

ASSEMBLY, No. 1004

STATE OF NEW JERSEY

Introduced Pending Technical Review by Legislative Counsel

PRE-FILED FOR INTRODUCTION IN THE 1996 SESSION

By Assemblymen MORAN and CONNORS

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

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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 contract  
12 providing hospital or medical expense benefits shall be delivered,  
13 issued, executed or renewed in this State, or approved for issuance or  
14 renewal in this State by the Commissioner of Insurance on or after the  
15 effective date of this act, unless the contract provides benefits as  
16 provided by this section to persons covered thereunder for expenses  
17 incurred in the treatment of Lyme disease determined to be medically  
18 necessary by the covered person's physician after making a written  
19 evaluation of that person's symptoms, condition and response to  
20 treatment.

21 b. Treatment otherwise eligible for benefits pursuant to this section  
22 shall not be denied because such treatment may be characterized as  
23 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 change  
26 the premium.

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

1 evaluation of that person's symptoms, condition and response to  
2 treatment.

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

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

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

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

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

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

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

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

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42 5. a. No group health insurance policy providing hospital or  
43 medical expense benefits shall be delivered, issued, executed or  
44 renewed in this State, or approved for issuance or renewal in this State  
45 by the Commissioner of Insurance on or after the effective date of this  
46 act, unless the policy provides benefits as provided by this section to

1 persons covered thereunder for expenses incurred in the treatment of  
2 Lyme disease determined to be medically necessary by the covered  
3 person's physician after making a written evaluation of that person's  
4 symptoms, condition and response to treatment.

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

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

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11 6. a. Notwithstanding any provision of law to the contrary, a  
12 certificate of authority to establish and operate a health maintenance  
13 organization in this State shall not be issued or continued by the  
14 Commissioner of Health on or after the effective date of this act unless  
15 the health maintenance organization provides health care services to  
16 every enrollee for the treatment of Lyme Disease as provided by this  
17 section determined to be medically necessary by the enrollee's  
18 physician after making a written evaluation of the enrollee's symptoms,  
19 condition and response to treatment.

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

23 c. The provisions of this section shall apply to all contracts for  
24 health care services by health maintenance organizations under which  
25 the right to change the schedule of charges for enrollee coverage is  
26 reserved.

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

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### STATEMENT

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

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46 Requires health insurers to cover Lyme disease.