

**SENATE, No. 352**

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**STATE OF NEW JERSEY**

**220th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

**Sponsored by:**

**Senator VIN GOPAL**

**District 11 (Monmouth)**

**Senator FRED H. MADDEN, JR.**

**District 4 (Camden and Gloucester)**

**Co-Sponsored by:**

**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 Senate Health, Human Services and Senior Citizens 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 billed  
35 using the following list of Current Procedural Terminology (CPT)  
36 codes, which list shall be updated by the Commissioner of Banking  
37 and Insurance whenever the codes are altered or supplemented:

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

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

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

43       " Same terms and conditions " means that the hospital service  
44 corporation cannot apply more restrictive non-quantitative  
45 limitations, such as utilization review and other criteria or more

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

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

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

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

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

16 (cf: P.L.2019, c.58, s.1)

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

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

34 Coverage provided pursuant to this section shall include benefits  
35 delivered through the psychiatric collaborative care model.

36 (2) As used in this section:

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 billed  
46 using the following list of Current Procedural Terminology (CPT)

1 codes, which list shall be updated by the Commissioner of Banking  
2 and Insurance whenever the codes are altered or 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 the medical service  
9 corporation cannot apply more restrictive non-quantitative  
10 limitations, such as utilization review and other criteria or more  
11 quantitative limitations such as copayments, deductibles, aggregate  
12 or annual limits or benefit limits to mental health condition and  
13 substance use disorder benefits than those applied to substantially  
14 all other medical or 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 b. (Deleted by amendment, P.L.2019, c.58)

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

23 d. Nothing in this section shall reduce the requirement for a  
24 medical service corporation to provide benefits pursuant to section  
25 2 of P.L.2017, c.28 (C.17:48A-7kk).  
26 (cf: P.L.2019, c.58, s.2)

27  
28 3. Section 3 of P.L.1999, c.106 (C.17:48E-35.20) is amended  
29 to read as follows:

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

44 Coverage provided pursuant to this section shall include benefits  
45 delivered through the psychiatric collaborative care model.

46 (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 billed  
10 using the following list of Current Procedural Terminology (CPT)  
11 codes, which list shall be updated by the Commissioner of Banking  
12 and Insurance whenever the codes are altered or supplemented;

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

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

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

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

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

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

30 c. The provisions of this section shall apply to all contracts in  
31 which the health service corporation has reserved the right to  
32 change the premium.

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

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

37  
38 4. Section 4 of P.L.1999, c.106 (C.17B:26-2.1s) is amended to  
39 read as follows:

40 4. a. (1) Every individual health insurance policy that  
41 provides hospital or medical expense benefits and is delivered,  
42 issued, executed or renewed in this State pursuant to chapter 26 of  
43 Title 17B of the New Jersey Statutes, or approved for issuance or  
44 renewal in this State by the Commissioner of Banking and  
45 Insurance, on or after the effective date of this act shall provide  
46 coverage for mental health conditions and substance use disorders  
47 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 billed  
19 using the following list of Current Procedural Terminology (CPT)  
20 codes, which list shall be updated by the Commissioner of Banking  
21 and Insurance whenever the codes are altered or supplemented:

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

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

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

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

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

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

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

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

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

45  
46 5. Section 5 of P.L.1999, c.106 (C.17B:27-46.1v) is amended  
47 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 billed  
26 using the following list of Current Procedural Terminology (CPT)  
27 codes, which list shall be updated by the Commissioner of Banking  
28 and Insurance whenever the codes are altered or supplemented:

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

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

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

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

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

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

46       c. The provisions of this section shall apply to all policies in  
47 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).  
(cf: P.L.2019, c.58, s.5)

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

6. a. (1) Every individual health benefits plan that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this State on or after the effective date of this act shall provide benefits for mental health conditions and substance use disorders under the same terms and conditions as provided for any other sickness under the health benefits plan 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.

(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:

(a) 99492 – Initial psychiatric collaborative care management;

(b) 99493 – Subsequent psychiatric collaborative care 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.



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

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

45 (b) 99493 – Subsequent psychiatric collaborative care  
46 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

1 collaborative care model” shall include those benefits that are billed  
2 using the following list of Current Procedural Terminology (CPT)  
3 codes, which list shall be updated by the Commissioner of Banking  
4 and Insurance whenever the codes are altered or 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 billed  
46 using the following list of Current Procedural Terminology (CPT)

1 codes, which list shall be updated by the Commissioner of Banking  
2 and Insurance whenever the codes are altered or 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

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.