

ASSEMBLY, No. 392

STATE OF NEW JERSEY 208th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 1998 SESSION

Sponsored by:

Assemblyman JEFFREY W. MORAN

District 9 (Atlantic, Burlington and Ocean)

Assemblyman CHRISTOPHER J. CONNORS

District 9 (Atlantic, Burlington and Ocean)

Co-Sponsored by:

Assemblyman Luongo

SYNOPSIS

Requires health insurers to cover Lyme disease.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 5/7/1999)

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.).

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 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.

27

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
36 evaluation of that person's symptoms, condition and response to
37 treatment.

38 b. Treatment otherwise eligible for benefits pursuant to this section
39 shall not be denied because such treatment may be characterized as
40 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 change
43 the premium.

44

45 3. a. No group or individual health service corporation contract
46 providing hospital or medical expense benefits shall be delivered,

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

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

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

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

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

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

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

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

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

1 6. a. Notwithstanding any provision of law to the contrary, a
2 certificate of authority to establish and operate a health maintenance
3 organization in this State shall not be issued or continued by the
4 Commissioner of Health on or after the effective date of this act unless
5 the health maintenance organization provides health care services to
6 every enrollee for the treatment of Lyme Disease as provided by this
7 section determined to be medically necessary by the enrollee's
8 physician after making a written evaluation of the enrollee's symptoms,
9 condition and response to treatment.

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

13 c. The provisions of this section shall apply to all contracts for
14 health care services by health maintenance organizations under which
15 the right to change the schedule of charges for enrollee coverage is
16 reserved.

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

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STATEMENT

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