

CHAPTER 73

AN ACT concerning health benefits coverage for adolescent depression screenings and supplementing various parts of statutory law.

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

C.17:48-6vv Hospital service corporation contract to cover adolescent depression screenings.

1. A hospital service corporation contract that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in screening adolescents between the ages of 12 and 18 for major depressive disorder, so long as screening for major depressive disorder in adolescents continues to receive a rating of “A” or “B” from the United States Preventative Services Task Force. Coverage shall not be denied solely on the basis that the screening is provided in conjunction with any other health care evaluation, treatment, or service.

The benefits shall be provided to the same extent as for any other condition under the contract, except that the hospital service corporation shall not impose on covered persons receiving these services any form of cost sharing, including, but not limited to, copayments, deductibles, or coinsurance.

This section shall apply to those hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

C.17:48A-7ss Medical service corporation to cover adolescent depression screenings.

2. A medical service corporation contract that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in screening adolescents between the ages of 12 and 18 for major depressive disorder, so long as screening for major depressive disorder in adolescents continues to receive a rating of “A” or “B” from the United States Preventative Services Task Force. Coverage shall not be denied solely on the basis that the screening is provided in conjunction with any other health care evaluation, treatment, or service.

The benefits shall be provided to the same extent as for any other condition under the contract, except that the medical service corporation shall not impose on covered persons receiving these services any form of cost sharing, including, but not limited to, copayments, deductibles, or coinsurance.

This section shall apply to those medical service corporation contracts in which the medical service corporation has reserved the right to change the premium.

C.17:48E-35.46 Health service corporation to cover adolescent depression screenings.

3. A health service corporation contract that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in screening adolescents between the ages of 12 and 18 for major depressive disorder, so long as screening for major depressive disorder in adolescents continues to receive a rating of “A” or “B” from the United States Preventative

Services Task Force. Coverage shall not be denied solely on the basis that the screening is provided in conjunction with any other health care evaluation, treatment, or service.

The benefits shall be provided to the same extent as for any other condition under the contract, except that the health service corporation shall not impose on covered persons receiving these services any form of cost sharing, including, but not limited to, copayments, deductibles, or coinsurance.

This section shall apply to those health service corporation contracts in which the health service corporation has reserved the right to change the premium.

C.17B:26-2.100 Individual health insurance policy to cover adolescent depression screenings.

4. An individual health insurance policy that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State pursuant to chapter 26 of Title 17B of the New Jersey Statutes, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in screening adolescents between the ages of 12 and 18 for major depressive disorder, so long as screening for major depressive disorder in adolescents continues to receive a rating of “A” or “B” from the United States Preventative Services Task Force. Coverage shall not be denied solely on the basis that the screening is provided in conjunction with any other health care evaluation, treatment, or service.

The benefits shall be provided to the same extent as for any other condition under the policy, except that the insurer shall not impose on covered persons receiving these services any form of cost sharing, including, but not limited to, copayments, deductibles, or coinsurance.

This section shall apply to those policies in which the insurer has reserved the right to change the premium.

C.17B:27-46.100 Group health insurance policy to cover adolescent depression screenings.

5. A group health insurance policy that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State pursuant to chapter 27 of Title 17B of the New Jersey Statutes, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in screening adolescents between the ages of 12 and 18 for major depressive disorder, so long as screening for major depressive disorder in adolescents continues to receive a rating of “A” or “B” from the United States Preventative Services Task Force. Coverage shall not be denied solely on the basis that the screening is provided in conjunction with any other health care evaluation, treatment, or service.

The benefits shall be provided to the same extent as for any other condition under the policy, except that the insurer shall not impose on covered persons receiving these services any form of cost sharing, including, but not limited to, copayments, deductibles, or coinsurance.

This section shall apply to those policies in which the insurer has reserved the right to change the premium.

C.17B:27A-7.29 Individual health benefits plan to cover adolescent depression screenings.

6. An individual health benefits plan that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.), on or after the effective date of this act, shall provide coverage for

expenses incurred in screening adolescents between the ages of 12 and 18 for major depressive disorder, so long as screening for major depressive disorder in adolescents continues to receive a rating of “A” or “B” from the United States Preventative Services Task Force. Coverage shall not be denied solely on the basis that the screening is provided in conjunction with any other health care evaluation, treatment, or service.

The benefits shall be provided to the same extent as for any other condition under the health benefits plan, except that the carrier shall not impose on covered persons receiving these services any form of cost sharing, including, but not limited to, copayments, deductibles, or coinsurance.

This section shall apply to those health benefits plans in which the carrier has reserved the right to change the premium.

C.17B:27A-19.33 Small employer health benefits plan to cover adolescent depression screenings.

7. A small employer health benefits plan that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.), on or after the effective date of this act, shall provide coverage for expenses incurred in screening adolescents between the ages of 12 and 18 for major depressive disorder, so long as screening for major depressive disorder in adolescents continues to receive a rating of “A” or “B” from the United States Preventative Services Task Force. Coverage shall not be denied solely on the basis that the screening is provided in conjunction with any other health care evaluation, treatment, or service.

The benefits shall be provided to the same extent as for any other condition under the health benefits plan, except that the carrier shall not impose on covered persons receiving these services any form of cost sharing, including, but not limited to, copayments, deductibles, or coinsurance.

This section shall apply to those health benefits plans in which the carrier has reserved the right to change the premium.

C.26:2J-4.47 Health maintenance organization to cover adolescent depression screenings.

8. A health maintenance organization contract for health care services that is delivered, issued, executed, or renewed in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for expenses incurred in screening adolescents between the ages of 12 and 18 for major depressive disorder, so long as screening for major depressive disorder in adolescents continues to receive a rating of “A” or “B” from the United States Preventative Services Task Force. Coverage shall not be denied solely on the basis that the screening is provided in conjunction with any other health care evaluation, treatment, or service.

The health care services shall be provided to the same extent as for any other condition under the contract, except that the health maintenance organization shall not impose on covered persons receiving these services any form of cost sharing, including, but not limited to, copayments, deductibles, or coinsurance.

This section shall apply to those contracts for health care services under which the right to change the schedule of charges for enrollee coverage is reserved.

C.52:14-17.29ee State Health Benefit Commission to cover adolescent depression screenings.

9. The State Health Benefits Commission shall ensure that every contract purchased by the commission, on or after the effective date of this act, that provides hospital or medical expense benefits shall provide coverage for expenses incurred in screening adolescents between the ages of 12 and 18 for major depressive disorder, so long as screening for major depressive disorder in adolescents continues to receive a rating of “A” or “B” from the United States Preventative Services Task Force. Coverage shall not be denied solely on the basis that the screening is provided in conjunction with any other health care evaluation, treatment, or service.

The benefits shall be provided to the same extent as for any other condition under the contract, except that the contract shall not impose on covered persons receiving these services any form of cost sharing, including, but not limited to, copayments, deductibles, or coinsurance.

C.52:14-17.46.6p School Employees’ Health Benefits Commission to cover adolescent depression screenings.

10. The School Employees’ Health Benefits Commission shall ensure that every contract purchased by the commission, on or after the effective date of this act, that provides hospital or medical expense benefits shall provide coverage for expenses incurred in screening adolescents between the ages of 12 and 18 for major depressive disorder, so long as screening for major depressive disorder in adolescents continues to receive a rating of “A” or “B” from the United States Preventative Services Task Force. Coverage shall not be denied solely on the basis that the screening is provided in conjunction with any other health care evaluation, treatment, or service.

The benefits shall be provided to the same extent as for any other condition under the contract, except that the contract shall not impose on covered persons receiving these services any form of cost sharing, including, but not limited to, copayments, deductibles, or coinsurance.

11. This act shall take effect on the 180th day after enactment and shall apply to policies or contracts issued or renewed on or after the effective date.

Approved April 30, 2021.