ASSEMBLY, No. 269

STATE OF NEW JERSEY
212th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2006 SESSION

Sponsored by:
Assemblyman UPENDRA J. CHIVUKULA
District 17 (Middlesex and Somerset)

Co-Sponsored by:
Assemblymen Scalera, Prieto, Johnson, Assemblywoman Cruz-Perez and
Assemblyman Bateman

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
Introduced Pending Technical Review by Legislative Counsel

(Sponsorship Updated As Of: 6/2/2006)
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 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
categorized 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 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.

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.

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

9. This act shall take effect on the 120th day after enactment.

STATEMENT

This bill requires hospital, medical and health service corporations, individual, small employer and large group insurers and health maintenance organizations to cover the expenses of diagnostic testing for, and 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. The bill further provides that treatment otherwise eligible for benefits under the bill shall not be denied solely because the treatment may be characterized as unproven, experimental or investigational in nature.

Persons with chronic Lyme disease and co-infections of Lyme disease often experience great difficulty in being diagnosed and treated 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.