ASSEMBLY, No. 649

STATE OF NEW JERSEY

212th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2006 SESSION

Sponsored by:
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District 9 (Atlantic, Burlington and Ocean)
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SYNOPSIS
Requires health insurers to cover Lyme disease.

CURRENT VERSION OF TEXT
Introduced Pending Technical Review by Legislative Counsel

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

1. a. No group or individual hospital service corporation contract providing hospital or medical expense benefits shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act, unless the contract provides benefits as provided by this section to persons covered thereunder for expenses incurred in the treatment of Lyme disease determined to be medically necessary by the covered person's physician after making a written evaluation of that person's symptoms, condition and response to treatment.

   b. Treatment otherwise eligible for benefits pursuant to this section shall not be denied because such treatment may be characterized as experimental or investigational in nature.

   c. The provisions of this section shall apply to all contracts in which the hospital service corporation has reserved the right to change the premium.

2. a. No group or individual medical service corporation contract providing hospital or medical expense benefits shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act, unless the contract provides benefits as provided by this section to persons covered thereunder for expenses incurred in the treatment of Lyme disease determined to be medically necessary by the covered person's physician after making a written evaluation of that person's symptoms, condition and response to treatment.

   b. Treatment otherwise eligible for benefits pursuant to this section shall not be denied because such treatment may be characterized as experimental or investigational in nature.

   c. The provisions of this section shall apply to all contracts in which the medical service corporation has reserved the right to change the premium.

3. a. No group or individual health service corporation contract providing hospital or medical expense benefits shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or
after the effective date of this act, unless the contract provides benefits as provided by this section to persons covered thereunder for expenses incurred in the treatment of Lyme disease determined to be medically necessary by the covered person's physician after making a written evaluation of that person's symptoms, condition and response to treatment.

b. Treatment otherwise eligible for benefits pursuant to this section shall not be denied because such treatment may be characterized as experimental or investigational in nature.

c. The provisions of this section shall apply to all contracts in which the health service corporation has reserved the right to change the premium.

4. a. No individual health insurance policy providing hospital or medical expense benefits shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act, unless the policy provides benefits as provided by this section to persons covered thereunder for expenses incurred in the treatment of Lyme disease determined to be medically necessary by the covered person's physician after making a written evaluation of that person's symptoms, condition and response to treatment.

b. Treatment otherwise eligible for benefits pursuant to this section shall not be denied because such treatment may be characterized as experimental or investigational in nature.

c. The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

5. a. No group health insurance policy providing hospital or medical expense benefits shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act, unless the policy provides benefits as provided by this section to persons covered thereunder for expenses incurred in the treatment of Lyme disease determined to be medically necessary by the covered person's physician after making a written evaluation of that person's symptoms, condition and response to treatment.

b. Treatment otherwise eligible for benefits pursuant to this section shall not be denied because such treatment may be characterized as experimental or investigational in nature.

c. The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

6. a. Notwithstanding any provision of law to the contrary, a certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued by the Commissioner of Health on or after the effective date of this act unless the health maintenance organization provides health care
services to every enrollee for the treatment of Lyme Disease as
provided by this section determined to be medically necessary by
the enrollee's physician after making a written evaluation of the
enrollee's symptoms, condition and response to treatment.
b. Health care services otherwise eligible for coverage pursuant
to this section shall not be denied because such services may be
classified as experimental or investigational in nature.
c. The provisions of this section shall apply to all contracts for
health care services by health maintenance organizations under
which the right to change the schedule of charges for enrollee
coverage is reserved.

7. This act shall take effect on the 90th day after enactment.

STATEMENT

This bill requires hospital service corporations, medical service
corporations, health service corporations, commercial insurers and
health maintenance organizations to provide benefits for the
treatment of Lyme disease determined to be medically necessary by
the covered person's physician after making a written evaluation of
that person's symptoms, condition and response to treatment.
Treatment otherwise eligible for benefits pursuant to this bill could
not be denied because such treatment may be characterized as
experimental or investigational in nature.