

SENATE, No. 562

STATE OF NEW JERSEY 218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

Sponsored by:

Senator NIA H. GILL

District 34 (Essex and Passaic)

Senator TROY SINGLETON

District 7 (Burlington)

SYNOPSIS

Preserves requirement that health insurance plans cover essential health benefits.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 1/17/2018)

1 AN ACT concerning health insurance benefits and supplementing
2 various parts of the statutory law.

3

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

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7 1. A hospital service corporation that provides hospital or
8 medical expense benefits shall provide coverage under every such
9 contract delivered, issued, executed or renewed in this State, or
10 approved for issuance or renewal in this State by the Commissioner
11 of Banking and Insurance, on or after the effective date of this act,
12 that at least meets the essential health benefits requirements
13 contained in section 1302 of the Patient Protection and Affordable
14 Care Act, Pub. L. 111–148 (42 U.S.C. s.18022), as those benefits
15 were defined for New Jersey on January 1, 2017.

16

17 2. A medical service corporation that provides hospital or
18 medical expense benefits shall provide coverage under every such
19 contract delivered, issued, executed or renewed in this State, or
20 approved for issuance or renewal in this State by the Commissioner
21 of Banking and Insurance, on or after the effective date of this act,
22 that at least meets the essential health benefits requirements
23 contained in section 1302 of the Patient Protection and Affordable
24 Care Act, Pub. L. 111–148 (42 U.S.C. s.18022), as those benefits
25 were defined for New Jersey on January 1, 2017.

26

27 3. A health service corporation that provides hospital or
28 medical expense benefits shall provide coverage under every such
29 contract delivered, issued, executed or renewed in this State, or
30 approved for issuance or renewal in this State by the Commissioner
31 of Banking and Insurance, on or after the effective date of this act,
32 that at least meets the essential health benefits requirements
33 contained in section of 1302 the Patient Protection and Affordable
34 Care Act, Pub. L. 111–148 (42 U.S.C. s.18022), as those benefits
35 were defined for New Jersey on January 1, 2017.

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37 4. An individual health insurer that provides hospital or
38 medical expense benefits shall provide coverage under every such
39 policy delivered, issued, executed or renewed in this State, or
40 approved for issuance or renewal in this State by the Commissioner
41 of Banking and Insurance, on or after the effective date of this act,
42 that at least meets the essential health benefits requirements
43 contained in section 1302 of the Patient Protection and Affordable
44 Care Act, Pub. L. 111–148 (42 U.S.C. s.18022), as those benefits
45 were defined for New Jersey on January 1, 2017.

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47 5. A group health insurer that provides hospital or medical
48 expense benefits shall provide coverage under every such policy

1 delivered, issued, executed or renewed in this State or approved for
2 issuance or renewal in this State by the Commissioner of Banking
3 and Insurance, on or after the effective date of this act, that at least
4 meets the essential health benefits requirements contained in section
5 1302 of the Patient Protection and Affordable Care Act, Pub. L.
6 111–148 (42 U.S.C. s.18022), as those benefits were defined for
7 New Jersey on January 1, 2017.

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9 6. An individual health benefits plan that provides hospital or
10 medical expense benefits shall provide coverage under every such
11 plan delivered, issued, executed or renewed in this State or
12 approved for issuance or renewal in this State by the Commissioner
13 of Banking and Insurance, on or after the effective date of this act,
14 that at least meets the essential health benefits requirements
15 contained in section 1302 of the Patient Protection and Affordable
16 Care Act, Pub. L. 111–148 (42 U.S.C. s.18022), as those benefits
17 were defined for New Jersey on January 1, 2017.

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19 7. A small employer health benefits plan that provides hospital
20 or medical expense benefits shall provide coverage under every
21 such plan delivered, issued, executed or renewed in this State or
22 approved for issuance or renewal in this State by the Commissioner
23 of Banking and Insurance, on or after the effective date of this act,
24 that at least meets the essential health benefits requirements
25 contained in section 1302 of the Patient Protection and Affordable
26 Care Act, Pub. L. 111–148 (42 U.S.C. s.18022), as those benefits
27 were defined for New Jersey on January 1, 2017.

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29 8. A health maintenance organization that provides hospital or
30 medical expense benefits shall provide coverage under every such
31 contract delivered, issued, executed or renewed in this State or
32 approved for issuance or renewal in this State by the Commissioner
33 of Banking and Insurance, on or after the effective date of this act,
34 that at least meets the essential health benefits requirements
35 contained in section 1302 of the Patient Protection and Affordable
36 Care Act, Pub. L. 111–148 (42 U.S.C. s.18022), as those benefits
37 were defined for New Jersey on January 1, 2017.

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39 9. This act shall take effect immediately.
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42 STATEMENT
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44 This bill requires health insurers to continue providing coverage
45 that at least meets the essential health benefits requirements
46 contained in the Patient Protection and Affordable Care Act, Pub. L.
47 111–148, as those benefits were defined for New Jersey on January
48 1, 2017.

1 The Affordable Care Act requires certain health plans to cover
2 EHBs, which include items and services in the following 10 benefit
3 categories:

- 4 (1) ambulatory patient services;
- 5 (2) emergency services;
- 6 (3) hospitalization;
- 7 (4) maternity and newborn care;
- 8 (5) mental health and substance use disorder services including
9 behavioral health treatment;
- 10 (6) prescription drugs;
- 11 (7) rehabilitative and habilitative services and devices;
- 12 (8) laboratory services;
- 13 (9) preventive and wellness services and chronic disease
14 management; and
- 15 (10) pediatric services, including oral and vision care.

16 The federal government defines EHB based on state-specific
17 EHB benchmark plans, which in 2017 in New Jersey is a plan
18 offered by Horizon Healthcare Services in the small group market,
19 called the Advantage EPO Silver 100/50.

20 In light of federal efforts to repeal and replace the Affordable
21 Care Act, including repeal of the essential health benefits
22 requirements contained in that law, this bill is intended to ensure
23 that New Jersey continues to require that certain plans sold in the
24 State continue to contain coverage for essential health benefits.