P.L. 2022, CHAPTER 33, *approved June 30*, *2022*Assembly, No. 2008

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

3

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

6 7

8

22

25

26

2728

29

- 1. Section 1 of P.L.1999, c.106 (C.17:48-6v) is amended to 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 pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or approved for 12 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 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 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.
- Coverage provided pursuant to this section shall include benefits
 delivered through the psychiatric Collaborative Care Model.
 - (2) As used in this section:

s.156.115(a)(3).

- "Mental health condition" means a condition defined to be consistent with generally recognized independent standards of current medical practice referenced in the current version of the Diagnostic and Statistical Manual of Mental Disorders.
- "Psychiatric Collaborative Care Model" means the evidence-30 31 based, integrated behavioral health service delivery method wherein 32 a primary care provider and a care manager collaborate with a psychiatric consultant to provide care to a patient. "Psychiatric 33 Collaborative Care Model" shall include those benefits that are 34 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 <u>(b) 99493 Subsequent psychiatric collaborative care</u> 41 <u>management; and</u>

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

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

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

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

- b. (Deleted by amendment, P.L.2019, c.58)
- c. The provisions of this section shall apply to all contracts in which the hospital service corporation has reserved the right to change the premium.
- d. Nothing in this section shall reduce the requirement for a hospital service corporation to provide benefits pursuant to section 1 of P.L.2017, c.28 (C.17:48-6nn).
- 21 (cf: P.L.2019, c.58, s.1)

- 23 2. Section 2 of P.L.1999, c.106 (C.17:48A-7u) is amended to read as follows:
 - 2. a. (1) Every individual and group medical service corporation contract that provides hospital or medical expense benefits that is delivered, issued, executed or renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act shall provide coverage for mental health conditions and substance use disorders under the same terms and conditions as provided for any other sickness under the contract and shall meet the requirements of the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal guidance or regulations issued under that act, including 45 s.C.F.R. Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).
- Coverage provided pursuant to this section shall include benefits
 delivered through the psychiatric Collaborative Care Model.
 - (2) As used in this section:
- "Mental health condition" means a condition defined to be consistent with generally recognized independent standards of current medical practice referenced in the current version of the Diagnostic and Statistical Manual of Mental Disorders.
- 46 "Psychiatric Collaborative Care Model" means the evidence 47 based, integrated behavioral health service delivery method wherein
 48 a primary care provider and a care manager collaborate with a

- 1 psychiatric consultant to provide care to a patient. "Psychiatric
- Collaborative Care Model" shall include those benefits that are 2
- 3 billed using the following list of Current Procedural Terminology
- 4 (CPT) codes, which list shall be updated by the Commissioner of
- 5 Banking and Insurance whenever the codes are altered or
- 6 supplemented:

7

12

13

14

15

16 17

18

19

20

21 22

23

24

25

26

27

28

29

- (a) 99492 Initial psychiatric collaborative care management;
- 8 (b) 99493 - Subsequent psychiatric collaborative care 9 management; and
- 10 (c) 99494 – Initial or subsequent psychiatric collaborative care 11 management, additional time.

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

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

- b. (Deleted by amendment, P.L.2019, c.58)
- The provisions of this section shall apply to all contracts in which the medical service corporation has reserved the right to change the premium.
 - Nothing in this section shall reduce the requirement for a medical service corporation to provide benefits pursuant to section 2 of P.L.2017, c.28 (C.17:48A-7kk).
- 30 (cf: P.L.2019, c.58, s.2)

- 32 3. Section 3 of P.L.1999, c.106 (C.17:48E-35.20) is amended 33
- to read as follows:
- 34 3. a. (1) Every individual and group health service
- 35 corporation contract that provides hospital or medical expense
- 36 benefits and is delivered, issued, executed or renewed in this State
- 37 pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for
- 38 issuance or renewal in this State by the Commissioner of Banking
- 39 and Insurance, on or after the effective date of this act shall provide
- 40 coverage for mental health conditions and substance use disorders
- 41 under the same terms and conditions as provided for any other
- 42 sickness under the contract and shall meet the requirements of the 43
- federal Paul Wellstone and Pete Domenici Mental Health Parity and 44 Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any
- 45 amendments to, and federal guidance or regulations issued under
- 46 that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R.
- 47 s.156.115(a)(3).

- 1 Coverage provided pursuant to this section shall include benefits 2 delivered through the psychiatric Collaborative Care Model.
 - (2) As used in this section:

4

5

6

7

17

20

2122

23

24

25

26

27

28

29

30

3132

33

34

35

36

41

44

45

46

47

48

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

8 "Psychiatric Collaborative Care Model" means the evidence-9 based, integrated behavioral health service delivery method wherein 10 a primary care provider and a care manager collaborate with a psychiatric consultant to provide care to a patient. "Psychiatric 11 12 Collaborative Care Model" shall include those benefits that are 13 billed using the following list of Current Procedural Terminology 14 (CPT) codes, which list shall be updated by the Commissioner of 15 Banking and Insurance whenever the codes are altered or 16 supplemented:

- (a) 99492 Initial psychiatric collaborative care management;
- 18 <u>(b) 99493 Subsequent psychiatric collaborative care</u> 19 <u>management; and</u>
 - (c) 99494 Initial or subsequent psychiatric collaborative care management, additional time.

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

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

- b. (Deleted by amendment, P.L.2019, c.58)
- c. The provisions of this section shall apply to all contracts in which the health service corporation has reserved the right to change the premium.
- d. Nothing in this section shall reduce the requirement for a health service corporation to provide benefits pursuant to section 3 of P.L.2017, c.28 (C.17:48E-35.38).
- 40 (cf: P.L.2019, c.58, s.3)

42 4. Section 4 of P.L.1999, c.106 (C.17B:26-2.1s) is amended to 43 read as follows:

4. a. (1) Every individual health insurance policy that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to chapter 26 of Title 17B of the New Jersey Statutes, or approved for issuance or renewal in this State by the Commissioner of Banking and

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

13 14

15

16

26

29

30

31

32

33

34

35

36

- Coverage provided pursuant to this section shall include benefits delivered through the psychiatric Collaborative Care Model.
 - (2) As used in this section:
 - "Mental health condition" means a condition defined to be consistent with generally recognized independent standards of current medical practice referenced in the current version of the Diagnostic and Statistical Manual of Mental Disorders.
- 17 "Psychiatric Collaborative Care Model" means the evidence-
- 18 <u>based, integrated behavioral health service delivery method wherein</u>
- 19 <u>a primary care provider and a care manager collaborate with a</u>
- 20 <u>psychiatric consultant to provide care to a patient.</u> "Psychiatric
- 21 <u>Collaborative Care Model" shall include those benefits that are</u> 22 billed using the following list of Current Procedural Terminology
- 23 (CPT) codes, which list shall be updated by the Commissioner of
- 24 Banking and Insurance whenever the codes are altered or
- 25 <u>supplemented:</u>
 - (a) 99492 Initial psychiatric collaborative care management;
- 27 <u>(b) 99493 Subsequent psychiatric collaborative care</u> 28 <u>management; and</u>
 - (c) 99494 Initial or subsequent psychiatric collaborative care management, additional time.
 - "Same terms and conditions" means that the insurer cannot apply more restrictive non-quantitative limitations, such as utilization review and other criteria or more quantitative limitations such as copayments, deductibles, aggregate or annual limits or benefit limits to mental health condition and substance use disorder benefits than those applied to substantially all other medical or surgical benefits.
- "Substance use disorder" means a disorder defined to be consistent with generally recognized independent standards of current medical practice referenced in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
- b. (Deleted by amendment, P.L.2019, c.58)
- c. The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.
- d. Nothing in this section shall reduce the requirement for an insurer to provide benefits pursuant to section 4 of P.L.2017, c.28
- 47 (C.17B:26-2.1hh).
- 48 (cf: P.L.2019, c.58, s.4)

- 5. Section 5 of P.L.1999, c.106 (C.17B:27-46.1v) is amended 1 2 to read as follows:
- 3 5. a. (1) Every group health insurance policy that provides 4 hospital or medical expense benefits and is delivered, issued, 5 executed or renewed in this State pursuant to chapter 27 of Title 6 17B of the New Jersey Statutes, or approved for issuance or renewal 7 in this State by the Commissioner of Banking and Insurance, on or 8 after the effective date of this act shall provide benefits for mental 9 health conditions and substance use disorders under the same terms 10 and conditions as provided for any other sickness under the policy 11 and shall meet the requirements of the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 13 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal
- 12
- 14 guidance or regulations issued under that act, including 45 C.F.R.
- 15 Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).
- 16 Coverage provided pursuant to this section shall include benefits 17 delivered through the psychiatric Collaborative Care Model.
 - (2) As used in this section:

19

20

21 22

23

24

25

26

27 28

29

30

- "Mental health condition" means a condition defined to be consistent with generally recognized independent standards of current medical practice referenced in the current version of the Diagnostic and Statistical Manual of Mental Disorders.
- "Psychiatric Collaborative Care Model" means the evidencebased, integrated behavioral health service delivery method wherein a primary care provider and a care manager collaborate with a psychiatric consultant to provide care to a patient. "Psychiatric Collaborative Care Model" shall include those benefits that are billed using the following list of Current Procedural Terminology (CPT) codes, which list shall be updated by the Commissioner of Banking and Insurance whenever the codes are altered or supplemented:
- 32 (a) 99492 – Initial psychiatric collaborative care management;
- 33 (b) 99493 - Subsequent psychiatric collaborative care 34 management; and
- 35 (c) 99494 – Initial or subsequent psychiatric collaborative care 36 management, additional time.
- 37 "Same terms and conditions" means that the insurer cannot apply 38 more restrictive non-quantitative limitations, such as utilization 39 review and other criteria or more quantitative limitations such as copayments, deductibles, aggregate or annual limits or benefit 40 41 limits to mental health condition and substance use disorder 42 benefits than those applied to substantially all other medical or 43 surgical benefits.
- "Substance use disorder" means a disorder defined to be consistent 44
- 45 with generally recognized independent standards of current medical
- 46 practice referenced in the most current version of the Diagnostic
- 47 and Statistical Manual of Mental Disorders.
- 48 (Deleted by amendment, P.L.2019, c.59)

- 1 c. The provisions of this section shall apply to all policies in 2 which the insurer has reserved the right to change the premium.
- d. Nothing in this section shall reduce the requirement for an insurer to provide benefits pursuant to section 5 of P.L.2017, c.28 (C.17B:27-46.1nn).

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

7

23

24

25

26

27

28

29

3031

32

33

34

3536

37

38

- 8 6. Section 6 of P.L.1999, c.106 (C.17B:27A-7.5) is amended to 9 read as follows:
- 10 6. a. (1) Every individual health benefits plan that provides hospital or medical expense benefits and is delivered, issued, 11 12 executed or renewed in this State pursuant to P.L.1992, c.161 13 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this 14 State on or after the effective date of this act shall provide benefits 15 for mental health conditions and substance use disorders under the 16 same terms and conditions as provided for any other sickness under 17 the health benefits plan 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).
 - Coverage provided pursuant to this section shall include benefits delivered through the psychiatric Collaborative Care Model.
 - (2) As used in this section:
 - "Mental health condition" means a condition defined to be consistent with generally recognized independent standards of current medical practice referenced in the current version of the Diagnostic and Statistical Manual of Mental Disorders.
 - "Psychiatric Collaborative Care Model" means the evidence-based, integrated behavioral health service delivery method wherein a primary care provider and a care manager collaborate with a psychiatric consultant to provide care to a patient. "Psychiatric Collaborative Care Model" shall include those benefits that are billed using the following list of Current Procedural Terminology (CPT) codes, which list shall be updated by the Commissioner of Banking and Insurance whenever the codes are altered or supplemented:
- 39 (a) 99492 Initial psychiatric collaborative care management;
- 40 <u>(b) 99493 Subsequent psychiatric collaborative care</u> 41 <u>management; and</u>
- 42 (c) 99494 Initial or subsequent psychiatric collaborative care 43 management, additional time.

"Same terms and conditions" means that the plan cannot apply more restrictive non-quantitative limitations, such as utilization review and other criteria or more quantitative limitations such as copayments, deductibles, aggregate or annual limits or benefit limits to mental health condition and substance use disorder

- 1 benefits than those applied to substantially all other medical or surgical benefits. 2
- 3 "Substance use disorder" means a disorder defined to be 4 consistent with generally recognized independent standards of 5 current medical practice referenced in the most current version of 6 the Diagnostic and Statistical Manual of Mental Disorders.
 - b. (Deleted by amendment, P.L.2019, c.58)
- 8 The provisions of this section shall apply to all health 9 benefits plans in which the carrier has reserved the right to change 10 the premium.
- d. Nothing in this section shall reduce the requirement for a 11 12 plan to provide benefits pursuant to section 6 of P.L.2017, c.28 13 (C.17B:27A-7.21).
- 14 (cf: P.L.2019, c.58, s.6)

33

- 16 7. Section 7 of P.L.1999, c.106 (C.17B:27A-19.7) is amended
- to read as follows: 17 18 7. a. (1) Every small employer health benefits plan that
- 19 provides hospital or medical expense benefits and is delivered, 20 issued, executed or renewed in this State pursuant to
- P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or 21
- 22 renewal in this State on or after the effective date of this act shall
- 23 provide benefits for mental health conditions and substance use
- 24 disorders under the same terms and conditions as provided for any
- 25 other sickness under the health benefits plan and shall meet the
- 26 requirements of the federal Paul Wellstone and Pete Domenici
- 27 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.
- 28 s.18031(j), and any amendments to, and federal guidance or
- 29 regulations issued under that act, including 45 C.F.R. Parts 146 and 30
- 147 and 45 C.F.R. s.156.115(a)(3).
- 31 Coverage provided pursuant to this section shall include benefits 32 delivered through the psychiatric Collaborative Care Model.
 - (2) As used in this section:
- 34 "Mental health condition" means a condition defined to be 35 consistent with generally recognized independent standards of 36 current medical practice referenced in the current version of the 37 Diagnostic and Statistical Manual of Mental Disorders.
- 38 "Psychiatric Collaborative Care Model" means the evidence-
- 39 based, integrated behavioral health service delivery method wherein
- 40 a primary care provider and a care manager collaborate with a
- 41 psychiatric consultant to provide care to a patient. "Psychiatric
- 42 Collaborative Care Model" shall include those benefits that are
- 43 billed using the following list of Current Procedural Terminology
- 44 (CPT) codes, which list shall be updated by the Commissioner of
- 45 Banking and Insurance whenever the codes are altered or
- 46 supplemented:
- 47 (a) 99492 – Initial psychiatric collaborative care management;

- 1 (b) 99493 Subsequent psychiatric collaborative care 2 management; and
 - (c) 99494 Initial or subsequent psychiatric collaborative care management, additional time.

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

- "Substance use disorder" means a disorder defined to be consistent with generally recognized independent standards of current medical practice referenced in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
- 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.
- d. Nothing in this section shall reduce the requirement for a plan to provide benefits pursuant to section 7 of P.L.2017, c.28 (C.17B:27A-19.25).
- 23 (cf: P.L.2019, c.58, s.7)

24

41

42

43

44

45

3

4

5

6

7

8

9

10

1112

13

14

15

- 25 8. Section 8 of P.L.1999, c.106 (C.26:2J-4.20) is amended to 26 read as follows:
- read as follows:
 8. a. (1) Every enrollee agreement delivered, issued,
- executed, or renewed in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for issuance or renewal in this State
- 30 by the Commissioner of Banking and Insurance, on or after the
- 31 effective date of this act shall provide health care services for
- mental health conditions and substance use disorders under the
- 33 same terms and conditions as provided for any other sickness under
- 34 the agreement and shall meet the requirements of the federal Paul
- Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any amendments to,
- and federal guidance or regulations issued under that act, including
- 38 45 C.F.R. Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).
- Coverage provided pursuant to this section shall include benefits
 delivered through the psychiatric Collaborative Care Model.
 - (2) As used in this section:
 - "Mental health condition" means a condition defined to be consistent with generally recognized independent standards of current medical practice referenced in the current version of the Diagnostic and Statistical Manual of Mental Disorders.
- 46 <u>"Psychiatric Collaborative Care Model" means the evidence-</u>
 47 <u>based, integrated behavioral health service delivery method wherein</u>
 48 a primary care provider and a care manager collaborate with a

- 1 psychiatric consultant to provide care to a patient. "Psychiatric
- 2 Collaborative Care Model" shall include those benefits that are
- 3 <u>billed using the following list of Current Procedural Terminology</u>
- 4 (CPT) codes, which list shall be updated by the Commissioner of
- 5 Banking and Insurance whenever the codes are altered or
- 6 <u>supplemented:</u>

12

13

14

15

16

17

18

1920

21

22

23

24

25

26

27

28

29

- (a) 99492 Initial psychiatric collaborative care management;
- 8 <u>(b) 99493 Subsequent psychiatric collaborative care</u> 9 <u>management; and</u>
- (c) 99494 Initial or subsequent psychiatric collaborative care
 management, additional time.

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

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

- b. (Deleted by amendment, P.L.2019, c.58)
- c. The provisions of this section shall apply to enrollee agreements in which the health maintenance organization has reserved the right to change the premium.
- d. Nothing in this section shall reduce the requirement for a health maintenance organization to provide benefits pursuant to section 8 of P.L.2017, c.28 (C.26:2J-4.39).
- 30 (cf: P.L.2019, c.58, s.8)

31

35

36

37

- 32 9. Section 1 of P.L.1999, c.441 (C.52:14-17.29d) is amended to read as follows:
- 34 1. As used in this act:
 - "Carrier" means an insurance company, health service corporation, hospital service corporation, medical service corporation or health maintenance organization authorized to issue health benefits plans in this State.
- "Mental health condition" means a condition defined to be consistent with generally recognized independent standards of current medical practice referenced in the current version of the Diagnostic and Statistical Manual of Mental Disorders.
- "Psychiatric Collaborative Care Model" means the evidence based, integrated behavioral health service delivery method wherein
- 45 <u>a primary care provider and a care manager collaborate with a</u>
 46 psychiatric consultant to provide care to a patient. "Psychiatric
- psychiatric consultant to provide care to a patient. "Psychiatric
 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 <u>supplemented:</u>

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

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

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

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

- 10. Section 2 of P.L.1999, c.441 (C.52:14-17.29e) is amended to read as follows:
- 2. a. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital or medical expense benefits shall provide coverage for mental health conditions and substance use disorders under the same terms and conditions as provided for any other sickness under the contract and shall meet the requirements of the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal guidance or regulations issued under that act, including 45 C.F.R. Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).
- Coverage provided pursuant to this section shall include benefits
 delivered through the psychiatric Collaborative Care Model.
 - b. The commission shall provide notice to employees regarding the coverage required by this section in accordance with this subsection and regulations promulgated by the Commissioner of Health pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The notice shall be in writing and prominently positioned in any literature or correspondence and shall be transmitted at the earliest of: (1) the next mailing to the employee; (2) the yearly informational packet sent to the employee; or (3) July 1, 2000. The commission shall also ensure that the carrier under contract with the commission, upon receipt of information that a covered person is receiving treatment for a

A2008

1	mental health condition or substance use disorder, shall promptly
2	notify that person of the coverage required by this section.
3	c. Nothing in this section shall reduce the requirement for a
4	carrier to provide benefits pursuant to section 9 of P.L.2017, c.28
5	(C.52:14-17.29u).
6	(cf: P.L.2019, c.58, s.10)
7	
8	11. This act shall take effect on the 60th day after enactment and
9	shall apply to all contracts and policies delivered, issued, executed,
10	or renewed on or after that date.
11	
12	
13	
14	
15	Requires health insurance carriers to provide coverage for
16	treatment of mental health conditions and substance use disorders
17	through collaborative care.