

SENATE, No. 2524

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED JUNE 4, 2020

Sponsored by:

Senator SHIRLEY K. TURNER

District 15 (Hunterdon and Mercer)

Co-Sponsored by:

Senators Scutari and Gopal

SYNOPSIS

Requires health insurance carriers to provide coverage for persons 18 or younger with diagnosed complex medical needs.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 8/17/2020)

1 **AN ACT** concerning insurance coverage of complex medical needs
2 under certain circumstances and supplementing P.L.1997, c.192
3 (C.26:2S-1 et seq.).

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

7
8 1. a. A carrier shall provide benefits for expenses incurred in
9 conducting medical services, procedures, testing, or nursing care
10 and the purchase of medical equipment or prescription drugs to
11 persons 18 years of age or younger with diagnosed complex
12 medical needs, provided the attending licensed health care provider
13 determines it medically necessary.

14 b. Notwithstanding the provisions of any other law, rule, or
15 regulation to the contrary, a carrier shall approve any benefit for a
16 person 18 years of age or younger with diagnosed complex medical
17 needs within three days of receipt of a letter from the attending
18 licensed health care provider and shall not condition the payment of
19 any benefit for a medical service, procedure, or test, nursing care, or
20 purchase of medical equipment or prescription drug upon any pre-
21 approval or precertification of any kind by the carrier if that
22 medical service, procedure, or test, nursing care, or purchase of
23 medical equipment or prescription drug is otherwise covered under
24 the health benefits plan and it has been prescribed by a licensed
25 health care provider.

26 c. As used in this section:

27 “Complex medical needs” means:

28 (1) a diagnosis, treatment, or procedure that has a high degree of
29 outcome variation and requires specialized skills to provide care for
30 the individual in order to prevent a serious adverse outcome; or

31 (2) a condition that is emergent, persistent, substantially
32 disabling, or life-threatening; requires the use of anesthesia, other
33 than local anesthesia; or that requires interventions across a variety
34 of domains of care to prevent a serious adverse outcome.

35 "Carrier" means an insurance company, health service
36 corporation, hospital service corporation, medical service
37 corporation, or health maintenance organization authorized to issue
38 health benefits plans in this State or any entity contracted to
39 administer health benefits in connection with the State Health
40 Benefits Program or School Employees' Health Benefits Program.

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42 2. This act shall take effect immediately and apply to health
43 benefits plans or prescription drug benefits plans issued or
44 purchased on or after that date.

STATEMENT

This bill requires health insurance carriers, including insurance companies, health service corporations, hospital service corporations, medical service corporations, or health maintenance organizations authorized to issue health benefits plans in New Jersey or any entity contracted to administer health benefits in connection with the State Health Benefits Program or School Employees' Health Benefits Program to provide coverage for persons 18 years of age or younger with diagnosed complex medical needs. The bill requires that the benefits be provided for expenses incurred in conducting medical services, procedures, or testing, nursing care, and the purchase of medical equipment or prescription drugs to persons 18 years of age or younger with diagnosed complex medical needs, provided the attending licensed health care provider determines it medically necessary.

In addition, the bill requires that health insurance carriers and contracts for health benefits or prescription drug benefits purchased by the State Health Benefits Program and the School Employees' Health Benefits Program approve any benefit for a person 18 years of age or younger with diagnosed complex medical needs within three days of receipt of a letter from the attending licensed health care provider and shall not condition the payment of any benefit for a medical service, procedure, test, nursing care, or purchase of medical equipment or prescription drug upon any pre-approval or precertification of any kind if that medical service, procedure, test, nursing care, or purchase of medical equipment or prescription drug is otherwise covered under the health benefits plan and it has been prescribed by a licensed health care provider.