

# SENATE, No. 3733

## STATE OF NEW JERSEY

### 221st LEGISLATURE

INTRODUCED OCTOBER 7, 2024

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

As introduced.



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 and  
8 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 (C.30:4J-  
11 8 et al.) that offers a managed care plan shall require the carrier or  
12 program to provide a participating health care provider with notice,  
13 at least six months in advance, of any change in the policy that could  
14 result in the denial of coverage for services provided by the provider  
15 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 State  
20 Health Benefits Program and the School Employees' Health Benefits  
21 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 program  
32 or FamilyCare Health Coverage Program to require the carrier or  
33 program to provide a participating health care provider with notice at  
34 least six months in advance of any change in the policy that could  
35 result in the denial of coverage for services provided by the provider  
36 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.