

# ASSEMBLY, No. 5810

## STATE OF NEW JERSEY 221st LEGISLATURE

INTRODUCED JUNE 27, 2025

**Sponsored by:**

**Assemblywoman ELIANA PINTOR MARIN**

**District 29 (Essex and Hudson)**

**Assemblywoman MARGIE DONLON, M.D.**

**District 11 (Monmouth)**

**Assemblywoman ROSAURA "ROSY" BAGOLIE**

**District 27 (Essex and Passaic)**

**Senator JOHN F. MCKEON**

**District 27 (Essex and Passaic)**

**Senator ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

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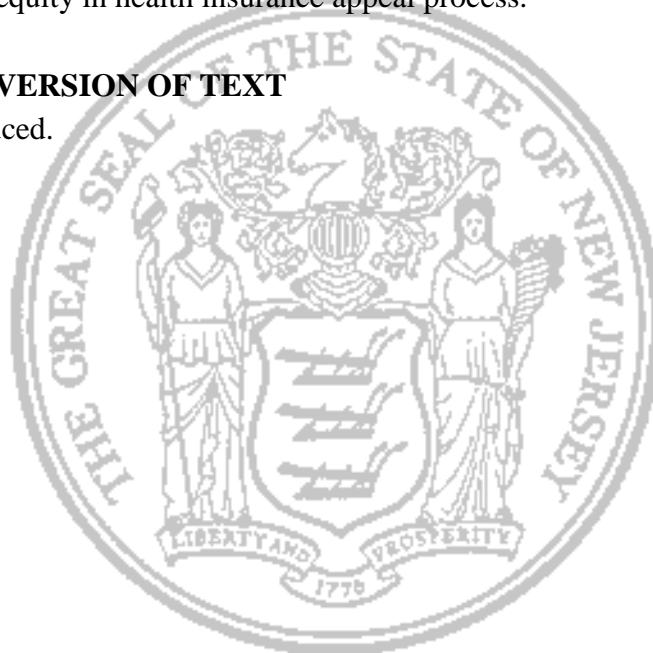
**Assemblyman Freiman, Assemblywomen Drulis and Simmons**

**SYNOPSIS**

Promotes equity in health insurance appeal process.

**CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 6/30/2025)

1 AN ACT eliminating fees to appeal certain decisions by health  
2 insurance carriers and amending P.L.1997, c.192.

3

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

6

7 1. Section 11 of P.L.1997, c.192 (C.26:2S-11) is amended to  
8 read as follows:

9 11. There is established the Independent Health Care Appeals  
10 Program in the department.

11 The purpose of the appeals program is to provide an independent  
12 medical necessity or appropriateness of services review of final  
13 decisions by carriers to deny, reduce or terminate benefits in the  
14 event the final decision is contested by the covered person or any  
15 health care provider acting on behalf of the covered person but only  
16 with the covered person's consent. The appeal review shall not  
17 include any decisions regarding benefits not covered by the covered  
18 person's health benefits plan.

19 a. A covered person or health care provider may apply to the  
20 Independent Health Care Appeals Program for a review of a decision  
21 to deny, reduce or terminate a benefit if the person or health care  
22 provider has already completed the carrier's appeals process, if any,  
23 and the person or health care provider contests the final decision by  
24 the carrier. The person or health care provider shall apply to the  
25 department within 60 days of the date the final decision was issued  
26 by the carrier, in a manner determined by the commissioner.

27 b. As part of the application, the covered person or health care  
28 provider shall provide the department with:

29 (1) The name and business address of the carrier;

30 (2) A brief description of the covered person's medical condition  
31 for which benefits were denied, reduced or terminated;

32 (3) A copy of any information provided by the carrier regarding  
33 its decision to deny, reduce or terminate the benefit; and

34 (4) A written consent to obtain any necessary medical records  
35 from the carrier and, in the case of a carrier which offers a managed  
36 care plan, any other out-of-network physician the person may have  
37 consulted on the matter.

38 c. **【**The covered person shall pay the department an application  
39 processing fee of \$25, except that the commissioner may reduce or  
40 waive the fee in the case of financial hardship. The health care  
41 provider acting on the covered person's behalf shall bear all costs  
42 associated with the appeal that are normally paid by the covered  
43 person.**】** (Deleted by amendment, P.L. , c. (C. ) (pending  
44 before the Legislature as this bill)

**EXPLANATION – Matter enclosed in bold-faced brackets **【thus】** in the above bill is not enacted and is intended to be omitted in the law.**

**Matter underlined thus is new matter.**

1 d. Prior to receiving hospital services, a covered person or a  
2 person designated by the covered person may sign a consent form  
3 authorizing a health care provider acting on the covered person's  
4 behalf to appeal a determination by the carrier to deny, reduce or  
5 terminate benefits. The consent is valid for all stages of the carrier's  
6 informal and formal appeals process and the Independent Health Care  
7 Appeals Program established pursuant to this section. A covered  
8 person shall retain the right to revoke his consent at any time.

9 e. A health care provider shall provide notice to the covered  
10 person whenever the health care provider initiates an appeal of a  
11 carrier's determination to deny, reduce or terminate a benefit or deny  
12 payment for a health care service based on a medical necessity  
13 determination made by the carrier. The health care provider shall  
14 provide additional notice to the covered person each time the health  
15 care provider continues the appeal to the next stage of an appeals  
16 process, including any appeal to an independent utilization review  
17 organization pursuant to this section.

18 (cf: P.L.2005, c.352, s.8)

19

20 2. This act shall take effect immediately.

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#### STATEMENT

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25 This bill eliminates fees for appeals against health insurance  
26 carriers pursuant to the Independent Health Care Appeals Program.  
27 This bill is in response to the Governor's Fiscal Year 2026 budget  
28 recommendations to enact legislation to permanently eliminate fees  
29 for consumer appeals against insurance carriers that deny, reduce, or  
30 terminate benefits.