy that is frustrating
30 patients who need care and medicine. The so-called "pre-approval"
31 process, now required by insurance companies, is a nightmare for
32 patients across New Jersey. Historically, doctors would order a
33 treatment, test, or medicine and patients received it. Now, a myriad
34 of bureaucratic obstacles makes patients and doctors pawns in a sad
35 game of insurance-company chess. There are examples of cancer
36 patients waiting for long periods of time to receive treatments or
37 medicine because of a cumbersome and slow approval policy.

38 The sponsor is convinced that it is time for the doctors to make
39 decisions, not insurance companies; it is time for patients who have
40 been diagnosed with cancer to not be burdened with technical
41 requirements by insurance companies that employ systems that slow
42 down medical care and are incredibly frustrating. It is the sponsor's
43 goal that insurance companies pay for what the doctor orders.