SYNOPSIS
Requires health benefits coverage for certain preventive services.

CURRENT VERSION OF TEXT
As introduced.
AN ACT concerning insurance coverage for preventive services and
supplementing various parts of the statutory law.

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

1. a. A hospital service corporation contract that provides
hospital or medical expense benefits and 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
coverage, without requiring any cost sharing, for the following
preventive services:

   (1) evidence-based items or services that have in effect a rating
   of "A" or "B" in the current recommendations of the United States
   Preventive Services Task Force;

   (2) immunizations that have in effect a recommendation from
   the Advisory Committee on Immunization Practices of the Centers
   for Disease Control and Prevention;

   (3) with respect to infants, children, and adolescents, evidence-
   informed preventive care and screenings provided for in the
   comprehensive guidelines supported by the Health Resources and
   Services Administration; and

   (4) with respect to women, any additional preventive care and
   screenings not described in paragraph (1) as provided for in the
   comprehensive guidelines supported by the Health Resources and
   Services Administration.

b. The provisions of 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. A medical service corporation contract that provides
hospital or medical expense benefits and 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
coverage, without requiring any cost sharing, for the following
preventive services:

   (1) evidence-based items or services that have in effect a rating
   of "A" or "B" in the current recommendations of the United States
   Preventive Services Task Force;

   (2) immunizations that have in effect a recommendation from
   the Advisory Committee on Immunization Practices of the Centers
   for Disease Control and Prevention;

   (3) with respect to infants, children, and adolescents, evidence-
   informed preventive care and screenings provided for in the
   comprehensive guidelines supported by the Health Resources and
   Services Administration; and
(4) with respect to women, any additional preventive care and
screenings not described in paragraph (1) as provided for in the
comprehensive guidelines supported by the Health Resources and
Services Administration.

b. The provisions of 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. A health service corporation contract that provides
hospital or medical expense benefits and 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
coverage, without requiring any cost sharing, for the following
preventive services:

(1) evidence-based items or services that have in effect a rating
of "A" or "B" in the current recommendations of the United States
Preventive Services Task Force;

(2) immunizations that have in effect a recommendation from
the Advisory Committee on Immunization Practices of the Centers
for Disease Control and Prevention;

(3) with respect to infants, children, and adolescents, evidence-
informed preventive care and screenings provided for in the
comprehensive guidelines supported by the Health Resources and
Services Administration; and

(4) with respect to women, any additional preventive care and
screenings not described in paragraph (1) as provided for in the
comprehensive guidelines supported by the Health Resources and
Services Administration.

b. The provisions of 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. An individual health insurer policy that provides hospital
or medical expense benefits and 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 coverage, without
requiring any cost sharing, for the following preventive services:

(1) evidence-based items or services that have in effect a rating
of "A" or "B" in the current recommendations of the United States
Preventive Services Task Force;

(2) immunizations that have in effect a recommendation from
the Advisory Committee on Immunization Practices of the Centers
for Disease Control and Prevention;

(3) with respect to infants, children, and adolescents, evidence-
informed preventive care and screenings provided for in the
comprehensive guidelines supported by the Health Resources and Services Administration; and

(4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

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

5. a. A group health insurer policy that provides hospital or medical expense benefits and 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 coverage, without requiring any cost sharing, for the following preventive services:

(1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;

(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

(4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

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

6. a. An individual health benefits plan that provides hospital or medical expense benefits and 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 coverage, without requiring any cost sharing, for the following preventive services:

(1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;

(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
(4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

b. This section shall apply to all individual health benefits plans in which the carrier has reserved the right to change the premium.

7. a. An small employer health benefits plan that provides hospital or medical expense benefits and 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 coverage, without requiring any cost sharing, for the following preventive services:

   (1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;

   (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

   (3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

   (4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

b. This section shall apply to all small employer health benefits plans in which the carrier has reserved the right to change the premium.

8. a. A health maintenance organization contract that provides hospital or medical expense benefits and 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 coverage, without requiring any cost sharing, for the following preventive services:

   (1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;

   (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

   (3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the
comprehensive guidelines supported by the Health Resources and Services Administration; and

(4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

b. The provisions of this section shall apply to those contracts in which the health maintenance organization has reserved the right to change the premium.

9. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital or medical expense benefits shall provide coverage, without requiring any cost sharing, for the following preventive services:

(1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;

(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

(4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

10. The School Employees' Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital or medical expense benefits shall provide coverage, without requiring any cost sharing, for the following preventive services:

(1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;

(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

(4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the
comprehensive guidelines supported by the Health Resources and Services Administration.

11. This act shall take effect on the 90th day next following enactment and shall apply to policies or contracts issued or renewed on or after the effective date.

STATEMENT

This bill requires health insurers (health, hospital and medical service corporations, commercial individual and group health insurers; health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees’ Health Benefits Program) to provide coverage, without requiring any cost sharing, for expenses incurred in the provision of the following preventive services:

(1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
(4) with respect to women, any additional preventive care and screenings not described in paragraph (1) as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.