



A STUDY OF NEW JERSEY ASSEMBLY BILL 1833

REQUIRES HEALTH BENEFITS COVERAGE FOR ADOLESCENT
DEPRESSION SCREENINGS



NEW JERSEY MANDATED HEALTH BENEFITS ADVISORY COMMISSION



MAY 2019

Table of Contents

Introduction.....1
Social Impact.....2
Medical Evidence.....3
Other States.....3
Financial Impact.....4
Conclusion.....5
Endnotes.....6

Appendix I Assembly Bill 1833

Appendix II Review Request for Assembly Bill 1833

Introduction

The New Jersey Mandated Health Benefits Advisory Commission (MHBAC) has been asked to review [A-1833](#), which would require insurance coverage for expenses incurred in screening adolescents for major depressive disorder. The bill would apply to hospital, medical, and health service corporations; commercial individual, small employer, and larger group insurers; health maintenance organizations; and the State Health Benefits Program and the School Employees' Health Benefits Program. The bill provides that the benefits shall be provided to the same extent as for any other condition under the contract or policy, except that the insurer shall not impose on covered persons receiving these services any form of cost sharing.

It should be noted that the bill requires coverage of "screening." The purpose of a screening test is to detect early disease or risk factors for disease in large numbers of apparently healthy individuals. This should be contrasted with a diagnostic test, the purpose of which is to establish the presence (or absence) of disease as a basis for treatment decisions in symptomatic or individuals previously screened and found to be symptomatic.

A-1833, specifies that insurance coverage

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 Preventive Services Task Force... (T)he [insurers] shall not impose on covered persons receiving these services any form of cost sharing, including, but not limited to, copayments, deductibles, or coinsurance.¹

The Mandated Health Benefits Advisory Commission Act (N.J.S.A. 17B:27D-1) tasks the Commission with providing an independent analysis of the social, medical, and financial impact of proposed legislation referred to it for review. The MHBAC prepared this report using its own resources, including staff from the New Jersey Department of Banking and Insurance. Commission members contributed their professional expertise, on a voluntary basis, in helping to shape the presentation of this report, analyzing published research, and drafting and editing its various sections.

Social Impact

The United States Preventive Services Task Force (USPSTF) has recommended screening for major depressive disorder (MDD) in adolescents in 2009 and 2016. The Clinical Guideline published in the *Annals of Internal Medicine* is the basis for the 2016 USPTF Recommendation, which “reaffirms” the USPTF recommendation from 2009. Consistent with A-1833 the recommendation calls for screening for Major Depressive Disorder in adolescents aged 12 to 18 years, but not in younger children.

Siu (2016) explains the impact of depression as an important cause of disability in the United States. The author argues, “(A)dolescents with MDD typically have functional impairments in their performance at school or work....”ⁱⁱ Siu asserts that MDD can also interfere with normal development in young people and is strongly associated with the persistence of depression and other mental disorders into adulthood. Finally, Siu contends that MDD is associated with a higher risk of suicidal thoughts, suicide attempts, and completed suicides. Sui reports that nationally representative surveys show that approximately 8% of adolescents have suffered from Major Depressive Disorder in the past year.ⁱⁱⁱ

Sui also elaborates on some of the social costs associated with MDD. He posits that MDD in adolescents

may be demonstrated through decreased school performance, poor social functioning, early pregnancy, increased physical illness, and substance abuse. Depressed adolescents have more psychiatric and medical hospitalizations than those who are not depressed....19% of adolescents aged 13 to 17.9 years with MDD attempt suicide.^{iv}

These findings mirror those of the Adolescent Depression Awareness Program (ADAP), which also highlights the connections between MDD in adolescents and increased risks of substance abuse, unemployment, early pregnancy, and educational underachievement.^v ADAP further emphasizes the association between depression and suicide, and points out that, “On average, an episode of untreated Major Depression lasts between seven and nine months. For an adolescent, this is an entire school year.”^{vi}

From data collected by the New Jersey Violent Death Reporting System and reported in the New Jersey Youth Suicide Report 2017, the suicide rate for children/adolescents aged 10-18 years has increased from 1.9 per 100,000 in 2007 to 3.3 per 100,000 in 2015.^{vii} The New Jersey youth suicide data for 2014-2015, while only available for 69% of the suicides reported, indicated that 32% of the youth suicide victims were reported as having a current mental health problem, and only 25% were receiving treatment.

Researchers at the University of Michigan suggest a number of benefits from addressing adolescent mental health issues as part of routine primary care. One physician asserted,

“Depression is a risk factor for suicide, substance abuse, worsening school performance and poor health.”^{viii} The author suggested that pediatricians are critically placed to screen for depression in adolescents, as teens are less likely to speak up, can be more difficult to diagnose at times, and providers can easily miss cues from adolescent patients. A dedicated screening for depression as part of a routine visit can normalize the discussion of mental health. He concludes, “If you’re not actively screening, you’re going to miss a number of youth with depression or at risk of depression that may benefit from preventive strategies, early intervention or treatment.”^{ix}

Medical Evidence

In 2009, the United States Preventive Services Task Force (USPSTF) recommended screening for major depressive disorder (MDD) in children and adolescents. A follow up study by Siu (2016) confirmed the USPSTF recommendation that adolescents aged 12 to 18 years be screened for MDD. Siu’s study provided empirical evidence that allowed the USPSTF to conclude that, “Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.”^x

The USPSTF found that there were no discernible harmful impacts from screening for depression in adolescents. The Task Force indicated that the two most studied depression screening tools were the Patient Health Questionnaire for Adolescents and the primary care version of the Beck Depression Inventory.^{xi}

In February 2016, the American Academy of Pediatrics (AAP) published its “Guidelines for Adolescent Depression in Primary Care, Part I and Part II. For the first time, the guidelines endorse universal adolescent depression screening for children 12 years and over.”^{xii} AAP has reported that as many as 1 in 5 teens experience depression during adolescence.

Other States

The MHBAC found no other states that have proposed legislation to mandate payments to healthcare providers for adolescent depression screenings. Other state legislation seems to focus on school-based initiatives for adolescent depression screening and suicide prevention. The American Foundation for Suicide Prevention, for example, reports that 25 states have passed legislation requiring educators to receive suicide prevention training, with 8 of those states requiring school districts to have suicide prevention policies.^{xiii} While there is overlap among these states, there are 11 states that mandate annual training for school personnel, while 17 states and the District of Columbia mandate suicide prevention training for all educators at the time of licensure, for all newly employed personnel, or in continuing education requirements every 2, 3, or 5 years.^{xiv}

Financial Impact

The MHBAC is tasked with evaluating the impact of the passage of A-1833 on the costs of health insurance in New Jersey, as well as examining how those costs are likely to be allocated among the various payors. A-1833 requires coverage of adolescent depression screening. This requirement is placed on the following:

- Hospital/medical/health service corporation contracts,
- Health maintenance organization contracts,
- Individual and group health insurance policies,
- Individual and small employer health benefits plans,
- State Health Benefits Program, and
- School Employees' Benefits Program.

As a result, New Jersey's commercial health insurance markets, comprised of the Individual Health Coverage (IHC), Small Employer Health (SEH), and mid- and large-employer insured markets, are affected by A-1833. Approximately 1.5 million New Jersey lives are covered by insured health plans from these commercial markets.^{xv} In addition, A-1833 impacts New Jersey's State health plans - State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP). These programs are self-funded by the State and provide health benefits to New Jersey's State employees and some local units and school employees, and include both dependents and retirees. The number of lives covered by the State's health plans is approximately 650,000 as of 2018.^{xvi}

Cost of A-1833

The estimated cost of A-1833 is \$0. In developing the cost estimates, the MHBAC understood that all the affected markets and plans impacted by the bill are currently required to provide coverage consistent with the bill. Section 2713 of the Patient Protection and Affordable Care Act (ACA) provides that all private health plans (including individual, small group, large group and self-insured plans) must provide coverage for a range of preventative services and may not impose any cost-sharing. Coverage under the ACA is triggered by recommendations made by four expert medical and scientific bodies: the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices, the Health Resources and Services Administration's Bright Futures Project, and HRSA and the Institute of Medicine Committee on Women's Clinical Preventive Services. Juvenile depression screening has received a grade of "B" from the Preventative

Services Task Force. As a result, juvenile depression screening is already required to be covered under Federal law and the bill would not impact current coverage requirements.

Should the ACA or section 2713 ever be repealed or found invalid, the bill, if enacted, would ensure that health benefits coverage would continue to include benefits consistent with the law. Under prevailing law, however, the MHBAC finds that there are no additional costs to be borne by insurers, consumers, or employers with the enactment of A-1833.

Conclusion: Balancing the Social, Economic, and Medical Considerations

The literature is clear that untreated adolescent depression can lead to severe social, public health and economic consequences and that depression screening in adolescents is an appropriate recommended preventive measure. The medical literature indicates that there are no discernible harmful impacts from screening for depression in adolescents. In fact, adolescent depression screenings done as part of routine primary care can have significant benefits. This finding is supported by the fact that, for the first time, in 2016 the American Academy of Pediatrics endorsed universal adolescent depression screening for children 12 years and over.

Additionally, since the United States Preventive Services Task Force recommended screening for major depressive disorder in children and adolescents, under federal law, adolescent depression screening is required to be covered by health insurers, including those impacted by A-1833. Therefore, there is no additional cost impact to these carriers if A-1833 were to be enacted.

Finally, the MHBAC also notes that there is presently no opposition to A-1833.

Endnotes/References

ⁱ Assembly Bill A-1833, State of New Jersey, 218th Legislature. Pre-filed for introduction in the 2018 session. Sponsored by Assemblywoman Pamela R. Lampitt, Assemblywoman Angelica M. Jimenez, Assemblyman Jamel C. Holley, and Assemblywoman Valerie Vainieri Huttle.

https://www.njleg.state.nj.us/2018/Bills/A2000/1833_I1.PDF).

ⁱⁱ Albert L. Siu, "Screening for Depression in Children and Adolescents: US Preventive Services Task Force Recommendation Statement." *Annals of Internal Medicine* 164:5, March 1, 2016.
<https://annals.org/aim/fullarticle/2490528/screening-depression-children-adolescents-u-s-preventive-services-task-force>

ⁱⁱⁱ Ibid.

^{iv} Ibid.

^v Adolescent Depression Awareness Program, "Adolescent Depression: What We Know, What We Look For, and What We Do."

https://www.hopkinsmedicine.org/psychiatry/specialty_areas/moods/ADAP/docs/ADAP-Booklet_FINAL.pdf

^{vi} Ibid.

^{vii} New Jersey Department of Children and Families, "New Jersey Youth Suicide Report 2017."

<https://www.nj.gov/dcf/news/reportsnewsletters/dcreportsnewsletters/New%20Jersey%20Youth%20Suicide%20Report%202017.pdf>

^{viii} Kevin Joy, "Why Pediatricians Should Screen for Depression in Young Patients."

<https://labblog.uofmhealth.org/rounds/why-pediatricians-should-screen-for-depression-young-patients>

^{ix} Ibid.

^x Albert L. Siu, "Screening for Depression in Children and Adolescents: US Preventive Services Task Force Recommendation Statement." *Pediatrics* 137:3, March 2016.

<https://pediatrics.aappublications.org/content/pediatrics/137/3/e20154467.full.pdf>

^{xi} U.S. Preventive Services Task Force, "Screening for Depression in Children and Adolescents: Recommendation Statement." *American Family Physician* 93:6, March 15, 2016.

<https://www.aafp.org/afp/2016/0315/p506.pdf>

^{xii} "American Academy of Pediatrics Publishes Teen Depression Guidelines that Equip Physicians to Tackle Mental Health Issues." February 26, 2018.

<https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Publishes-Teen-Depression-Guidelines.aspx#>

^{xiii} SMH Blog, Federal and State Youth Suicide Prevention Legislation and Our Schools, posted on February 29, 2016.

<https://www.mentalhealthscreening.org/blog/federal-and-state-youth-suicide-prevention-legislation-and-our-schools>

^{xiv} American Foundation for Suicide Prevention, "State Laws: Suicide Prevention in Schools (K-12)."

http://afsp.org/wp-content/uploads/2018/02/AFSP_K-12-Schools-Issue-Brief-2-5-18.pdf

^{xv} IHC and SEH enrollment information is available to the general public and is found at http://www.nj.gov/dobi/division_insurance/ihcseh/ihcsehenroll.html. IHC and SEH combined enrolled covered lives was 616,000 as of fourth quarter of 2018. Mid- to large-employer enrolled covered lives was 897,401 as of December 31, 2014.

^{xvi} The estimate of covered lives is based on the number of contracts information from the rate renewal reports for SHBP and SEHBP dated September 2018 and located on website <https://www.state.nj.us/treasury/pensions/rate-renewal.shtml>

ASSEMBLY, No. 1833

STATE OF NEW JERSEY 218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

Sponsored by:

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

Assemblywoman ANGELICA M. JIMENEZ

District 32 (Bergen and Hudson)

Assemblyman JAMEL C. HOLLEY

District 20 (Union)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Co-Sponsored by:

**Assemblymen McKeon, Gusciora, Assemblywoman Mosquera,
Assemblymen Conaway and Verrelli**

SYNOPSIS

Requires health benefits coverage for adolescent depression screenings.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 12/11/2018)

1 AN ACT concerning health benefits coverage for adolescent
2 depression screenings and supplementing various parts of
3 statutory law.
4

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

8 1. A hospital service corporation contract that provides hospital
9 and medical expense benefits and is delivered, issued, executed, or
10 renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et
11 seq.), or approved for issuance or renewal in this State by the
12 Commissioner of Banking and Insurance, on or after the effective
13 date of this act, shall provide coverage for expenses incurred in
14 screening adolescents between the ages of 12 and 18 for major
15 depressive disorder, so long as screening for major depressive
16 disorder in adolescents continues to receive a rating of “A” or “B”
17 from the United States Preventative Services Task Force.

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

23 This section shall apply to those hospital service corporation
24 contracts in which the hospital service corporation has reserved the
25 right to change the premium.
26

27 2. A medical service corporation contract that provides hospital
28 and medical expense benefits and is delivered, issued, executed, or
29 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et
30 seq.), or approved for issuance or renewal in this State by the
31 Commissioner of Banking and Insurance, on or after the effective
32 date of this act, shall provide coverage for expenses incurred in
33 screening adolescents between the ages of 12 and 18 for major
34 depressive disorder, so long as screening for major depressive
35 disorder in adolescents continues to receive a rating of “A” or “B”
36 from the United States Preventative Services Task Force.

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

42 This section shall apply to those medical service corporation
43 contracts in which the medical service corporation has reserved the
44 right to change the premium.
45

46 3. A health service corporation contract that provides hospital
47 and medical expense benefits and is delivered, issued, executed, or
48 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et

1 seq.), or approved for issuance or renewal in this State by the
2 Commissioner of Banking and Insurance, on or after the effective
3 date of this act, shall provide coverage for expenses incurred in
4 screening adolescents between the ages of 12 and 18 for major
5 depressive disorder, so long as screening for major depressive
6 disorder in adolescents continues to receive a rating of “A” or “B”
7 from the United States Preventative Services Task Force.

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

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

16

17 4. An individual health insurance policy that provides hospital
18 and medical expense benefits and is delivered, issued, executed, or
19 renewed in this State pursuant to chapter 26 of Title 17B of the New
20 Jersey Statutes, or approved for issuance or renewal in this State by
21 the Commissioner of Banking and Insurance, on or after the
22 effective date of this act, shall provide coverage for expenses
23 incurred in screening adolescents between the ages of 12 and 18 for
24 major depressive disorder, so long as screening for major
25 depressive disorder in adolescents continues to receive a rating of
26 “A” or “B” from the United States Preventative Services Task
27 Force.

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

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

35

36 5. A group health insurance policy that provides hospital and
37 medical expense benefits and is delivered, issued, executed, or
38 renewed in this State pursuant to chapter 27 of Title 17B of the New
39 Jersey Statutes, or approved for issuance or renewal in this State by
40 the Commissioner of Banking and Insurance, on or after the
41 effective date of this act, shall provide coverage for expenses
42 incurred in screening adolescents between the ages of 12 and 18 for
43 major depressive disorder, so long as screening for major
44 depressive disorder in adolescents continues to receive a rating of
45 “A” or “B” from the United States Preventative Services Task
46 Force.

47 The benefits shall be provided to the same extent as for any other
48 condition under the policy, except that the insurer shall not impose

1 on covered persons receiving these services any form of cost
2 sharing, including, but not limited to, copayments, deductibles, or
3 coinsurance.

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

6
7 6. An individual health benefits plan that provides hospital and
8 medical expense benefits and is delivered, issued, executed, or
9 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
10 seq.), on or after the effective date of this act, shall provide
11 coverage for expenses incurred in screening adolescents between
12 the ages of 12 and 18 for major depressive disorder, so long as
13 screening for major depressive disorder in adolescents continues to
14 receive a rating of "A" or "B" from the United States Preventative
15 Services Task Force.

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

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

23
24 7. A small employer health benefits plan that provides hospital
25 and medical expense benefits and is delivered, issued, executed, or
26 renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et
27 seq.), on or after the effective date of this act, shall provide
28 coverage for expenses incurred in screening adolescents between
29 the ages of 12 and 18 for major depressive disorder, so long as
30 screening for major depressive disorder in adolescents continues to
31 receive a rating of "A" or "B" from the United States Preventative
32 Services Task Force.

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

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

40
41 8. A health maintenance organization contract for health care
42 services that is delivered, issued, executed, or renewed in this State
43 pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for
44 issuance or renewal in this State by the Commissioner of Banking
45 and Insurance, on or after the effective date of this act, shall provide
46 coverage for expenses incurred in screening adolescents between
47 the ages of 12 and 18 for major depressive disorder, so long as
48 screening for major depressive disorder in adolescents continues to

1 receive a rating of “A” or “B” from the United States Preventative
2 Services Task Force.

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

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

11

12 9. The State Health Benefits Commission shall ensure that
13 every contract purchased by the commission, on or after the
14 effective date of this act, that provides hospital or medical expense
15 benefits shall provide coverage for expenses incurred in screening
16 adolescents between the ages of 12 and 18 for major depressive
17 disorder, so long as screening for major depressive disorder in
18 adolescents continues to receive a rating of “A” or “B” from the
19 United States Preventative Services Task Force.

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

25

26 10. The School Employees’ Health Benefits Commission shall
27 ensure that every contract purchased by the commission, on or after
28 the effective date of this act, that provides hospital or medical
29 expense benefits shall provide coverage for expenses incurred in
30 screening adolescents between the ages of 12 and 18 for major
31 depressive disorder, so long as screening for major depressive
32 disorder in adolescents continues to receive a rating of “A” or “B”
33 from the United States Preventative Services Task Force.

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

39

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

43

44

45

STATEMENT

46

47 This bill requires insurance coverage for expenses incurred in
48 screening adolescents between the ages of 12 and 18 for major

1 depressive disorder, so long as screening for major depressive
2 disorder in adolescents continues to receive a rating of “A” or “B”
3 from the United States Preventative Services Task Force. The bill
4 would apply to hospital, medical, and health service corporations;
5 commercial individual, small employer, and larger group insurers;
6 health maintenance organizations; and the State Health Benefits
7 Program and the School Employees’ Health Benefits Program.

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

13 Depression is associated with higher levels of stress and anxiety
14 and can affect an adolescent’s personal, school, work, social, and
15 family life, leading to social isolation and other problems. Early
16 diagnosis is essential to the effective treatment of depression in
17 young people.



NEW JERSEY GENERAL ASSEMBLY

JOHN F. McKEON
ASSEMBLYMAN, 27TH DISTRICT
ESSEX & MORRIS COUNTIES
221 MAIN STREET
MADISON, NJ 07940
PHONE: (973) 377-1606
FAX: (973) 377-0391
AsmMcKeon@njleg.org

COMMITTEES
MEMBER
FINANCIAL INSTITUTIONS
AND INSURANCE, CHAIR
APPROPRIATIONS
ENVIRONMENT AND
SOLID WASTE
INTERGOVERNMENTAL
RELATIONS COMMISSION

March 13, 2019

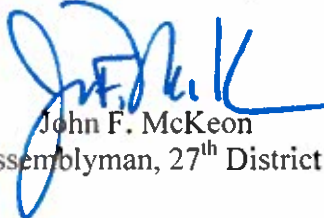
New Jersey Mandated Health Benefits Advisory Commission
P.O. Box 325
Trenton, NJ 08625

Dear Members of the Commission:

As the Chairman of the Assembly Financial Institution and Insurance Committee, I respectfully request the Commission to review and prepare a written report of A-1833, sponsored by Assemblywoman Pamela Lampitt. The bill would require health benefits coverage for adolescent depression screenings.

If you have any questions, please do not hesitate to contact, Mark Iaconelli, Assembly Financial Institutions and Insurance Committee Aide, at 609-847-3500. Thank you for your immediate attention to this matter.

Very truly yours,


John F. McKeon
Assemblyman, 27th District

CC: Hon. Pamela Lampitt, Deputy Speaker
Mark Iaconelli, Jr., Committee Aide