

§1 - C.17:48-6vv
§2 - C.17:48A-7ss
§3 –
C.17:48E-35.46
§4 –
C.17B:26-2.1oo
§5 –
C.17B:27-46.1vv
§6 –
C.17B:27A-7.29
§7 –
C.17B:27A-19.33
§8 - C.26:2J-4.47
§9 –
C.52:14-17.29ee
§10 –
C.52:14-17.46.6p

P.L. 2021, CHAPTER 73, *approved April 30, 2021*
Assembly, No. 3548

1 **AN ACT** concerning health benefits coverage for adolescent
2 depression screenings and supplementing various parts of
3 statutory law.
4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7
8 1. A hospital service corporation contract that provides hospital
9 and medical expense benefits and is delivered, issued, executed, or
10 renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et
11 seq.), or approved for issuance or renewal in this State by the
12 Commissioner of Banking and Insurance, on or after the effective
13 date of this act, shall provide coverage for expenses incurred in
14 screening adolescents between the ages of 12 and 18 for major
15 depressive disorder, so long as screening for major depressive
16 disorder in adolescents continues to receive a rating of “A” or “B”
17 from the United States Preventative Services Task Force. Coverage
18 shall not be denied solely on the basis that the screening is provided
19 in conjunction with any other health care evaluation, treatment, or
20 service.
21 The benefits shall be provided to the same extent as for any other
22 condition under the contract, except that the hospital service
23 corporation shall not impose on covered persons receiving these
24 services any form of cost sharing, including, but not limited to,
25 copayments, deductibles, or coinsurance.
26 This section shall apply to those hospital service corporation
27 contracts in which the hospital service corporation has reserved the
28 right to change the premium.

1 2. A medical service corporation contract that provides hospital
2 and medical expense benefits and is delivered, issued, executed, or
3 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et
4 seq.), or approved for issuance or renewal in this State by the
5 Commissioner of Banking and Insurance, on or after the effective
6 date of this act, shall provide coverage for expenses incurred in
7 screening adolescents between the ages of 12 and 18 for major
8 depressive disorder, so long as screening for major depressive
9 disorder in adolescents continues to receive a rating of "A" or "B"
10 from the United States Preventative Services Task Force. Coverage
11 shall not be denied solely on the basis that the screening is provided
12 in conjunction with any other health care evaluation, treatment, or
13 service.

14 The benefits shall be provided to the same extent as for any other
15 condition under the contract, except that the medical service
16 corporation shall not impose on covered persons receiving these
17 services any form of cost sharing, including, but not limited to,
18 copayments, deductibles, or coinsurance.

19 This section shall apply to those medical service corporation
20 contracts in which the medical service corporation has reserved the
21 right to change the premium.
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23 3. A health service corporation contract that provides hospital
24 and medical expense benefits and is delivered, issued, executed, or
25 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
26 seq.), or approved for issuance or renewal in this State by the
27 Commissioner of Banking and Insurance, on or after the effective
28 date of this act, shall provide coverage for expenses incurred in
29 screening adolescents between the ages of 12 and 18 for major
30 depressive disorder, so long as screening for major depressive
31 disorder in adolescents continues to receive a rating of "A" or "B"
32 from the United States Preventative Services Task Force. Coverage
33 shall not be denied solely on the basis that the screening is provided
34 in conjunction with any other health care evaluation, treatment, or
35 service.

36 The benefits shall be provided to the same extent as for any other
37 condition under the contract, except that the health service
38 corporation shall not impose on covered persons receiving these
39 services any form of cost sharing, including, but not limited to,
40 copayments, deductibles, or coinsurance.

41 This section shall apply to those health service corporation
42 contracts in which the health service corporation has reserved the
43 right to change the premium.
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45 4. An individual health insurance policy that provides hospital
46 and medical expense benefits and is delivered, issued, executed, or
47 renewed in this State pursuant to chapter 26 of Title 17B of the New
48 Jersey Statutes, or approved for issuance or renewal in this State by

1 the Commissioner of Banking and Insurance, on or after the
2 effective date of this act, shall provide coverage for expenses
3 incurred in screening adolescents between the ages of 12 and 18 for
4 major depressive disorder, so long as screening for major
5 depressive disorder in adolescents continues to receive a rating of
6 “A” or “B” from the United States Preventative Services Task
7 Force. Coverage shall not be denied solely on the basis that the
8 screening is provided in conjunction with any other health care
9 evaluation, treatment, or service.

10 The benefits shall be provided to the same extent as for any other
11 condition under the policy, except that the insurer shall not impose
12 on covered persons receiving these services any form of cost
13 sharing, including, but not limited to, copayments, deductibles, or
14 coinsurance.

15 This section shall apply to those policies in which the insurer has
16 reserved the right to change the premium.

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18 5. A group health insurance policy that provides hospital and
19 medical expense benefits and is delivered, issued, executed, or
20 renewed in this State pursuant to chapter 27 of Title 17B of the New
21 Jersey Statutes, or approved for issuance or renewal in this State by
22 the Commissioner of Banking and Insurance, on or after the
23 effective date of this act, shall provide coverage for expenses
24 incurred in screening adolescents between the ages of 12 and 18 for
25 major depressive disorder, so long as screening for major
26 depressive disorder in adolescents continues to receive a rating of
27 “A” or “B” from the United States Preventative Services Task
28 Force. Coverage shall not be denied solely on the basis that the
29 screening is provided in conjunction with any other health care
30 evaluation, treatment, or service.

31 The benefits shall be provided to the same extent as for any other
32 condition under the policy, except that the insurer shall not impose
33 on covered persons receiving these services any form of cost
34 sharing, including, but not limited to, copayments, deductibles, or
35 coinsurance.

36 This section shall apply to those policies in which the insurer has
37 reserved the right to change the premium.

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39 6. An individual health benefits plan that provides hospital and
40 medical expense benefits and is delivered, issued, executed, or
41 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
42 seq.), on or after the effective date of this act, shall provide
43 coverage for expenses incurred in screening adolescents between
44 the ages of 12 and 18 for major depressive disorder, so long as
45 screening for major depressive disorder in adolescents continues to
46 receive a rating of “A” or “B” from the United States Preventative
47 Services Task Force. Coverage shall not be denied solely on the
48 basis that the screening is provided in conjunction with any other

1 health care evaluation, treatment, or service.

2 The benefits shall be provided to the same extent as for any other
3 condition under the health benefits plan, except that the carrier shall
4 not impose on covered persons receiving these services any form of
5 cost sharing, including, but not limited to, copayments, deductibles,
6 or coinsurance.

7 This section shall apply to those health benefits plans in which
8 the carrier has reserved the right to change the premium.

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10 7. A small employer health benefits plan that provides hospital
11 and medical expense benefits and is delivered, issued, executed, or
12 renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et
13 seq.), on or after the effective date of this act, shall provide
14 coverage for expenses incurred in screening adolescents between
15 the ages of 12 and 18 for major depressive disorder, so long as
16 screening for major depressive disorder in adolescents continues to
17 receive a rating of "A" or "B" from the United States Preventative
18 Services Task Force. Coverage shall not be denied solely on the
19 basis that the screening is provided in conjunction with any other
20 health care evaluation, treatment, or service.

21 The benefits shall be provided to the same extent as for any other
22 condition under the health benefits plan, except that the carrier shall
23 not impose on covered persons receiving these services any form of
24 cost sharing, including, but not limited to, copayments, deductibles,
25 or coinsurance.

26 This section shall apply to those health benefits plans in which
27 the carrier has reserved the right to change the premium.

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29 8. A health maintenance organization contract for health care
30 services that is delivered, issued, executed, or renewed in this State
31 pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for
32 issuance or renewal in this State by the Commissioner of Banking
33 and Insurance, on or after the effective date of this act, shall provide
34 coverage for expenses incurred in screening adolescents between
35 the ages of 12 and 18 for major depressive disorder, so long as
36 screening for major depressive disorder in adolescents continues to
37 receive a rating of "A" or "B" from the United States Preventative
38 Services Task Force. Coverage shall not be denied solely on the
39 basis that the screening is provided in conjunction with any other
40 health care evaluation, treatment, or service.

41 The health care services shall be provided to the same extent as
42 for any other condition under the contract, except that the health
43 maintenance organization shall not impose on covered persons
44 receiving these services any form of cost sharing, including, but not
45 limited to, copayments, deductibles, or coinsurance.

46 This section shall apply to those contracts for health care
47 services under which the right to change the schedule of charges for
48 enrollee coverage is reserved.

1 9. The State Health Benefits Commission shall ensure that
2 every contract purchased by the commission, on or after the
3 effective date of this act, that provides hospital or medical expense
4 benefits shall provide coverage for expenses incurred in screening
5 adolescents between the ages of 12 and 18 for major depressive
6 disorder, so long as screening for major depressive disorder in
7 adolescents continues to receive a rating of “A” or “B” from the
8 United States Preventative Services Task Force. Coverage shall not
9 be denied solely on the basis that the screening is provided in
10 conjunction with any other health care evaluation, treatment, or
11 service.

12 The benefits shall be provided to the same extent as for any other
13 condition under the contract, except that the contract shall not
14 impose on covered persons receiving these services any form of
15 cost sharing, including, but not limited to, copayments, deductibles,
16 or coinsurance.

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18 10. The School Employees’ Health Benefits Commission shall
19 ensure that every contract purchased by the commission, on or after
20 the effective date of this act, that provides hospital or medical
21 expense benefits shall provide coverage for expenses incurred in
22 screening adolescents between the ages of 12 and 18 for major
23 depressive disorder, so long as screening for major depressive
24 disorder in adolescents continues to receive a rating of “A” or “B”
25 from the United States Preventative Services Task Force. Coverage
26 shall not be denied solely on the basis that the screening is provided
27 in conjunction with any other health care evaluation, treatment, or
28 service.

29 The benefits shall be provided to the same extent as for any other
30 condition under the contract, except that the contract shall not
31 impose on covered persons receiving these services any form of
32 cost sharing, including, but not limited to, copayments, deductibles,
33 or coinsurance.

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35 11. This act shall take effect on the 180th day after enactment
36 and shall apply to policies or contracts issued or renewed on or after
37 the effective date.

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STATEMENT

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42 The bill requires insurance coverage for expenses incurred in
43 screening adolescents between the ages of 12 and 18 for major
44 depressive disorder, so long as screening for major depressive disorder
45 in adolescents continues to receive a rating of “A” or “B” from the
46 United States Preventative Services Task Force. The bill would apply
47 to hospital, medical, and health service corporations; commercial
48 individual, small employer, and larger group insurers; health

1 maintenance organizations; and the State Health Benefits Program and
2 the School Employees' Health Benefits Program. Coverage may not
3 be denied solely on the basis that the screening is provided in
4 conjunction with any other health care evaluation, treatment, or
5 service.

6 The bill provides that the benefits are to be provided to the same
7 extent as for any other condition under the contract or policy, except
8 that the insurer may not impose on covered persons receiving these
9 services any form of cost sharing, including, but not limited to,
10 copayments, deductibles, or coinsurance.

11 Depression is associated with higher levels of stress and anxiety
12 and can affect an adolescent's personal, school, work, social, and
13 family life, leading to social isolation and other problems. Early
14 diagnosis is essential to the effective treatment of depression in young
15 people.

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20 Requires health benefits coverage for adolescent depression
21 screenings.