Requires health insurers to cover Lyme disease treatment costs.

CURRENT VERSION OF TEXT
As introduced.

(Sponsorship Updated As Of: 9/24/1999)

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

1. a. No group or individual hospital service corporation contract providing hospital or medical expense benefits shall be 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, unless the contract provides benefits as provided by this section to persons covered thereunder for expenses incurred in the treatment of Lyme disease determined to be medically necessary by the covered person's physician after making a written evaluation of that person's symptoms, condition and response to treatment.

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

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

2. a. No group or individual medical service corporation contract providing hospital or medical expense benefits shall be 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, unless the contract provides benefits as provided by this section to persons covered thereunder for expenses incurred in the treatment of Lyme disease determined to be medically necessary by the covered person's physician after making a written evaluation of that person's symptoms, condition and response to treatment.

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

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

3. a. No group or individual health service corporation contract providing hospital or medical expense benefits shall be 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, unless the contract provides
benefits as provided by this section to persons covered thereunder for
expenses incurred in the treatment of Lyme disease determined to be
medically necessary by the covered person's physician after making a
written evaluation of that person's symptoms, condition and response
to treatment.

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

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

4. a. No individual health insurance policy providing hospital or
medical expense benefits shall be 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, unless the policy provides benefits as
provided by this section to persons covered thereunder for expenses
incurred in the treatment of Lyme disease determined to be medically
necessary by the covered person's physician after making a written
evaluation of that person's symptoms, condition and response to
treatment.

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

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

5. a. No group health insurance policy providing hospital or
medical expense benefits shall be 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, unless the policy provides benefits as
provided by this section to persons covered thereunder for expenses
incurred in the treatment of Lyme disease determined to be medically
necessary by the covered person's physician after making a written
evaluation of that person's symptoms, condition and response to
treatment.

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

c. The provisions of this section shall apply to all policies in which
the insurer has reserved the right to change the premium.
6. a. No individual health benefits plan subject to the provisions of P.L.1992, c.161 (C.17B:27A-2 et seq.) shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State on or after the effective date of this act, unless the health benefits plan provides benefits as provided by this section to persons covered thereunder for expenses incurred in the treatment of Lyme disease determined to be medically necessary by the covered person's physician after making a written evaluation of that person's symptoms, condition and response to treatment.

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

   c. The provisions of this section shall apply to all health benefits plans in which the carrier has reserved the right to change the premium.

7. a. No small employer health benefits plan subject to the provisions of P.L.1992, c.162 (C.17B:27A-17 et seq.) shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State on or after the effective date of this act, unless the health benefits plan provides benefits as provided by this section to persons covered thereunder for expenses incurred in the treatment of Lyme disease determined to be medically necessary by the covered person's physician after making a written evaluation of that person's symptoms, condition and response to treatment.

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

   c. The provisions of this section shall apply to all health benefits plans in which the carrier has reserved the right to change the premium.

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

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

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

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

STATEMENT

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