

ASSEMBLY, No. 1141

STATE OF NEW JERSEY

220th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

Sponsored by:

Assemblyman CHRISTOPHER P. DEPHILLIPS

District 40 (Bergen, Essex, Morris and Passaic)

Assemblywoman NANCY F. MUNOZ

District 21 (Morris, Somerset and Union)

Assemblyman JOHN F. MCKEON

District 27 (Essex and Morris)

Co-Sponsored by:

Assemblywomen Murphy, Dunn, Chaparro, Assemblymen McGuckin and Catalano

SYNOPSIS

Requires health insurance coverage for annual mental health screening.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 5/11/2023)

1 AN ACT concerning insurance coverage of mental health screenings
2 and amending various parts of the statutory law.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. Section 1 of P.L.1999, c.106 (C.17:48-6v) is amended to
8 read as follows:

9 1. a. (1) Every individual and group hospital service
10 corporation contract that provides hospital or medical expense
11 benefits and is delivered, issued, executed or renewed in this State
12 pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or approved for
13 issuance or renewal in this State by the Commissioner of Banking
14 and Insurance, on or after the effective date of this act shall provide
15 coverage for mental health conditions and substance use disorders
16 under the same terms and conditions as provided for any other
17 sickness under the contract and shall meet the requirements of the
18 federal Paul Wellstone and Pete Domenici Mental Health Parity and
19 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
20 amendments to, and federal guidance or regulations issued under
21 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
22 s.156.115(a)(3).

23 Coverage shall include, but not be limited to, an annual
24 screening for mental health conditions.

25 (2) As used in this section:

26 "Mental health condition" means a condition defined to be
27 consistent with generally recognized independent standards of
28 current medical practice referenced in the current version of the
29 Diagnostic and Statistical Manual of Mental Disorders.

30 "Same terms and conditions" means that the hospital service
31 corporation cannot apply more restrictive non-quantitative
32 limitations, such as utilization review and other criteria or more
33 quantitative limitations such as copayments, deductibles, aggregate
34 or annual limits or benefit limits to mental health condition and
35 substance use disorder benefits than those applied to substantially
36 all other medical or surgical benefits.

37 "Substance use disorder" means a disorder defined to be
38 consistent with generally recognized independent standards of
39 current medical practice referenced in the most current version of
40 the Diagnostic and Statistical Manual of Mental Disorders.

41 b. (Deleted by amendment, P.L.2019, c.58)

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

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 d. Nothing in this section shall reduce the requirement for a
2 hospital service corporation to provide benefits pursuant to section
3 1 of P.L.2017, c.28 (C.17:48-6nn).
4 (cf: P.L.2019, c.58, s.1)

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6 2. Section 2 of P.L.1999, c.106 (C.17:48A-7u) is amended to
7 read as follows:

8 2. a. (1) Every individual and group medical service
9 corporation contract that provides hospital or medical expense
10 benefits that is delivered, issued, executed or renewed in this State
11 pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for
12 issuance or renewal in this State by the Commissioner of Banking
13 and Insurance, on or after the effective date of this act shall provide
14 coverage for mental health conditions and substance use disorders
15 under the same terms and conditions as provided for any other
16 sickness under the contract and shall meet the requirements of the
17 federal Paul Wellstone and Pete Domenici Mental Health Parity and
18 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
19 amendments to, and federal guidance or regulations issued under
20 that act, including 45 s.C.F.R. Parts 146 and 147 and 45 C.F.R.
21 s.156.115(a)(3).

22 Coverage shall include, but not be limited to, an annual
23 screening for mental health conditions.

24 (2) As used in this section:

25 "Mental health condition" means a condition defined to be
26 consistent with generally recognized independent standards of
27 current medical practice referenced in the current version of the
28 Diagnostic and Statistical Manual of Mental Disorders.

29 "Same terms and conditions" means that the medical service
30 corporation cannot apply more restrictive non-quantitative
31 limitations, such as utilization review and other criteria or more
32 quantitative limitations such as copayments, deductibles, aggregate
33 or annual limits or benefit limits to mental health condition and
34 substance use disorder benefits than those applied to substantially
35 all other medical or surgical benefits.

36 "Substance use disorder" means a disorder defined to be
37 consistent with generally recognized independent standards of
38 current medical practice referenced in the most current version of
39 the Diagnostic and Statistical Manual of Mental Disorders.

40 b. (Deleted by amendment, P.L.2019, c.58)

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

44 d. Nothing in this section shall reduce the requirement for a
45 medical service corporation to provide benefits pursuant to section
46 2 of P.L.2017, c.28 (C.17:48A-7kk).
47 (cf: P.L.2019, c.58, s.2)

1 3. Section 3 of P.L.1999, c.106 (C.17:48E-35.20) is amended
2 to read as follows:

3 3. a. (1) Every individual and group health service corporation
4 contract that provides hospital or medical expense benefits and is
5 delivered, issued, executed or renewed in this State pursuant to
6 P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for issuance or
7 renewal in this State by the Commissioner of Banking and
8 Insurance, on or after the effective date of this act shall provide
9 coverage for mental health conditions and substance use disorders
10 under the same terms and conditions as provided for any other
11 sickness under the contract and shall meet the requirements of the
12 federal Paul Wellstone and Pete Domenici Mental Health Parity and
13 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
14 amendments to, and federal guidance or regulations issued under
15 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
16 s.156.115(a)(3).

17 Coverage shall include, but not be limited to, an annual
18 screening for mental health conditions.

19 (2) As used in this section:

20 "Mental health condition" means a condition defined to be
21 consistent with generally recognized independent standards of
22 current medical practice referenced in the current version of the
23 Diagnostic and Statistical Manual of Mental Disorders.

24 "Same terms and conditions" means that the health service
25 corporation cannot apply more restrictive non-quantitative
26 limitations, such as utilization review and other criteria or more
27 quantitative limitations such as copayments, deductibles, aggregate
28 or annual limits or benefit limits to mental health condition and
29 substance use disorder benefits than those applied to substantially
30 all other medical or surgical benefits.

31 "Substance use disorder" means a disorder defined to be
32 consistent with generally recognized independent standards of
33 current medical practice referenced in the most current version of
34 the Diagnostic and Statistical Manual of Mental Disorders.

35 b. (Deleted by amendment, P.L.2019, c.58)

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

39 d. Nothing in this section shall reduce the requirement for a
40 health service corporation to provide benefits pursuant to section 3
41 of P.L.2017, c.28 (C.17:48E-35.38).

42 (cf: P.L.2019, c.58, s.3)

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44 4. Section 4 of P.L.1999, c.106 (C.17B:26-2.1s) is amended to
45 read as follows:

46 4. a. (1) Every individual health insurance policy that
47 provides hospital or medical expense benefits and is delivered,
48 issued, executed or renewed in this State pursuant to chapter 26 of

1 Title 17B of the New Jersey Statutes, or approved for issuance or
2 renewal in this State by the Commissioner of Banking and
3 Insurance, on or after the effective date of this act shall provide
4 coverage for mental health conditions and substance use disorders
5 under the same terms and conditions as provided for any other
6 sickness under the contract and shall meet the requirements of the
7 federal Paul Wellstone and Pete Domenici Mental Health Parity and
8 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
9 amendments to, and federal guidance or regulations issued under
10 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
11 s.156.115(a)(3).

12 Coverage shall include, but not be limited to, an annual
13 screening for mental health conditions.

14 (2) As used in this section:

15 "Mental health condition" means a condition defined to be
16 consistent with generally recognized independent standards of
17 current medical practice referenced in the current version of the
18 Diagnostic and Statistical Manual of Mental Disorders.

19 "Same terms and conditions" means that the insurer cannot apply
20 more restrictive non-quantitative limitations, such as utilization
21 review and other criteria or more quantitative limitations such as
22 copayments, deductibles, aggregate or annual limits or benefit
23 limits to mental health condition and substance use disorder
24 benefits than those applied to substantially all other medical or
25 surgical benefits.

26 "Substance use disorder" means a disorder defined to be
27 consistent with generally recognized independent standards of
28 current medical practice referenced in the most current version of
29 the Diagnostic and Statistical Manual of Mental Disorders.

30 b. (Deleted by amendment, P.L.2019, c.58)

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

33 d. Nothing in this section shall reduce the requirement for an
34 insurer to provide benefits pursuant to section 4 of P.L.2017, c.28
35 (C.17B:26-2.1hh).

36 (cf: P.L.2019, c.58, s.4)

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38 5. Section 5 of P.L.1999, c.106 (C.17B:27-46.1v) is amended
39 to read as follows:

40 5. a. (1) Every group health insurance policy that provides
41 hospital or medical expense benefits and is delivered, issued,
42 executed or renewed in this State pursuant to chapter 27 of Title
43 17B of the New Jersey Statutes, or approved for issuance or renewal
44 in this State by the Commissioner of Banking and Insurance, on or
45 after the effective date of this act shall provide benefits for mental
46 health conditions and substance use disorders under the same terms
47 and conditions as provided for any other sickness under the policy
48 and shall meet the requirements of the federal Paul Wellstone and

1 Pete Domenici Mental Health Parity and Addiction Equity Act of
2 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal
3 guidance or regulations issued under that act, including 45 C.F.R.
4 Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

5 Benefits shall include, but not be limited to, an annual screening
6 for mental health conditions.

7 (2) As used in this section:

8 "Mental health condition" means a condition defined to be
9 consistent with generally recognized independent standards of
10 current medical practice referenced in the current version of the
11 Diagnostic and Statistical Manual of Mental Disorders.

12 "Same terms and conditions" means that the insurer cannot apply
13 more restrictive non-quantitative limitations, such as utilization
14 review and other criteria or more quantitative limitations such as
15 copayments, deductibles, aggregate or annual limits or benefit
16 limits to mental health condition and substance use disorder
17 benefits than those applied to substantially all other medical or
18 surgical benefits.

19 "Substance use disorder" means a disorder defined to be consistent
20 with generally recognized independent standards of current medical
21 practice referenced in the most current version of the Diagnostic
22 and Statistical Manual of Mental Disorders.

23 b. (Deleted by amendment, P.L.2019, c.59)

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

26 d. Nothing in this section shall reduce the requirement for an
27 insurer to provide benefits pursuant to section 5 of P.L.2017, c.28
28 (C.17B:27-46.1nn).

29 (cf: P.L.2019, c.58, s.5)

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31 6. Section 2 of P.L.1999, c.106 (C.17B:27A-7.5) is amended to
32 read as follows:

33 6. a. (1) Every individual health benefits plan that provides
34 hospital or medical expense benefits and is delivered, issued,
35 executed or renewed in this State pursuant to P.L.1992, c.161
36 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this
37 State on or after the effective date of this act shall provide benefits
38 for mental health conditions and substance use disorders under the
39 same terms and conditions as provided for any other sickness under
40 the health benefits plan and shall meet the requirements of the
41 federal Paul Wellstone and Pete Domenici Mental Health Parity and
42 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
43 amendments to, and federal guidance or regulations issued under
44 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
45 s.156.115(a)(3).

46 Benefits shall include, but not be limited to, an annual screening
47 for mental health conditions.

48 (2) As used in this section:

1 "Mental health condition" means a condition defined to be
2 consistent with generally recognized independent standards of
3 current medical practice referenced in the current version of the
4 Diagnostic and Statistical Manual of Mental Disorders.

5 "Same terms and conditions" means that the plan cannot apply
6 more restrictive non-quantitative limitations, such as utilization
7 review and other criteria or more quantitative limitations such as
8 copayments, deductibles, aggregate or annual limits or benefit
9 limits to mental health condition and substance use disorder
10 benefits than those applied to substantially all other medical or
11 surgical benefits.

12 "Substance use disorder" means a disorder defined to be
13 consistent with generally recognized independent standards of
14 current medical practice referenced in the most current version of
15 the Diagnostic and Statistical Manual of Mental Disorders.

16 b. (Deleted by amendment, P.L.2019, c.58)

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

20 d. Nothing in this section shall reduce the requirement for a
21 plan to provide benefits pursuant to section 6 of P.L.2017, c.28
22 (C.17B:27A-7.21).

23 (cf: P.L.2019, c.58, s.6)

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25 7. Section 7 of P.L.1999, c.106 (C.17B:27A-19.7) is amended
26 to read as follows:

27 7. a (1) Every small employer health benefits plan that
28 provides hospital or medical expense benefits and is delivered,
29 issued, executed or renewed in this State pursuant to P.L.1992,
30 c.162 (C.17B:27A-17 et seq.) or approved for issuance or renewal
31 in this State on or after the effective date of this act shall provide
32 benefits for mental health conditions and substance use disorders
33 under the same terms and conditions as provided for any other
34 sickness under the health benefits plan and shall meet the
35 requirements of the federal Paul Wellstone and Pete Domenici
36 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
37 s.18031(j), and any amendments to, and federal guidance or
38 regulations issued under that act, including 45 C.F.R. Parts 146 and
39 147 and 45 C.F.R. s.156.115(a)(3).

40 Benefits shall include, but not be limited to, an annual screening
41 for mental health conditions.

42 (2) As used in this section:

43 "Mental health condition" means a condition defined to be
44 consistent with generally recognized independent standards of
45 current medical practice referenced in the current version of the
46 Diagnostic and Statistical Manual of Mental Disorders.

47 "Same terms and conditions" means that the plan cannot apply
48 more restrictive non-quantitative limitations, such as utilization

1 review and other criteria or more quantitative limitations such as
2 copayments, deductibles, aggregate or annual limits or benefit
3 limits to mental health condition and substance use disorder
4 benefits than those applied to substantially all other medical or
5 surgical benefits.

6 "Substance use disorder" means a disorder defined to be
7 consistent with generally recognized independent standards of
8 current medical practice referenced in the most current version of
9 the Diagnostic and Statistical Manual of Mental Disorders.

10 b. (Deleted by amendment, P.L.2019, c.58)

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

14 d. Nothing in this section shall reduce the requirement for a
15 plan to provide benefits pursuant to section 7 of P.L.2017, c.28
16 (C.17B:27A-19.25).

17 (cf: P.L.2019, c.58, s.7)

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19 8. Section 8 of P.L.1999, c.106 (C.26:2J-4.20) is amended to
20 read as follows:

21 8. a. (1) Every enrollee agreement delivered, issued, executed,
22 or renewed in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et
23 seq.) or approved for issuance or renewal in this State by the
24 Commissioner of Banking and Insurance, on or after the effective
25 date of this act shall provide health care services for mental health
26 conditions and substance use disorders under the same terms and
27 conditions as provided for any other sickness under the agreement
28 and shall meet the requirements of the federal Paul Wellstone and
29 Pete Domenici Mental Health Parity and Addiction Equity Act of
30 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal
31 guidance or regulations issued under that act, including 45 C.F.R.
32 Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

33 Health care services shall include, but not be limited to, an
34 annual screening for mental health conditions.

35 (2) As used in this section:

36 "Mental health condition" means a condition defined to be
37 consistent with generally recognized independent standards of
38 current medical practice referenced in the current version of the
39 Diagnostic and Statistical Manual of Mental Disorders.

40 "Same terms and conditions" means that the health maintenance
41 organization cannot apply more restrictive non-quantitative
42 limitations, such as utilization review and other criteria or more
43 quantitative limitations such as copayments, deductibles,, aggregate
44 or annual limits or health care services limits to mental health
45 condition and substance use disorder services than those applied to
46 substantially all other medical or surgical health care services.

47 "Substance use disorder" means a disorder defined to be
48 consistent with generally recognized independent standards of

- 1 current medical practice referenced in the most current version of
2 the Diagnostic and Statistical Manual of Mental Disorders.
- 3 b. (Deleted by amendment, P.L.2019, c.58)
- 4 c. The provisions of this section shall apply to enrollee
5 agreements in which the health maintenance organization has
6 reserved the right to change the premium.
- 7 d. Nothing in this section shall reduce the requirement for a
8 health maintenance organization to provide benefits pursuant to
9 section 8 of P.L.2017, c.28 (C.26:2J-4.39).
10 (cf: P.L.2019, c.58, s.8)
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- 12 9. Section 2 of P.L.1999, c.441 (C.52:14-17.29e) is amended to
13 read as follows:
- 14 2. a. The State Health Benefits Commission shall ensure that
15 every contract purchased by the commission on or after the
16 effective date of this act that provides hospital or medical expense
17 benefits shall provide coverage for mental health conditions and
18 substance use disorders under the same terms and conditions as
19 provided for any other sickness under the contract and shall meet
20 the requirements of the federal Paul Wellstone and Pete Domenici
21 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
22 s.18031(j), and any amendments to, and federal guidance or
23 regulations issued under that act, including 45 C.F.R. Parts 146 and
24 147 and 45 C.F.R. s.156.115(a)(3).
- 25 Coverage shall include, but not be limited to, an annual
26 screening for mental health conditions.
- 27 b. The commission shall provide notice to employees regarding
28 the coverage required by this section in accordance with this
29 subsection and regulations promulgated by the Commissioner of
30 Health pursuant to the "Administrative Procedure Act," P.L.1968,
31 c.410 (C.52:14B-1 et seq.). The notice shall be in writing and
32 prominently positioned in any literature or correspondence and shall
33 be transmitted at the earliest of: (1) the next mailing to the
34 employee; (2) the yearly informational packet sent to the employee;
35 or (3) July 1, 2000. The commission shall also ensure that the
36 carrier under contract with the commission, upon receipt of
37 information that a covered person is receiving treatment for a
38 mental health condition or substance use disorder, shall promptly
39 notify that person of the coverage required by this section.
- 40 c. Nothing in this section shall reduce the requirement for a
41 carrier to provide benefits pursuant to section 9 of P.L.2017, c.28
42 (C.52:14-17.29u).
43 (cf: P.L.2019, c.58, s.10)
- 44
- 45 10. This act shall take effect on the 90th day next following the
46 date of enactment and shall apply to all contracts and policies
47 delivered, issued, executed or renewed on or after that date.

STATEMENT

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This bill requires health insurers (health, hospital, and medical service corporations, commercial individual and group health insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, and the State Health Benefits Program) to provide coverage for an annual mental health screening.

The provisions of the bill will take effect 90 days after the date of enactment and will apply to all health benefits plans issued or renewed on or after that date.