

SENATE, No. 2406

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED JANUARY 29, 2024

Sponsored by:

Senator JAMES BEACH

District 6 (Burlington and Camden)

SYNOPSIS

Requires health benefits plans and carriers to meet certain requirements concerning network adequacy and mental health care.

CURRENT VERSION OF TEXT

As introduced.



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1 AN ACT concerning network adequacy 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. As used in this act:

8 "Carrier" means an insurance company, health service
9 corporation, hospital service corporation, medical service
10 corporation, or health maintenance organization authorized to issue
11 health benefits plans in this State, and shall include the State Health
12 Benefits Program, the School Employees' Health Benefits Program,
13 the Medicaid program, and a Medicaid managed care organization.

14 "Covered person" means a person on whose behalf a carrier
15 offering the plan is obligated to pay benefits or provide services
16 pursuant to the health benefits plan.

17 "Health benefits plan" means a benefits plan which pays or
18 provides hospital and medical expense benefits for covered
19 services, and is delivered or issued for delivery in this State by or
20 through a carrier. Health benefits plan includes, but is not limited
21 to, Medicare supplement coverage and risk contracts to the extent
22 not otherwise prohibited by federal law. For the purposes of this
23 act, health benefits plan shall not include the following plans,
24 policies, or contracts: accident only, credit, disability, long-term
25 care, TRICARE supplement coverage, coverage arising out of a
26 workers' compensation or similar law, automobile medical payment
27 insurance, personal injury protection insurance issued pursuant to
28 P.L.1972, c.70 (C.39:6A-1 et seq.), or hospital confinement
29 indemnity coverage.

30 "Medicaid" means the Medicaid program established pursuant to
31 P.L.1968, c.413 (C.30:4D-1 et seq.).

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 "Mental health provider" means professionals licensed in this
37 State to diagnose or treat mental health conditions.

38 "Network adequacy" means the adequacy of the provider
39 network with respect to the scope and type of health care benefits
40 provided by a carrier, the geographic service area covered by the
41 provider network, and access to hospital based and medical
42 specialists pursuant to the standards in the regulations promulgated
43 pursuant to section 19 of P.L.1997, c.192 (C.26:2S-18) and in the
44 existing contract between a managed care organization and the
45 Division of Medical Assistance and Health Services in the
46 Department of Human Services.

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1 "Telehealth" means the same as that term is defined by section 1
2 of P.L.2017, c.117 (C.45:1-61).

3 "Telemedicine" means the same as that term is defined by
4 section 1 of P.L.2017, c.117 (C.45:1-61).

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6 2. a. The Commissioner of Banking and Insurance or the
7 Commissioner of Human Services, as appropriate, shall, in
8 determining the adequacy of a proposed provider network or the
9 ongoing adequacy of an in-force provider network, approve a
10 network for a health benefits plan only if the plan has a sufficient
11 number of mental health providers to ensure that 100 percent of the
12 covered persons have access to:

13 (1) an in-network mental health provider that can provide
14 services delivered in person, within 15 miles of the covered
15 person's residence, within the geographic boundaries of the State,
16 and within 30 days of the initial request by the covered person; or

17 (2) if in-person delivery pursuant to paragraph (1) of this
18 subsection is not available, an in-network or out-of-network mental
19 health provider that can provide services delivered through
20 telemedicine or telehealth within 30 days of the initial request by
21 the covered person.

22 (a) A carrier that provides coverage for out-of-network mental
23 health care services delivered through telemedicine or telehealth
24 pursuant to paragraph (2) of this subsection shall provide coverage
25 on the same basis as when the services are delivered through in-
26 person contact and consultation in New Jersey and at a provider
27 reimbursement rate of not less than the corresponding Medicaid
28 provider reimbursement rate. Reimbursement payments under this
29 section may be provided either to the individual practitioner who
30 delivered the reimbursable services, or to the agency, facility, or
31 organization that employs the individual practitioner who delivered
32 the reimbursable services, as appropriate.

33 (b) A carrier shall not charge any deductible, copayment, or
34 coinsurance for a mental health care service, delivered through
35 telemedicine or telehealth pursuant to paragraph (2) of this
36 subsection, in an amount that exceeds the deductible, copayment, or
37 coinsurance amount that is applicable to an in-person, in-network
38 consultation.

39 b. An entity providing or administering a self-funded health
40 benefits plan which is subject to the "Employee Retirement Income
41 Security Act of 1974" (29 U.S.C. s.1001 et seq.) may elect to meet
42 the requirements of this act.

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44 3. A carrier that violates any provision of this act shall be liable
45 for the penalties provided pursuant to section 16 of P.L.1997, c.192
46 (C.26:2S-16).

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1 agency, facility, or organization that employs the individual
2 practitioner who delivered the reimbursable services, as appropriate.
3 In addition, a carrier is not to charge any deductible, copayment, or
4 coinsurance for a mental health care service, delivered through
5 telemedicine or telehealth, in an amount that exceeds the deductible,
6 copayment, or coinsurance amount that is applicable to an in-
7 person, in-network consultation.