ASSEMBLY, No. 4132

STATE OF NEW JERSEY 211th LEGISLATURE

INTRODUCED MAY 19, 2005

Sponsored by:

Assemblyman UPENDRA J. CHIVUKULA District 17 (Middlesex and Somerset) Assemblywoman LORETTA WEINBERG District 37 (Bergen)

Co-Sponsored by:

Assemblymen Scalera, Prieto, Johnson and Assemblywoman Cruz-Perez

SYNOPSIS

Requires health insurers to cover diagnostic testing and long-term antibiotic treatment of chronic Lyme disease and co-infections of Lyme disease.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/21/2005)

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AN ACT concerning health insurance coverage for diagnosis and treatment of Lyme disease and supplementing Titles 17 and 26 of the Revised Statutes and Title 17B of the New Jersey Statutes.

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

- 1. A hospital service corporation which provides hospital or medical expense benefits under a contract 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 benefits under the contract for expenses incurred in conducting diagnostic testing for, and providing long-term antibiotic treatment of, chronic Lyme disease and co-infections of Lyme disease when determined to be medically necessary and ordered by a physician. Treatment otherwise eligible for benefits pursuant to this section shall not be denied solely because the treatment may be characterized as unproven, experimental or investigational in nature.
 - The benefits shall be provided to the same extent as for any other medical condition under the contract.
 - This section shall apply to those hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

- 2. A medical service corporation which provides hospital or medical expense benefits under a contract 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 benefits under the contract for expenses incurred in conducting diagnostic testing for, and providing long-term antibiotic treatment of, chronic Lyme disease and co-infections of Lyme disease when determined to be medically necessary and ordered by a physician. Treatment otherwise eligible for benefits pursuant to this section shall not be denied solely because the treatment may be characterized as unproven, experimental or investigational in nature.
- The benefits shall be provided to the same extent as for any other medical condition under the contract.
- This section shall apply to those medical service corporation contracts in which the medical service corporation has reserved the right to change the premium.

3. A health service corporation which provides hospital or medical expense benefits under a contract that is delivered, issued, executed or renewed in this State or approved for issuance or renewal in this State

- 1 by the Commissioner of Banking and Insurance, on or after the
- 2 effective date of this act, shall provide benefits under the contract for
- 3 expenses incurred in conducting diagnostic testing for, and providing
- 4 long-term antibiotic treatment of, chronic Lyme disease and co-
- 5 infections of Lyme disease when determined to be medically necessary
- 6 and ordered by a physician. Treatment otherwise eligible for benefits
- 7 pursuant to this section shall not be denied solely because the
- 8 treatment may be characterized as unproven, experimental or

9 investigational in nature.

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

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

4. A group health insurer which provides hospital or medical expense benefits under a policy 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 benefits for expenses incurred in conducting diagnostic testing for, and providing long-term antibiotic treatment of, chronic Lyme disease and co-infections of Lyme disease when determined to be medically necessary and ordered by a physician. Treatment otherwise eligible for benefits pursuant to this section shall not be denied solely because the treatment may be characterized as unproven, experimental or investigational in nature.

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

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

 5. An individual health insurer which provides hospital or medical expense benefits under a policy 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 benefits for expenses incurred in conducting diagnostic testing for, and providing long-term antibiotic treatment of, chronic Lyme disease and co-infections of Lyme disease when determined to be medically necessary and ordered by a physician. Treatment otherwise eligible for benefits pursuant to this section shall not be denied solely because the treatment may be characterized as unproven, experimental or investigational in nature.

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

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

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6. A certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued on or after the effective date of this act, unless the health maintenance organization provides health care services for the conduct of diagnostic testing for, and provision of long-term antibiotic treatment of, chronic Lyme disease and co-infections of Lyme disease when determined to be medically necessary and ordered by a physician. Treatment otherwise eligible for health care services pursuant to this section shall not be denied solely because the treatment may be characterized as unproven, experimental or investigational in nature. The health care services shall be provided to the same extent as for

any other medical condition under the contract.

The provisions of this section shall apply to those health maintenance organization contracts for health care services under which the health maintenance organization has reserved the right to change the schedule of charges.

7. Every individual health benefits plan that is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this State, on or after the effective date of this act, shall provide benefits for expenses incurred in conducting diagnostic testing for, and providing long-term antibiotic treatment of, chronic Lyme disease and co-infections of Lyme disease when determined to be medically necessary and ordered by a physician. Treatment otherwise eligible for benefits pursuant to this section shall not be denied solely because the treatment may be characterized as unproven, experimental or investigational in nature.

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

The provisions of this section shall apply to all health benefit plans in which the carrier has reserved the right to change the premium.

8. Every small employer health benefits plan that is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or renewal in this State, on or after the effective date of this act, shall provide benefits for expenses incurred in conducting diagnostic testing for, and providing long-term antibiotic treatment of, chronic Lyme disease and co-infections of Lyme disease when determined to be medically necessary and ordered by a physician. Treatment otherwise eligible for benefits pursuant to this section shall not be denied solely because the treatment may be characterized as unproven, experimental or investigational in nature.

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

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1	The provisions of this section shall apply to all health benefit plans
2	in which the carrier has reserved the right to change the premium.
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4	9. This act shall take effect on the 120th day after enactment.
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7	STATEMENT
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9	This bill requires hospital, medical and health service corporations,
10	individual, small employer and large group insurers and health
11	maintenance organizations to cover the expenses of diagnostic testing
12	for, and long-term antibiotic treatment of, chronic Lyme disease and
13	co-infections of Lyme disease when determined to be medically
14	necessary and ordered by a physician. The bill further provides that
15	treatment otherwise eligible for benefits under the bill shall not be
16	denied solely because the treatment may be characterized as unproven,
17	experimental or investigational in nature.
18	Persons with chronic Lyme disease and co-infections of Lyme
19	disease often experience great difficulty in being diagnosed and treated
20	for their condition due to limitations on coverage imposed by their

health insurers. The lack of health insurance coverage for diagnosis and long-term antibiotic therapies is a major barrier to access to

medical care for persons with symptoms compatible with chronic Lyme

disease. Therefore, the provisions of this bill seek to broaden access

to medical care to ensure that persons with symptoms of chronic Lyme

disease and co-infections of Lyme disease receive the care and

treatment that is most effective for them.

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