

ASSEMBLY, No. 609

STATE OF NEW JERSEY 215th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2012 SESSION

Sponsored by:

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SYNOPSIS

Requires health insurers to cover Lyme disease.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel



1 AN ACT requiring health insurance benefits for the treatment of
2 Lyme disease and supplementing P.L.1938, c.366 (C.17:48-1 et
3 seq.), P.L.1940, c.74 (C.17:48A-1 et seq.), P.L.1985, c.236
4 (C.17:48E-1 et seq.), chapter 26 of Title 17B of the New Jersey
5 Statutes, chapter 27 of Title 17B of the New Jersey Statutes, and
6 P.L.1973, c.337 (C.26:2J-1 et seq.).
7

8 **BE IT ENACTED** by the Senate and General Assembly of the State
9 of New Jersey:
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11 1. a. No group or individual hospital service corporation
12 contract providing hospital or medical expense benefits shall be
13 delivered, issued, executed or renewed in this State, or approved for
14 issuance or renewal in this State by the Commissioner of Insurance
15 on or after the effective date of this act, unless the contract provides
16 benefits as provided by this section to persons covered thereunder
17 for expenses incurred in the treatment of Lyme disease determined
18 to be medically necessary by the covered person's physician after
19 making a written evaluation of that person's symptoms, condition
20 and response to treatment.

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

24 c. The provisions of this section shall apply to all contracts in
25 which the hospital service corporation has reserved the right to
26 change the premium.
27

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

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

41 c. The provisions of this section shall apply to all contracts in
42 which the medical service corporation has reserved the right to
43 change the premium.
44

45 3. a. No group or individual health service corporation
46 contract providing hospital or medical expense benefits shall be
47 delivered, issued, executed or renewed in this State, or approved for
48 issuance or renewal in this State by the Commissioner of Insurance

1 on or after the effective date of this act, unless the contract provides
2 benefits as provided by this section to persons covered thereunder
3 for expenses incurred in the treatment of Lyme disease determined
4 to be medically necessary by the covered person's physician after
5 making a written evaluation of that person's symptoms, condition
6 and response to treatment.

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

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

13

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

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

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

28

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

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

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

43

44 6. a. Notwithstanding any provision of law to the contrary, a
45 certificate of authority to establish and operate a health maintenance
46 organization in this State shall not be issued or continued by the
47 Commissioner of Health on or after the effective date of this act
48 unless the health maintenance organization provides health care

1 services to every enrollee for the treatment of Lyme Disease as
2 provided by this section determined to be medically necessary by
3 the enrollee's physician after making a written evaluation of the
4 enrollee's symptoms, condition and response to treatment.

5 b. Health care services otherwise eligible for coverage pursuant
6 to this section shall not be denied because such services may be
7 characterized as experimental or investigational in nature.

8 c. The provisions of this section shall apply to all contracts for
9 health care services by health maintenance organizations under
10 which the right to change the schedule of charges for enrollee
11 coverage is reserved.

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

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STATEMENT

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