

SENATE, No. 2087

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED MARCH 16, 2020

Sponsored by:

Senator JOSEPH P. CRYAN

District 20 (Union)

SYNOPSIS

Permits payment of only one co-payment or deductible for follow-up care or treatment after surgery or illness under certain health benefits plans.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning certain health benefits plan co-payments and
2 deductibles and supplementing P.L.1997, c.192 (C.26:2S-
3 1 et seq.).

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

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8 1. a. Notwithstanding the provisions of the “Health Care
9 Quality Act,” P.L.1997, c.192 (C.26:2S-1 et seq.), or any other law,
10 to the contrary, a carrier which offers a managed care plan shall
11 provide in that plan that if a covered person is receiving post-
12 operative follow-up care, follow-up care for the treatment of a
13 diagnosed illness or condition, or other follow-up care for any other
14 covered service, which follow-up care is provided by a participating
15 provider, then:

16 (1) the covered person shall be responsible for the payment of
17 only one co-payment or deductible to the participating provider
18 under the plan during any period of 180 days following the payment
19 of that co-payment or deductible; and

20 (2) the participating provider shall not collect more than one
21 such co-payment or deductible, during any period of 180 days
22 following the payment of that co-payment or deductible, regardless
23 of the number of follow-up care visits during that period.

24 b. The provisions of this section shall apply only if the covered
25 person complies with the preauthorization or review requirements
26 of the health benefits plan regarding the determination of medical
27 necessity to access in-network inpatient benefits, as set forth in
28 writing pursuant to section 5 of P.L.1997, c.192 (C.26:2S-5).

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30 2. This act shall take effect on the first day of the fourth month
31 next following the date of enactment and shall apply to all contracts
32 and policies issued or renewed on or after that date.

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35 STATEMENT

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37 This bill supplements the “Health Care Quality Act,” P.L.1997,
38 c.192 (C.26:2S-1 et seq.) to provide that, when a covered person is
39 receiving post-operative follow-up care, follow-up care for the
40 treatment of a diagnosed illness or condition, or other follow-up
41 care for any other covered service, which follow-up care is provided
42 by a participating provider, the covered person shall be responsible
43 for the payment of only one co-payment or deductible to the
44 participating provider under the plan during any period of 180 days
45 following the payment of that co-payment or deductible. The bill
46 further prohibits the participating provider from collecting more
47 than one such co-payment or deductible, during any period of 180
48 days following the payment of that co-payment or deductible,

1 regardless of the number of follow-up care visits during that period.
2 The provisions of the bill would only apply if the covered person
3 complies with the preauthorization or review requirements of the
4 health benefits plan regarding the determination of medical
5 necessity to access in-network inpatient benefits.