

SENATE, No. 4799

STATE OF NEW JERSEY

222nd LEGISLATURE

INTRODUCED OCTOBER 8, 2026

Sponsored by:
Senator JOSEPH A. LAGANA
District 38 (Bergen)

SYNOPSIS

Establishes electronic delivery as default method for health insurance communications.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning electronic delivery of health insurance
2 communications and supplementing P.L.1997, c.192 (C.26:2S-1
3 et seq.).
4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7

8 1. The Legislature finds and declares that:

9 a. Advances in secure electronic technology have enabled
10 consumers to access health insurance information more efficiently
11 and conveniently than through traditional paper-based delivery.

12 b. Electronic delivery of health insurance communications
13 reduces administrative costs, improves timeliness of information,
14 and decreases environmental waste.

15 c. Numerous states have implemented electronic delivery
16 frameworks for health insurance communications while preserving
17 the ability of consumers to receive paper copies.

18 d. Consumers should retain the ability to opt out of electronic
19 delivery and receive paper communications when needed.

20 e. Therefore, it is in the public interest to allow carriers to
21 establish electronic delivery as the default method for certain
22 commercial health insurance communications, while ensuring that
23 covered persons may elect to receive paper communications at no
24 cost.
25

26 2. As used in this act:

27 “Covered person” means an individual on whose behalf an
28 insurer is obligated to pay benefits or provider services pursuant to
29 a health benefits plan.

30 “Department” means the Department of Banking and Insurance.

31 “Electronic delivery” means delivery of information by
32 electronic transmittal or electronic posting, including electronic
33 mail, secure internet websites, mobile applications, or other
34 electronic platforms approved by the department.

35 “Health benefits plan” means a benefits plan which pays
36 hospital, medical, dental, or vision expense benefits for covered
37 services, or prescription drug benefits for covered services, and is
38 delivered or issued for delivery in this State by or through an
39 insurer or any other sponsor. “Health benefits plan” shall not
40 include the following plans, policies or contracts: accident only,
41 credit disability, long-term care, Medicare supplement coverage;
42 TRICARE supplement coverage, coverage for Medicare services
43 pursuant to a contract with the United States government, the State
44 Medicaid program established pursuant to P.L.1968, c.413
45 (C.30:4D-1 et seq.), coverage arising out of a worker's
46 compensation or similar law, the State Health Benefits Program, the
47 School Employees' Health Benefits Program, or a self-insured
48 health benefits plan governed by the provisions of the federal

1 “Employee Retirement Income Security Act of 1974,” 29 U.S.C.
2 s.1001 et seq., coverage under a policy of private passenger
3 automobile insurance issued pursuant to P.L.1972, c.70 (C.39:6A-1
4 et seq.), or hospital confinement indemnity coverage.

5 “Insurer” means an insurance company, health service
6 corporation, hospital service corporation, medical service
7 corporation, health maintenance organization, dental plan
8 organization, dental service corporation, or any other entity
9 authorized to issue health benefits plans in this State.

10 “Plan communications” means any document, notice, or material
11 related to a health benefits plan that an insurer is required to
12 provide to a covered person pursuant to State or federal law, which
13 may include, but not be limited to policies, certificates of coverage,
14 explanations of benefits, billing statements, notices of adverse
15 benefits determinations, network directories, renewal notices, and
16 health insurance identification cards. “Plan communications” shall
17 not include any document for which electronic delivery is
18 impracticable or otherwise prohibited by law.

19 “Plan sponsor” means a person, other than a regulated entity,
20 who establishes, adopts, or maintains a health benefits plan that
21 covers residents of this State, including a plan established, adopted,
22 or maintained by an employer or jointly by an employer and one or
23 more employee organizations, an association, a committee, a joint
24 board of trustees, or any similar group of representatives.

25
26 3. a. Notwithstanding any law, rule, or regulation to the
27 contrary, an insurer may provide plan communications to covered
28 persons enrolled in a health benefits plan which pays hospital,
29 medical, dental, vision, or prescription drug expense benefits by
30 electronic delivery as the default method of delivery.

31 b. For a health benefits plan providing hospital, medical, or
32 prescription drug benefits, electronic delivery pursuant to this
33 section may include the electronic delivery of any health insurance
34 identification card required under State law. Nothing in this act
35 shall be construed to require the issuance of a health insurance
36 identification card for a health benefits plan providing dental-only,
37 prescription-only or vision-only coverage if not otherwise required
38 by law.

39 c. An insurer providing plan communications by electronic
40 delivery as the default method of delivery, pursuant to subsection a.
41 of this section, shall provide paper copies of plan communications
42 to covered persons enrolled in a health benefits plan who opt out of
43 electronic delivery in accordance with section 5 of this act.

44
45 4. a. The plan sponsor of a health benefits plan may, on behalf
46 of covered persons in the plan, consent to the:

47 (1) delivery of the health benefits plan by electronic transmittal
48 or electronic posting;

1 (2) delivery of plan communications by electronic means; and
2 (3) electronic delivery of any health insurance identification
3 card required under State law.

4 b. A plan sponsor's consent pursuant to subsection a. of this
5 section shall constitute a certification by the plan sponsor that
6 covered persons are reasonably expected to have access to and use
7 electronic communications as a regular part of their employment or
8 plan participation.

9
10 5. a. In the initial electronic delivery of a plan communication
11 for a health benefits plan pursuant to subsection a. of section 3 of
12 this act, an insurer shall provide a covered person with an
13 opportunity to opt out of electronic delivery.

14 b. Pursuant to subsection a. of this section, the insurer shall
15 provide clear and conspicuous notice informing the covered person
16 that:

17 (1) electronic delivery is the default method of receiving plan
18 communications for health benefits plans pursuant to subsection a.
19 of section 3 of this act;

20 (2) the covered person has the right to opt out of electronic
21 delivery at any time; and

22 (3) paper copies of plan communications are available at no cost
23 upon request.

24 c. A covered person may opt out of electronic delivery or
25 affirmatively elect electronic delivery, as applicable, through
26 electronic, telephonic, or written means.

27 d. (1) A covered person may elect to receive plan
28 communications by electronic delivery or in paper form. An insurer
29 shall not be required to provide the same plan communication to a
30 covered person in more than one format. An election by a covered
31 person to opt out of electronic delivery shall apply to all plan
32 communications for which electronic delivery would otherwise be
33 the default.

34 (2) Upon receipt of an opt-out election, an insurer shall provide
35 plan communications in paper form no later than 60 days after
36 receipt of the election.

37 e. A covered person who has opted out of electronic delivery
38 may subsequently elect to resume electronic delivery.

39
40 6. a. Electronic delivery pursuant to this act shall comply with
41 all applicable State and federal laws governing accessibility for
42 individuals with disabilities, cybersecurity, and the privacy and
43 confidentiality of personal and health information.

44 b. Nothing in this act shall be construed to limit or supersede
45 any obligation imposed under State or federal consumer protection,
46 privacy, or health insurance laws.

1 7. The Commissioner of Banking and Insurance shall adopt
2 rules and regulations, pursuant to the “Administrative Procedure
3 Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), as necessary to
4 effectuate the purposes of this act.

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6 8. This act shall take effect 180th day next after enactment and
7 shall apply to policies and contracts issued, executed, delivered, or
8 renewed on or after that date.

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11 STATEMENT
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13 This bill establishes electronic delivery as the default method for
14 health insurance communications.

15 Under the bill, an insurer may provide plan communications to
16 covered persons enrolled in a health benefits plan which pays
17 hospital, medical, dental, vision, or prescription drug expense
18 benefits by electronic delivery as the default method of delivery.
19 For a health benefits plan providing hospital, medical, or
20 prescription drug benefits, the bill also provides for the electronic
21 delivery of any health insurance identification card required under
22 State law.

23 The bill additionally provides that an insurer must provide a
24 covered person with an opportunity to opt out of electronic
25 delivery. If the insurer chooses electronic delivery as the default
26 method of delivery for plan communications for a health benefits
27 plan, the insurer must provide a covered person with an opportunity
28 to opt out of electronic delivery. The insurer must provide clear
29 and conspicuous notice informing the covered person that:

30 (1) electronic delivery is the default method of receiving plan
31 communications for health benefits plans;

32 (2) the covered person has the right to opt out of electronic
33 delivery at any time; and

34 (3) paper copies of plan communications are available at no cost
35 upon request.

36 A covered person under the bill may elect to receive plan
37 communications by electronic delivery or in paper form. An insurer
38 will not be required to provide the same plan communication to the
39 covered person in more than one format. An election by the
40 covered person to opt out of electronic delivery will apply to all
41 plan communications for which electronic delivery would otherwise
42 be the default. Upon receipt of an opt-out election, an insurer will
43 provide plan communications to the covered person in paper form
44 no later than 60 days after receipt of the election. Covered persons
45 who have opted out of electronic delivery may subsequently elect to
46 resume electronic delivery.

47 The bill further permits a plan sponsor, such as an employer, to
48 consent on behalf of covered persons to electronic delivery,

1 provided the plan sponsor confirms that covered persons routinely
2 use electronic communications. Electronic delivery pursuant to this
3 bill will comply with all applicable State and federal laws
4 governing accessibility for individuals with disabilities,
5 cybersecurity, and the privacy and confidentiality of personal and
6 health information. Nothing in this bill will be construed to limit or
7 supersede any obligation imposed under State or federal consumer
8 protection, privacy, or health insurance laws.