

ASSEMBLY, No. 2056

STATE OF NEW JERSEY 213th LEGISLATURE

INTRODUCED FEBRUARY 7, 2008

Sponsored by:

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington and Camden)

Assemblyman ERIC MUNOZ

District 21 (Essex, Morris, Somerset and Union)

SYNOPSIS

Requires health insurers SHBP, Medicaid, and NJ FamilyCare to provide coverage for ancillary medical services in connection with outpatient diagnostic screening and surgical intervention services.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 2/26/2008)

1 AN ACT concerning health benefits coverage for diagnostic
2 screening and surgical intervention services and supplementing
3 various parts of the statutory law.

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

7
8 1. A hospital service corporation contract that provides hospital
9 and medical expense benefits and is delivered, issued, executed or
10 renewed in this State pursuant to P.L.1938, c.368 (C.17:48-1 et
11 seq.), or approved for issuance or renewal in this State by the
12 Commissioner of Banking and Insurance, on or after the effective
13 date of this act, shall provide coverage for expenses incurred for
14 any ancillary medical service, including, but not limited to,
15 pathology and anesthesiology services, that is provided in
16 connection with the performance of outpatient diagnostic screening
17 and surgical intervention services with respect to a covered person,
18 when the ancillary service is determined medically necessary by the
19 covered person's treating physician.

20 The benefits shall be provided to the same extent as for any other
21 condition under the contract.

22 This section shall apply to those hospital service corporation
23 contracts in which the hospital service corporation has reserved the
24 right to change the premium.

25
26 2. A medical service corporation contract that provides hospital
27 and medical expense benefits and is delivered, issued, executed or
28 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et
29 seq.), or approved for issuance or renewal in this State by the
30 Commissioner of Banking and Insurance, on or after the effective
31 date of this act, shall provide coverage for expenses incurred for
32 any ancillary medical service, including, but not limited to,
33 pathology and anesthesiology services, that is provided in
34 connection with the performance of outpatient diagnostic screening
35 and surgical intervention services with respect to a covered person,
36 when the ancillary service is determined medically necessary by the
37 covered person's treating physician.

38 The benefits shall be provided to the same extent as for any other
39 condition under the contract.

40 This section shall apply to those medical service corporation
41 contracts in which the medical service corporation has reserved the
42 right to change the premium.

43
44 3. A health service corporation contract that provides hospital
45 and medical expense benefits and is delivered, issued, executed or
46 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
47 seq.), or approved for issuance or renewal in this State by the
48 Commissioner of Banking and Insurance, on or after the effective

1 date of this act, shall provide coverage for expenses incurred for
2 any ancillary medical service, including, but not limited to,
3 pathology and anesthesiology services, that is provided in
4 connection with the performance of outpatient diagnostic screening
5 and surgical intervention services with respect to a covered person,
6 when the ancillary service is determined medically necessary by the
7 covered person's treating physician.

8 The benefits shall be provided to the same extent as for any other
9 condition under the contract.

10 This section shall apply to those health service corporation
11 contracts in which the health service corporation has reserved the
12 right to change the premium.

13

14 4. An individual health insurance policy that provides hospital
15 and medical expense benefits and is delivered, issued, executed or
16 renewed in this State pursuant to N.J.S.17B:26-1 et seq., or
17 approved for issuance or renewal in this State by the Commissioner
18 of Banking and Insurance, on or after the effective date of this act,
19 shall provide coverage for expenses incurred for any ancillary
20 medical service, including, but not limited to, pathology and
21 anesthesiology services, that is provided in connection with the
22 performance of outpatient diagnostic screening and surgical
23 intervention services with respect to a covered person, when the
24 ancillary service is determined medically necessary by the covered
25 person's treating physician.

26 The benefits shall be provided to the same extent as for any other
27 condition under the policy.

28 This section shall apply to those policies in which the insurer has
29 reserved the right to change the premium.

30

31 5. A group health insurance policy that provides hospital and
32 medical expense benefits and is delivered, issued, executed or
33 renewed in this State pursuant to N.J.S.17B:27-26 et seq., or
34 approved for issuance or renewal in this State by the Commissioner
35 of Banking and Insurance, on or after the effective date of this act,
36 shall provide coverage for expenses incurred for any ancillary
37 medical service, including, but not limited to, pathology and
38 anesthesiology services, that is provided in connection with the
39 performance of outpatient diagnostic screening and surgical
40 intervention services with respect to a covered person, when the
41 ancillary service is determined medically necessary by the covered
42 person's treating physician.

43 The benefits shall be provided to the same extent as for any other
44 condition under the policy.

45 This section shall apply to those policies in which the insurer has
46 reserved the right to change the premium.

47

48 6. An individual health benefits plan that is delivered, issued,

1 executed or renewed in this State pursuant to P.L.1992, c.161
2 (C.17B:27A-2 et seq.), on or after the effective date of this act, shall
3 provide coverage for expenses incurred for any ancillary medical
4 service, including, but not limited to, pathology and anesthesiology
5 services, that is provided in connection with the performance of
6 outpatient diagnostic screening and surgical intervention services
7 with respect to a covered person, when the ancillary service is
8 determined medically necessary by the covered person's treating
9 physician.

10 The benefits shall be provided to the same extent as for any other
11 condition under the health benefits plan.

12 This section shall apply to those health benefits plans in which
13 the carrier has reserved the right to change the premium.
14

15 7. A small employer health benefits plan that is delivered,
16 issued, executed or renewed in this State pursuant to P.L.1992,
17 c.162 (C.17B:27A-17 et seq.), on or after the effective date of this
18 act, shall provide coverage for expenses incurred for any ancillary
19 medical service, including, but not limited to, pathology and
20 anesthesiology services, that is provided in connection with the
21 performance of outpatient diagnostic screening and surgical
22 intervention services with respect to a covered person, when the
23 ancillary service is determined medically necessary by the covered
24 person's treating physician.

25 The benefits shall be provided to the same extent as for any other
26 condition under the health benefits plan.

27 This section shall apply to those health benefits plans in which
28 the carrier has reserved the right to change the premium.
29

30 8. A health maintenance organization contract for health care
31 services that is delivered, issued, executed or renewed in this State
32 pursuant to P.L. 1973, c.337 (C.26:2J-1 et seq.) shall not be issued
33 or continued by the Commissioner of Health and Senior Services or
34 approved for issuance or renewal in this State by the Commissioner
35 of Banking and Insurance, on or after the effective date of this act,
36 shall provide health care services for expenses incurred for any
37 ancillary medical service, including, but not limited to, pathology
38 and anesthesiology services, that is provided in connection with the
39 performance of outpatient diagnostic screening and surgical
40 intervention services with respect to an enrollee, when the ancillary
41 service is determined medically necessary by the enrollee's treating
42 physician.

43 The health care services shall be provided to the same extent as
44 for any other condition under the contract.

45 This section shall apply to those contracts for health care
46 services under which the right to change the schedule of charges for
47 enrollee coverage is reserved.

