

ASSEMBLY FINANCIAL INSTITUTIONS AND INSURANCE
COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 3860

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 13, 2024

The Assembly Financial Institutions and Insurance Committee reports favorably and with committee amendments Assembly Bill No. 3860 (1R).

As amended, the bill establishes certain medical billing requirements concerning the specific nature of charges or expenses for health care services.

The bill requires a health care provider to provide to the patient or to the patient's survivor or legal guardian, as appropriate, a statement or bill detailing the specific nature of the charges or expenses for the health care services the patient received from the provider, if the patient owes all or a portion of the amount due for the received health care service. If the patient owes all or a portion of the amount due for the health care service, then the health care provider must provide the statement or bill within 30 days after a claim for the health care service is adjudicated by a carrier. If a statement or bill is sent to the patient, the statement or bill provided must contain conspicuous language stating that a plain language statement or bill is available upon written request, which will be provided to the patient within 10 days after the written request is received. The description of billed charges in the plain language statement or bill will detail, with certain exceptions, the specific nature of the charges or expenses for the health care services the patient received from the provider, among other requirements.

COMMITTEE AMENDMENTS:

The committee amended the bill to:

(1) require a health care provider to provide to the patient, or to the patient's survivor or legal guardian, a statement or bill of the charges or expenses for the health care services received within 30 days after a claim for a health care service is adjudicated by a carrier;

(2) require that the statement or bill be sent to the patient if the patient owes all or a portion of the amount due for the received health care service;

(3) require that if a statement or bill is sent to the patient, that the statement or bill provided contain conspicuous language stating that a plain language statement or bill is available upon written request, which will be provided to the patient within 10 days after the written request is received;

(4) require that the plain language statement or bill detail the specific nature of the charges or expenses for the health care services the patient received from the provider;

(5) revise the items required to be listed in the plain language statement or bill;

(6) include a definition for the use of the term “sensitive services;”

(7) clarify that if a subsequent statement or bill relating to the same episode of care is requested by the patient or patient’s survivor or legal guardian, the statement or bill will contain all of the information previously provided;

(8) require that the Division of Consumer Affairs in the Department of Public Safety, rather than the Board of Medical Examiners, adopt rules for health care providers concerning plain language billing statements;

(9) revise the effective date to make the act apply to health care services performed on and after the first day of the 18th month next following promulgation of the regulations to be implemented; and

(10) make certain technical changes.