

ASSEMBLY, No. 2008

STATE OF NEW JERSEY

220th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

Sponsored by:

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Senator VIN GOPAL

District 11 (Monmouth)

Senator FRED H. MADDEN, JR.

District 4 (Camden and Gloucester)

Co-Sponsored by:

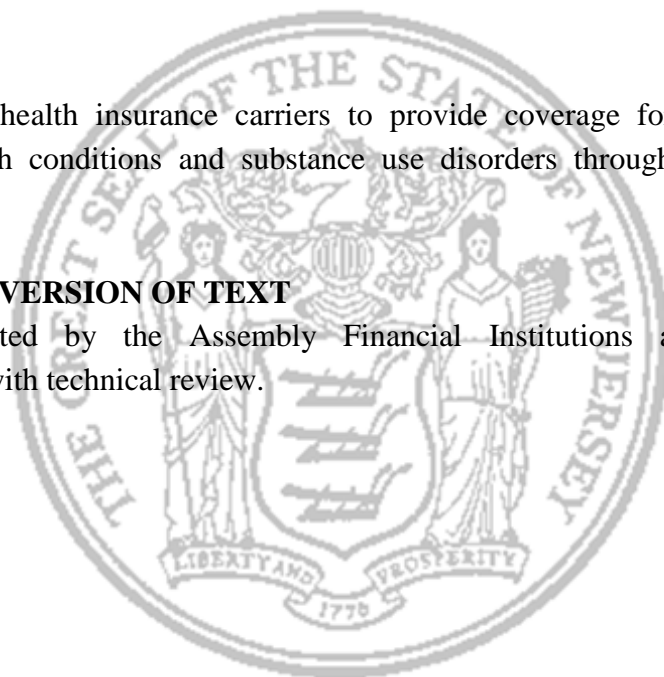
**Assemblywomen Speight, Chaparro, Murphy, Jimenez, Lampitt,
Assemblyman Stanley, Assemblywoman Jasey, Senators Cunningham,
Diegnan and O'Scanlon**

SYNOPSIS

Requires health insurance carriers to provide coverage for treatment of mental health conditions and substance use disorders through collaborative care.

CURRENT VERSION OF TEXT

As reported by the Assembly Financial Institutions and Insurance Committee with technical review.



(Sponsorship Updated As Of: 6/29/2022)

1 AN ACT concerning health insurance coverage and amending
2 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 provided pursuant to this section shall include benefits
24 delivered through the psychiatric Collaborative Care Model.

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 "Psychiatric Collaborative Care Model" means the evidence-
31 based, integrated behavioral health service delivery method wherein
32 a primary care provider and a care manager collaborate with a
33 psychiatric consultant to provide care to a patient. "Psychiatric
34 Collaborative Care Model" shall include those benefits that are
35 billed using the following list of Current Procedural Terminology
36 (CPT) codes, which list shall be updated by the Commissioner of
37 Banking and Insurance whenever the codes are altered or
38 supplemented:

39 (a) 99492 – Initial psychiatric collaborative care management;

40 (b) 99493 – Subsequent psychiatric collaborative care
41 management; and

42 (c) 99494 – Initial or subsequent psychiatric collaborative care
43 management, additional time.

44 "Same terms and conditions" means that the hospital service

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 corporation cannot apply more restrictive non-quantitative
2 limitations, such as utilization review and other criteria or more
3 quantitative limitations such as copayments, deductibles, aggregate
4 or annual limits or benefit limits to mental health condition and
5 substance use disorder benefits than those applied to substantially
6 all other medical or surgical benefits.

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

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

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

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

19

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

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

36 Coverage provided pursuant to this section shall include benefits
37 delivered through the psychiatric Collaborative Care Model.

38 (2) As used in this section:

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

43 "Psychiatric Collaborative Care Model" means the evidence-
44 based, integrated behavioral health service delivery method wherein
45 a primary care provider and a care manager collaborate with a
46 psychiatric consultant to provide care to a patient. "Psychiatric
47 Collaborative Care Model" shall include those benefits that are
48 billed using the following list of Current Procedural Terminology

1 (CPT) codes, which list shall be updated by the Commissioner of
2 Banking and Insurance whenever the codes are altered or
3 supplemented:

4 (a) 99492 – Initial psychiatric collaborative care management;

5 (b) 99493 – Subsequent psychiatric collaborative care
6 management; and

7 (c) 99494 – Initial or subsequent psychiatric collaborative care
8 management, additional time.

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

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

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

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

24 d. Nothing in this section shall reduce the requirement for a
25 medical service corporation to provide benefits pursuant to section
26 2 of P.L.2017, c.28 (C.17:48A-7kk).

27 (cf: P.L.2019, c.58, s.2)

28

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

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

45 Coverage provided pursuant to this section shall include benefits
46 delivered through the psychiatric Collaborative Care Model.

47 (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 "Psychiatric Collaborative Care Model" means the evidence-
6 based, integrated behavioral health service delivery method wherein
7 a primary care provider and a care manager collaborate with a
8 psychiatric consultant to provide care to a patient. "Psychiatric
9 Collaborative Care Model" shall include those benefits that are
10 billed using the following list of Current Procedural Terminology
11 (CPT) codes, which list shall be updated by the Commissioner of
12 Banking and Insurance whenever the codes are altered or
13 supplemented:

14 (a) 99492 – Initial psychiatric collaborative care management;

15 (b) 99493 – Subsequent psychiatric collaborative care
16 management; and

17 (c) 99494 – Initial or subsequent psychiatric collaborative care
18 management, additional time.

19 "Same terms and conditions" means that the health service
20 corporation cannot apply more restrictive non-quantitative
21 limitations, such as utilization review and other criteria or more
22 quantitative limitations such as copayments, deductibles, aggregate
23 or annual limits or benefit limits to mental health condition and
24 substance use disorder benefits than those applied to substantially
25 all other medical or 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 contracts in
32 which the health service corporation has reserved the right to
33 change the premium.

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

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

38
39 4. Section 4 of P.L.1999, c.106 (C.17B:26-2.1s) is amended to
40 read as follows:

41 4. a. (1) Every individual health insurance policy that
42 provides hospital or medical expense benefits and is delivered,
43 issued, executed or renewed in this State pursuant to chapter 26 of
44 Title 17B of the New Jersey Statutes, or approved for issuance or
45 renewal in this State by the Commissioner of Banking and
46 Insurance, on or after the effective date of this act shall provide
47 coverage for mental health conditions and substance use disorders
48 under the same terms and conditions as provided for any other

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

7 Coverage provided pursuant to this section shall include benefits
8 delivered through the psychiatric Collaborative Care Model.

9 (2) As used in this section:

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

14 "Psychiatric Collaborative Care Model" means the evidence-
15 based, integrated behavioral health service delivery method wherein
16 a primary care provider and a care manager collaborate with a
17 psychiatric consultant to provide care to a patient. "Psychiatric
18 Collaborative Care Model" shall include those benefits that are
19 billed using the following list of Current Procedural Terminology
20 (CPT) codes, which list shall be updated by the Commissioner of
21 Banking and Insurance whenever the codes are altered or
22 supplemented:

23 (a) 99492 – Initial psychiatric collaborative care management;

24 (b) 99493 – Subsequent psychiatric collaborative care
25 management; and

26 (c) 99494 – Initial or subsequent psychiatric collaborative care
27 management, additional time.

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

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

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

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

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

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

46
47 5. Section 5 of P.L.1999, c.106 (C.17B:27-46.1v) is amended
48 to read as follows:

1 5. a. (1) Every group health insurance policy that provides
2 hospital or medical expense benefits and is delivered, issued,
3 executed or renewed in this State pursuant to chapter 27 of Title
4 17B of the New Jersey Statutes, or approved for issuance or renewal
5 in this State by the Commissioner of Banking and Insurance, on or
6 after the effective date of this act shall provide benefits for mental
7 health conditions and substance use disorders under the same terms
8 and conditions as provided for any other sickness under the policy
9 and shall meet the requirements of the federal Paul Wellstone and
10 Pete Domenici Mental Health Parity and Addiction Equity Act of
11 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal
12 guidance or regulations issued under that act, including 45 C.F.R.
13 Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

14 Coverage provided pursuant to this section shall include benefits
15 delivered through the psychiatric Collaborative Care Model.

16 (2) As used in this section:

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

21 "Psychiatric Collaborative Care Model" means the evidence-
22 based, integrated behavioral health service delivery method wherein
23 a primary care provider and a care manager collaborate with a
24 psychiatric consultant to provide care to a patient. "Psychiatric
25 Collaborative Care Model" shall include those benefits that are
26 billed using the following list of Current Procedural Terminology
27 (CPT) codes, which list shall be updated by the Commissioner of
28 Banking and Insurance whenever the codes are altered or
29 supplemented:

30 (a) 99492 – Initial psychiatric collaborative care management;

31 (b) 99493 – Subsequent psychiatric collaborative care
32 management; and

33 (c) 99494 – Initial or subsequent psychiatric collaborative care
34 management, additional time.

35 "Same terms and conditions" means that the insurer cannot apply
36 more restrictive non-quantitative limitations, such as utilization
37 review and other criteria or more quantitative limitations such as
38 copayments, deductibles, aggregate or annual limits or benefit
39 limits to mental health condition and substance use disorder
40 benefits than those applied to substantially all other medical or
41 surgical benefits.

42 "Substance use disorder" means a disorder defined to be consistent
43 with generally recognized independent standards of current medical
44 practice referenced in the most current version of the Diagnostic
45 and Statistical Manual of Mental Disorders.

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

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

1 d. Nothing in this section shall reduce the requirement for an
2 insurer to provide benefits pursuant to section 5 of P.L.2017, c.28
3 (C.17B:27-46.1nn).
4 (cf: P.L.2019, c.58, s.5)

5
6 6. Section 6 of P.L.1999, c.106 (C.17B:27A-7.5) is amended to
7 read as follows:

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

21 Coverage provided pursuant to this section shall include benefits
22 delivered through the psychiatric Collaborative Care Model.

23 (2) As used in this section:

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

28 "Psychiatric Collaborative Care Model" means the evidence-
29 based, integrated behavioral health service delivery method wherein
30 a primary care provider and a care manager collaborate with a
31 psychiatric consultant to provide care to a patient. "Psychiatric
32 Collaborative Care Model" shall include those benefits that are
33 billed using the following list of Current Procedural Terminology
34 (CPT) codes, which list shall be updated by the Commissioner of
35 Banking and Insurance whenever the codes are altered or
36 supplemented:

37 (a) 99492 – Initial psychiatric collaborative care management;

38 (b) 99493 – Subsequent psychiatric collaborative care
39 management; and

40 (c) 99494 – Initial or subsequent psychiatric collaborative care
41 management, additional time.

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

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

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

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

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

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

13
14 7. Section 7 of P.L.1999, c.106 (C.17B:27A-19.7) is amended
15 to read as follows:

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

29 Coverage provided pursuant to this section shall include benefits
30 delivered through the psychiatric Collaborative Care Model.

31 (2) As used in this section:

32 "Mental health condition" means a condition defined to be
33 consistent with generally recognized independent standards of
34 current medical practice referenced in the current version of the
35 Diagnostic and Statistical Manual of Mental Disorders.

36 "Psychiatric Collaborative Care Model" means the evidence-
37 based, integrated behavioral health service delivery method wherein
38 a primary care provider and a care manager collaborate with a
39 psychiatric consultant to provide care to a patient. "Psychiatric
40 Collaborative Care Model" shall include those benefits that are
41 billed using the following list of Current Procedural Terminology
42 (CPT) codes, which list shall be updated by the Commissioner of
43 Banking and Insurance whenever the codes are altered or
44 supplemented:

45 (a) 99492 – Initial psychiatric collaborative care management;

46 (b) 99493 – Subsequent psychiatric collaborative care
47 management; and

1 (c) 99494 – Initial or subsequent psychiatric collaborative care
2 management, additional time.

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

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

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

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

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

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

22
23 8. Section 8 of P.L.1999, c.106 (C.26:2J-4.20) is amended to
24 read as follows:

25 8. a. (1) Every enrollee agreement delivered, issued,
26 executed, or renewed in this State pursuant to P.L.1973, c.337
27 (C.26:2J-1 et seq.) or approved for issuance or renewal in this State
28 by the Commissioner of Banking and Insurance, on or after the
29 effective date of this act shall provide health care services for
30 mental health conditions and substance use disorders under the
31 same terms and conditions as provided for any other sickness under
32 the agreement and shall meet the requirements of the federal Paul
33 Wellstone and Pete Domenici Mental Health Parity and Addiction
34 Equity Act of 2008, 42 U.S.C. s.18031(j), and any amendments to,
35 and federal guidance or regulations issued under that act, including
36 45 C.F.R. Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

37 Coverage provided pursuant to this section shall include benefits
38 delivered through the psychiatric Collaborative Care Model.

39 (2) As used in this section:

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

44 "Psychiatric Collaborative Care Model" means the evidence-
45 based, integrated behavioral health service delivery method wherein
46 a primary care provider and a care manager collaborate with a
47 psychiatric consultant to provide care to a patient. "Psychiatric
48 Collaborative Care Model" shall include those benefits that are

1 billed using the following list of Current Procedural Terminology
2 (CPT) codes, which list shall be updated by the Commissioner of
3 Banking and Insurance whenever the codes are altered or
4 supplemented:

- 5 (a) 99492 – Initial psychiatric collaborative care management;
6 (b) 99493 – Subsequent psychiatric collaborative care
7 management; and
8 (c) 99494 – Initial or subsequent psychiatric collaborative care
9 management, additional time.

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

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

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

22 c. The provisions of this section shall apply to enrollee
23 agreements in which the health maintenance organization has
24 reserved the right to change the premium.

25 d. Nothing in this section shall reduce the requirement for a
26 health maintenance organization to provide benefits pursuant to
27 section 8 of P.L.2017, c.28 (C.26:2J-4.39).

28 (cf: P.L.2019, c.58, s.8)

29

30 9. Section 1 of P.L.1999, c.441 (C.52:14-17.29d) is amended to
31 read as follows:

32 1. As used in this act:

33 "Carrier" means an insurance company, health service
34 corporation, hospital service corporation, medical service
35 corporation or health maintenance organization authorized to issue
36 health benefits plans in this State.

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

41 “Psychiatric Collaborative Care Model” means the evidence-
42 based, integrated behavioral health service delivery method wherein
43 a primary care provider and a care manager collaborate with a
44 psychiatric consultant to provide care to a patient. “Psychiatric
45 Collaborative Care Model” shall include those benefits that are
46 billed using the following list of Current Procedural Terminology
47 (CPT) codes, which list shall be updated by the Commissioner of

1 Banking and Insurance whenever the codes are altered or
2 supplemented:

3 (a) 99492 – Initial psychiatric collaborative care management;

4 (b) 99493 – Subsequent psychiatric collaborative care
5 management; and

6 (c) 99494 – Initial or subsequent psychiatric collaborative care
7 management, additional time.

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

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

19 (cf: P.L.2019, c.58, s.9)

20

21 10. Section 2 of P.L.1999, c.441 (C.52:14-17.29e) is amended to
22 read as follows:

23 2. a. The State Health Benefits Commission shall ensure that
24 every contract purchased by the commission on or after the
25 effective date of this act that provides hospital or medical expense
26 benefits shall provide coverage for mental health conditions and
27 substance use disorders under the same terms and conditions as
28 provided for any other sickness under the contract and shall meet
29 the requirements of the federal Paul Wellstone and Pete Domenici
30 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
31 s.18031(j), and any amendments to, and federal guidance or
32 regulations issued under that act, including 45 C.F.R. Parts 146 and
33 147 and 45 C.F.R. s.156.115(a)(3).

34 Coverage provided pursuant to this section shall include benefits
35 delivered through the psychiatric Collaborative Care Model.

36 b. The commission shall provide notice to employees regarding
37 the coverage required by this section in accordance with this
38 subsection and regulations promulgated by the Commissioner of
39 Health pursuant to the "Administrative Procedure Act,"
40 P.L.1968, c.410 (C.52:14B-1 et seq.). The notice shall be in writing
41 and prominently positioned in any literature or correspondence and
42 shall be transmitted at the earliest of: (1) the next mailing to the
43 employee; (2) the yearly informational packet sent to the employee;
44 or (3) July 1, 2000. The commission shall also ensure that the
45 carrier under contract with the commission, upon receipt of
46 information that a covered person is receiving treatment for a
47 mental health condition or substance use disorder, shall promptly
48 notify that person of the coverage required by this section.

1 c. Nothing in this section shall reduce the requirement for a
2 carrier to provide benefits pursuant to section 9 of P.L.2017, c.28
3 (C.52:14-17.29u).
4 (cf: P.L.2019, c.58, s.10)

5

6 11. This act shall take effect on the 60th day after enactment and
7 shall apply to all contracts and policies delivered, issued, executed,
8 or renewed on or after that date.