

SENATE, No. 915

STATE OF NEW JERSEY 208th LEGISLATURE

INTRODUCED MARCH 23, 1998

Sponsored by:

Senator JOHN J. MATHEUSSEN

District 4 (Camden and Gloucester)

Senator ROBERT W. SINGER

District 30 (Burlington, Monmouth and Ocean)

Co-Sponsored by:

Senators Ciesla and Allen

SYNOPSIS

Requires health insurers to cover Lyme disease treatment costs.

CURRENT VERSION OF TEXT

As introduced.



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

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, P.L.1992,
6 c.161, P.L.1992, c.162 and P.L.1973, 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:*
10

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 Banking and Insurance
15 on or after the effective date of this act, unless the contract provides
16 benefits as provided by this section to persons covered thereunder for
17 expenses incurred in the treatment of Lyme disease determined to be
18 medically necessary by the covered person's physician after making a
19 written evaluation of that person's symptoms, condition and response
20 to 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 which
25 the hospital service corporation has reserved the right to change the
26 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 Banking and Insurance
32 on or after the effective date of this act, unless the contract provides
33 benefits as provided by this section to persons covered thereunder for
34 expenses incurred in the treatment of Lyme disease determined to be
35 medically necessary by the covered person's physician after making a
36 written evaluation of that person's symptoms, condition and response
37 to 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 Banking and Insurance
3 on or after the effective date of this act, unless the contract provides
4 benefits as provided by this section to persons covered thereunder for
5 expenses incurred in the treatment of Lyme disease determined to be
6 medically necessary by the covered person's physician after making a
7 written evaluation of that person's symptoms, condition and response
8 to 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 which
13 the health service corporation has reserved the right to change the
14 premium.

15

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 Banking and Insurance on or after the
20 effective date of this act, unless the policy provides benefits as
21 provided by this section to persons covered thereunder for expenses
22 incurred in the treatment of Lyme disease determined to be medically
23 necessary by the covered person's physician after making a written
24 evaluation of that person's symptoms, condition and response to
25 treatment.

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

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

31

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

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

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

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

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

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

16
17 7. a. No small employer health benefits plan subject to the
18 provisions of P.L.1992, c.162 (C.17B:27A-17 et seq.) shall be
19 delivered, issued, executed or renewed in this State, or approved for
20 issuance or renewal in this State on or after the effective date of this
21 act, unless the health benefits plan provides benefits as provided by
22 this section to persons covered thereunder for expenses incurred in the
23 treatment of Lyme disease determined to be medically necessary by the
24 covered person's physician after making a written evaluation of that
25 person's symptoms, condition and response to treatment.

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

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

32
33 8. a. Notwithstanding any provision of law to the contrary, a
34 certificate of authority to establish and operate a health maintenance
35 organization in this State shall not be issued or continued by the
36 Commissioner of Health on or after the effective date of this act unless
37 the health maintenance organization provides health care services to
38 every enrollee for the treatment of Lyme Disease as provided by this
39 section determined to be medically necessary by the enrollee's
40 physician after making a written evaluation of the enrollee's symptoms,
41 condition and response to treatment.

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

45 c. The provisions of this section shall apply to all contracts for
46 health care services by health maintenance organizations under which

1 the right to change the schedule of charges for enrollee coverage is
2 reserved.

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

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STATEMENT

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