Bill Introduced to Require Insurance Carriers to Satisfy Network Adequacy Requirements Related to Mental Health Care



On March 14, 2022, Bill A3595 was introduced in the New Jersey Assembly to require insurance carriers to take certain actions to ensure that health benefits plans meet new network adequacy requirements related to mental health care. Under the Bill, the New Jersey Commissioner of Banking and Insurance or the New Jersey Commissioner of Human Services would approve the network for a health benefits plan only if the plan meets the following requirements concerning access to mental health providers: Each plan would be required to have a sufficient number of mental health providers to ensure that 100% of the plan's covered persons have access to either in-network mental health providers that can provide services delivered in person or access to in-network or out-of-network mental health providers that can provide services delivered through telemedicine or telehealth. The requirements would apply to "carriers," defined as an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in New Jersey, and includes the State Health Benefits Program, the School Employees' Health Benefits Program, the Medicaid program, and Medicaid managed care organizations.

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