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New Jersey moves to protect patients from 'surprise' bills



Opponents and supporters of the bill pack Assembly committee hearing room. (Phil Gregory/WHYY)



BY PHIL GREGORY

A measure to contain out-of-network health care costs has been advanced by a New Jersey Assembly committee.

The bill requires doctors and hospitals to disclose in advance if their services aren't covered by a patient's insurance network.

That will prevent surprise bills, said Maura Collins Gru of New Jersey Citizen Action, but the legislation won't apply to about 70 percent of insurance plans in the state that are self-funded and federally regulated.

"Those consumers who are covered by a plan that does not opt in will now have the right to go to arbitration, and cannot have a provider send them to collection unless that provider invokes arbitration," she said.

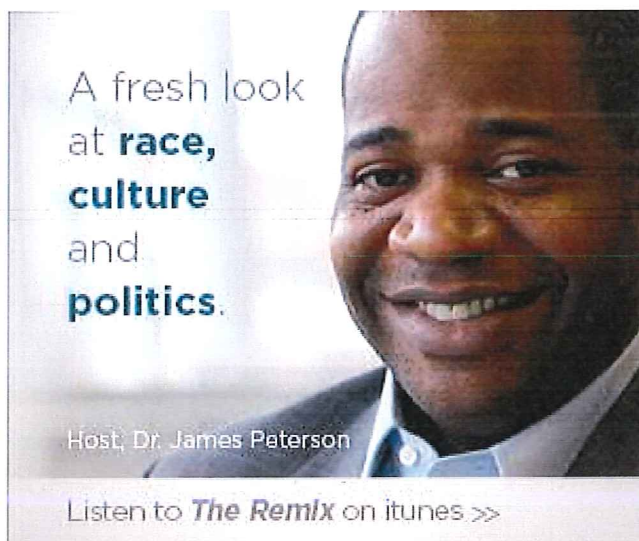
The regulations will apply to the state health benefit plan and school employees plan, said Assembly Insurance Committee Chairman Craig Coughlin.

"The government-financed Officers Association of New Jersey has estimated that the bill could save the state between \$22 million and \$98 million in a year in health costs," he said. "That's real money."

The bill also sets up an independent arbitration process for reimbursing out-of-network providers.

Health care attorney Eric Katz is concerned that insurance companies will show up frequently at those arbitration proceedings while individual providers won't.

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