S-1980 (Bucco)/A-3916 (Quijano/Benson)
Requires health insurers to provide coverage for hearing aids.

**Motion:** Recommend not to enact.

**Discussion:** The Commission does not recommend enactment of this bill because the fiscal year 2017 budget is $252 million underfunded for employee healthcare, it will increase SHBP/SEHBP costs to the State and participating local employers, the bill’s provisions depart from the current benefit structure of the SHBP/SEHBP, and it usurps the authority of the SHBP and the SEHBP Plan Design Committees.

S-2304 (Beck)
Establishes primary health care plan with optional riders in SEHBP for school employees; requires contribution by school employees for health care benefits.

**Motion:** Tabled.

**Discussion:** To be discussed at the next Pension and Health Benefits Commission meeting on September 23, 2016. Additional information has been requested relating to the cost associated with the bill.

S-2305 (Beck)
Establishes primary health care plan with optional riders in SHBP for public employees.

**Motion:** Tabled.

**Discussion:** To be discussed at the next Pension and Health Benefits Commission meeting on September 23, 2016. Additional information has been requested relating to the cost associated with the bill.

S-2327 (Greenstein)
Increases accidental death benefit to 70 percent of compensation for surviving spouse or surviving children of PERS law enforcement, correction, and firefighter members; redefines child.

**Motion:** No recommendation since the Commission received a letter from Senate President Stephen M. Sweeney serving as notice that S-2327 is an urgent matter that legislatively will be considered and voted on as soon as practicable as required by N.J.S.A. 52:9HH-2.

A-3712 (Conaway/Vainieri Huttle)
Requires certain health benefits plans to provide treatment for substance abuse and dependency when determined medically necessary by physician or psychologist.

**Motion:** Recommend not to enact.

**Discussion:** The Commission does not recommend enactment of this bill because SHBP/SEHBP employer costs will increase, and it usurps the authority of the SHBP and the
SEHBP Plan Design Committees. Although the coverage mandated by this bill is already provided by the SHBP/SEHBP, a provision in this bill would eliminate the utilization management review process from the plan relating to the mandated coverage. Utilization management review is an effective strategy that reduces unnecessary and inappropriate levels of care. Consequently, this bill’s provision eliminating utilization review will increase employer SHBP/SEHBP costs significantly.

A-3743 (McKeon/Lampitt/Vainieri Huttle)
Requires certain health benefits plans to provide coverage for behavioral health care services determined to be medically necessary, including 90 days per year of inpatient residential care.

Motion: Recommend not to enact.

Discussion: The Commission does not recommend enactment of this bill because SHBP/SEHBP employer costs will increase, and it usurps the authority of the SHBP and the SEHBP Plan Design Committees. Although the coverage mandated by this bill is already provided by the SHBP/SEHBP, a provision in this bill would eliminate the utilization management review process from the plan relating to the mandated coverage. Utilization management review is an effective strategy that reduces unnecessary and inappropriate levels of care. Consequently, this bill’s provision eliminating utilization review will increase employer SHBP/SEHBP costs significantly.

A-3890 (Kean)
Allows consideration of purchased PERS credit for federal service in Central Intelligence Agency to qualify for employer-provided health care benefits in retirement.

Motion: Recommend not to enact.

Discussion: The Commission does not recommend enactment of this bill because it reverses a recently enacted pension and health benefit reform, enactment will encourage the introduction of future legislation providing further exceptions, and it will accelerate employers’ liability to provide post-retirement medical benefits.