

# SENATE, No. 2790

## STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED JUNE 6, 2022

**Sponsored by:**

**Senator KRISTIN M. CORRADO**

**District 40 (Bergen, Essex, Morris and Passaic)**

**Senator HOLLY T. SCHEPISI**

**District 39 (Bergen and Passaic)**

**Co-Sponsored by:**

**Senators Holzapfel and Diegnan**

**SYNOPSIS**

Requires health insurance coverage for annual mental health screening.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 6/1/2023)**

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

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

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

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

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

25 (2) As used in this section:

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

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

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

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

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

45 d. Nothing in this section shall reduce the requirement for a  
46 hospital service corporation to provide benefits pursuant to section  
47 1 of P.L.2017, c.28 (C.17:48-6nn).

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

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

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

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

19       (2) As used in this section:

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

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

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

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

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

39       d. Nothing in this section shall reduce the requirement for a  
40 medical service corporation to provide benefits pursuant to section  
41 2 of P.L.2017, c.28 (C.17:48A-7kk).

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

43

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

46       3. a. (1) Every individual and group health service corporation  
47 contract that provides hospital or medical expense benefits and is  
48 delivered, issued, executed or renewed in this State pursuant to  
49 P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for issuance or

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

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

13 (2) As used in this section:

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

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  
48 sickness under the contract and shall meet the requirements of the  
49 federal Paul Wellstone and Pete Domenici Mental Health Parity and

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

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

7 (2) As used in this section:

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

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

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

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

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

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

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

30

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

33 5. a. (1) Every group health insurance policy that provides  
34 hospital or medical expense benefits and is delivered, issued,  
35 executed or renewed in this State pursuant to chapter 27 of Title  
36 17B of the New Jersey Statutes, or approved for issuance or renewal  
37 in this State by the Commissioner of Banking and Insurance, on or  
38 after the effective date of this act shall provide benefits for mental  
39 health conditions and substance use disorders under the same terms  
40 and conditions as provided for any other sickness under the policy  
41 and shall meet the requirements of the federal Paul Wellstone and  
42 Pete Domenici Mental Health Parity and Addiction Equity Act of  
43 2008, 42 U.S.C. s.18031(j), and any amendments to, and federal  
44 guidance or regulations issued under that act, including 45 C.F.R.  
45 Parts 146 and 147 and 45 C.F.R. s.156.115(a)(3).

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

48 (2) As used in this section:

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

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

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

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

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

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

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

23

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

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

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

41 (2) As used in this section:

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

46 "Same terms and conditions" means that the plan cannot apply  
47 more restrictive non-quantitative limitations, such as utilization  
48 review and other criteria or more quantitative limitations such as  
49 copayments, deductibles, aggregate or annual limits or benefit

1 limits to mental health condition and substance use disorder  
2 benefits than those applied to substantially all other medical or  
3 surgical benefits.

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

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

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

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

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

16

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

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

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

34 (2) As used in this section:

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

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

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

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

2 c. The provisions of this section shall apply to all health  
3 benefits plans in which the carrier has reserved the right to change  
4 the premium.

5 d. Nothing in this section shall reduce the requirement for a  
6 plan to provide benefits pursuant to section 7 of P.L.2017, c.28  
7 (C.17B:27A-19.25).  
8 (cf: P.L.2019, c.58, s.7)

9  
10 8. Section 8 of P.L.1999, c.106 (C.26:2J-4.20) is amended to  
11 read as follows:

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

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

26 (2) As used in this section:

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

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

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

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

43 c. The provisions of this section shall apply to enrollee  
44 agreements in which the health maintenance organization has  
45 reserved the right to change the premium.

46 d. Nothing in this section shall reduce the requirement for a  
47 health maintenance organization to provide benefits pursuant to



1 section 8 of P.L.2017, c.28 (C.26:2J-4.39).  
2 (cf: P.L.2019, c.58, s.8)

3

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

6 2. a. The State Health Benefits Commission shall ensure that  
7 every contract purchased by the commission on or after the  
8 effective date of this act that provides hospital or medical expense  
9 benefits shall provide coverage for mental health conditions and  
10 substance use disorders under the same terms and conditions as  
11 provided for any other sickness under the contract and shall meet  
12 the requirements of the federal Paul Wellstone and Pete Domenici  
13 Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C.  
14 s.18031(j), and any amendments to, and federal guidance or  
15 regulations issued under that act, including 45 C.F.R. Parts 146 and  
16 147 and 45 C.F.R. s.156.115(a)(3).

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

19 b. The commission shall provide notice to employees regarding  
20 the coverage required by this section in accordance with this  
21 subsection and regulations promulgated by the Commissioner of  
22 Health pursuant to the "Administrative Procedure Act," P.L.1968,  
23 c.410 (C.52:14B-1 et seq.). The notice shall be in writing and  
24 prominently positioned in any literature or correspondence and shall  
25 be transmitted at the earliest of: (1) the next mailing to the  
26 employee; (2) the yearly informational packet sent to the employee;  
27 or (3) July 1, 2000. The commission shall also ensure that the  
28 carrier under contract with the commission, upon receipt of  
29 information that a covered person is receiving treatment for a  
30 mental health condition or substance use disorder, shall promptly  
31 notify that person of the coverage required by this section.

32 c. Nothing in this section shall reduce the requirement for a  
33 carrier to provide benefits pursuant to section 9 of P.L.2017, c.28  
34 (C.52:14-17.29u).

35 (cf: P.L.2019, c.58, s.10)

36

37 10. This act shall take effect on the 90th day next following the  
38 date of enactment and shall apply to all contracts and policies  
39 delivered, issued, executed or renewed on or after that date.

40

41

42

#### STATEMENT

43

44 This bill requires health insurers (health, hospital, and medical  
45 service corporations, commercial individual and group health  
46 insurers, health maintenance organizations, health benefits plans  
47 issued pursuant to the New Jersey Individual Health Coverage and  
48 Small Employer Health Benefits Programs, and the State Health

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1 Benefits Program) to provide coverage for an annual mental health  
2 screening.

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