

ASSEMBLY, No. 4333

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED MAY 10, 2024

Sponsored by:

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex and Hudson)

Assemblyman REGINALD W. ATKINS

District 20 (Union)

SYNOPSIS

Requires Medicaid and health insurance network contracts to provide participating health care providers with certain notifications.

CURRENT VERSION OF TEXT

As introduced.



A4333 SPEIGHT, ATKINS

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1 AN ACT concerning managed care plan contracts and supplementing
2 P.L.1997, c.192 (C.26:2S-1 et seq.).

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

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7 1. The contract between a participating health care provider
8 and a carrier or the State Medicaid program established pursuant to
9 P.L.1968, c.413 (C.30:4D-1 et seq.) or the FamilyCare Health
10 Coverage Program established pursuant to P.L.2005, c.156
11 (C.30:4J-8 et al.) that offers a managed care plan shall require the
12 carrier or program to provide a participating health care provider
13 with notice, at least six months in advance, of any change in the
14 policy that could result in the denial of coverage for services
15 provided by the provider to a covered person.

16 As used in this section, "carrier" means an insurance company,
17 health service corporation, hospital service corporation, medical
18 service corporation, or health maintenance organization authorized
19 to issue health benefits plans in this State, and shall include the
20 State Health Benefits Program and the School Employees' Health
21 Benefits Program.

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23 2. This act shall take effect on the 120th day next following
24 enactment and shall apply to contracts entered into or renewed after
25 that date.

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STATEMENT

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30 This bill requires a contract between a health care provider and a
31 carrier that offers a managed care plan or the State Medicaid
32 program or FamilyCare Health Coverage Program to require the
33 carrier or program to provide a participating health care provider
34 with notice at least six months in advance of any change in the
35 policy that could result in the denial of coverage for services
36 provided by the provider to a covered person.

37 As used in the bill, "carrier" means an insurance company, health
38 service corporation, hospital service corporation, medical service
39 corporation, or health maintenance organization authorized to issue
40 health benefits plans in this State, and shall include the State Health
41 Benefits Program and the School Employees' Health Benefits
42 Program.