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SYNOPSIS
Requires health insurance carriers to categorize mental health treatment and therapy received by victim of domestic violence as medically necessary treatment and provide full benefits coverage therefor.

CURRENT VERSION OF TEXT
As introduced.
AN ACT concerning the medical necessity of, and provision of insurance coverage for, mental health treatment and therapy received by a victim of domestic violence and amending and supplementing various parts of the statutory law.

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

1. Section 1 of P.L.1998, c.97 (C.17:48-6t) is amended to read as follows:

   1. a. Except as otherwise provided in P.L.1992, c.161 (C.17B:27A-2 et seq.) and P.L.1992, c.162 (C.17B:27A-17 et seq.), no group or individual hospital service corporation contract providing hospital or medical expense benefits shall:

      (1) contain any provision [which denies] denying benefits for expenses incurred in the treatment of an injury or injuries sustained by the subscriber or other person covered thereunder as the result of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19), to a subscriber or other person covered thereunder. Benefits for these expenses shall be provided to the same extent as for any other treatment under the contract; or

      (2) contain any provision denying benefits for expenses incurred in the provision of mental health treatment or therapy to a subscriber or other person covered thereunder who is a victim of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19). Mental health treatment and therapy provided to a victim of domestic violence shall be deemed to be medically necessary, and benefits for these expenses shall be provided to the same extent as for any other medically necessary treatment under the contract.

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

   (cf: P.L.1998, c.97, s.1)

2. Section 2 of P.L.1998, c.97 (C.17:48A-7s) is amended to read as follows:

   2. a. Except as otherwise provided in P.L.1992, c.161 (C.17B:27A-2 et seq.) and P.L.1992, c.162 (C.17B:27A-17 et seq.), no group or individual medical service corporation contract providing hospital or medical expense benefits shall:

      (1) contain any provision [which denies] denying benefits for expenses incurred in the treatment of an injury or injuries sustained by the subscriber or other person covered thereunder as the result of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19), to a subscriber or other person covered thereunder.

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Benefits for these expenses shall be provided to the same extent as for any other treatment under the contract; or

(2) contain any provision denying benefits for expenses incurred in the provision of mental health treatment or therapy to a subscriber or other person covered thereunder who is a victim of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19). Mental health treatment and therapy provided to a victim of domestic violence shall be deemed to be medically necessary, and benefits for these expenses shall be provided to the same extent as for any other medically necessary treatment under the contract.

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

(cf: P.L.1998, c.97, s.2)

3. Section 3 of P.L.1998, c.97 (C.17:48E-35.18) is amended to read as follows:

b. Except as otherwise provided in P.L.1992, c.161 (C.17B:27A-2 et seq.) and P.L.1992, c.162 (C.17B:27A-17 et seq.), no group or individual health service corporation contract providing hospital or medical expense benefits shall:

(1) contain any provision denying benefits for expenses incurred in the treatment of an injury or injuries sustained by the subscriber or other person covered thereunder as the result of domestic violence as defined in section 3 of P.L.1991, c.261 (C.2C:25-19), to a subscriber or other person covered thereunder. Benefits for these expenses shall be provided to the same extent as for any other treatment under the contract; or

(2) contain any provision denying benefits for expenses incurred in the provision of mental health treatment or therapy to a subscriber or other person covered thereunder who is a victim of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19). Mental health treatment and therapy provided to a victim of domestic violence shall be deemed to be medically necessary, and benefits for these expenses shall be provided to the same extent as for any other medically necessary treatment under the contract.

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

(cf: P.L.1998, c.97, s.3)

4. Section 4 of P.L.1998, c.97 (C.17B:26-2.1q) is amended to read as follows:

b. Except as otherwise provided in P.L.1992, c.161 (C.17B:27A-2 et seq.), no individual health insurance policy providing hospital or medical expense benefits shall:
(1) contain any provision [which denies] denying benefits for expenses incurred in the treatment of an injury or injuries sustained by the named insured or other person covered thereunder as the result of domestic violence as defined in section 3 of P.L.1991, c.261 (C.2C:25-19)[. to a named insured or other person covered thereunder]. Benefits for these expenses shall be provided to the same extent as for any other treatment under the policy; or

(2) contain any provision denying benefits for expenses incurred in the provision of mental health treatment or therapy to the named insured or other person covered thereunder who is a victim of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19). Mental health treatment and therapy provided to a victim of domestic violence shall be deemed to be medically necessary, and benefits for these expenses shall be provided to the same extent as for any other medically necessary treatment under the policy.

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

(cf: P.L.1998, c.97, s.4)

5. Section 5 of P.L.1998, c.97 (C.17B:27-46.1t) is amended to read as follows:

5. a. Except as otherwise provided in P.L.1992, c.162 (C.17B:27A-17 et seq.), no group health insurance policy providing hospital or medical expense benefits shall:

(1) contain any provision [which denies] denying benefits for expenses incurred in the treatment of an injury or injuries sustained by the named insured or other person covered thereunder as the result of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19)[. to a named insured or other person covered thereunder]. Benefits for these expenses shall be provided to the same extent as for any other treatment under the policy; or

(2) contain any provision denying benefits for expenses incurred in the provision of mental health treatment or therapy to the named insured or other person covered thereunder who is a victim of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19). Mental health treatment and therapy provided to a victim of domestic violence shall be deemed to be medically necessary, and benefits shall be provided to the same extent as for any other medically necessary treatment under the policy.

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

(cf: P.L.1998, c.97, s.5)

6. Section 6 of P.L.1998, c.97 (C.26:2J-4.18) is amended to read as follows:

(1) deny health care services for the treatment of an injury or injuries sustained by an enrollee as the result of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19), to its enrollees. Services shall be provided to the same extent as for any other treatment; or

(2) deny health care services for the mental health treatment or therapy of an enrollee who is the victim of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19). Mental health treatment and therapy provided to a victim of domestic violence shall be deemed to be medically necessary, and health care services associated with such treatment and therapy shall be provided to the same extent as for any other medically necessary treatment.

b. The provisions of this section shall apply to all certificates of authority in which the health maintenance organization has reserved the right to change the schedule of charges for enrollee coverage.

(cf: P.L.1998, c.97, s.6)

7. (New section) a. Every individual health benefits plan that is delivered, issued, executed, or renewed in this State, or is approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of P.L., c. (C. ) (pending before the Legislature as this bill), shall provide coverage for expenses incurred in the provision of mental health treatment or therapy to a person covered thereunder who is a victim of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19). Mental health treatment and therapy provided to a victim of domestic violence shall be deemed to be medically necessary, and benefits shall be provided to the same extent as for any other medically necessary treatment under the plan.

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

8. (New section) a. Every small employer health benefits plan that is delivered, issued, executed, or renewed in this State, or is approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of P.L., c. (C. ) (pending before the Legislature as this bill), shall provide coverage for expenses incurred in the provision of mental health treatment or therapy to a person covered thereunder who is a victim of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19). Mental health treatment and therapy provided to a victim of domestic violence shall be deemed to be
medically necessary, and benefits shall be provided to the same extent as for any other medically necessary treatment under the plan.

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

9. (New section) The State Health Benefits Commission shall ensure that every contract providing hospital or medical expense benefits, which is purchased by the commission on or after the effective date of P.L. , c. (C. ) (pending before the Legislature as this bill), provides coverage for expenses incurred in the provision of mental health treatment or therapy to a person covered thereunder who is a victim of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19). Mental health treatment and therapy provided to a victim of domestic violence shall be deemed to be medically necessary, and benefits shall be provided to the same extent as for any other medically necessary treatment under the contract.

10. (New section) The School Employees’ Health Benefits Commission shall ensure that every contract providing hospital or medical expense benefits, which is purchased by the commission on or after the effective date of P.L. , c. (C. ) (pending before the Legislature as this bill), provides coverage for expenses incurred in the provision of mental health treatment or therapy to a person covered thereunder who is a victim of domestic violence, as defined in section 3 of P.L.1991, c.261 (C.2C:25-19). Mental health treatment and therapy provided to a victim of domestic violence shall be deemed to be medically necessary, and benefits shall be provided to the same extent as for any other medically necessary treatment under the contract.

11. This act shall take effect immediately.

STATEMENT

This bill would require all health insurance carriers in the State, including hospital service corporations, group or individual medical service corporations, group or individual health service corporations, group or individual health insurance policies, health maintenance organizations, individual health benefits plans, small employer health benefits plans, the State Health Benefits Commission, and the School Employees’ Health Benefits Commission, to categorize mental health treatment and therapy received by an insured victim of domestic violence as medically necessary treatment and to provide full benefits coverage therefor.
Although current law requires several types of health insurance carriers to provide coverage for medically necessary health care services that are provided in association with the treatment of a physical injury resulting from domestic violence, no insurance carrier is similarly required to provide coverage for mental health care that is received by victims of domestic violence. This bill would fill this gap in the law by recognizing the medical necessity of all mental health treatment and therapy received by a victim of domestic violence and requiring all carriers to provide full benefits coverage therefor.