

[First Reprint]

**SENATE, No. 791**

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**STATE OF NEW JERSEY**  
**220th LEGISLATURE**

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INTRODUCED JANUARY 18, 2022

**Sponsored by:**

**Senator TROY SINGLETON**

**District 7 (Burlington)**

**Senator ROBERT W. SINGER**

**District 30 (Monmouth and Ocean)**

**Co-Sponsored by:**

**Senators Bramnick and Gopal**

**SYNOPSIS**

Expands requirements for health insurance carriers concerning prostate cancer screening and requires coverage be provided without cost sharing.

**CURRENT VERSION OF TEXT**

As reported by the Senate Commerce Committee on June 9, 2022, with amendments.



**(Sponsorship Updated As Of: 8/8/2022)**

1 AN ACT concerning health insurance coverage for prostate cancer  
2 screening and amending P.L.1996, c.125 and supplementing  
3 various parts of the statutory law.

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

7  
8 1. Section 1 of P.L.1996, c.125 (C.17:48E-35.13) is amended  
9 to read as follows:.

10 1. a. No health service corporation contract providing hospital  
11 or medical expense benefits **for groups with greater than 49**  
12 **persons** shall be delivered, issued, executed or renewed in this  
13 State, or approved for issuance or renewal in this State by the  
14 Commissioner of Insurance on or after the effective date of **this**  
15 **act** P.L.1996, c.125 (C.17:48E-35.13 et al.), unless the contract  
16 provides benefits to any named subscriber or other person covered  
17 thereunder for expenses incurred in conducting an annual  
18 **medically recognized diagnostic examination including, but not**  
19 **limited to, a digital rectal examination and a prostate-specific**  
20 **antigen test for men age 50 and over who are asymptomatic and for**  
21 **men age 40 and over with a family history of prostate cancer or**  
22 **other prostate cancer risk factors** prostate cancer screening.

23 The benefits shall be provided to the same extent as for any other  
24 medical condition under the contract except that no deductible,  
25 coinsurance, copayment, or any other cost-sharing requirement on  
26 the benefits shall be imposed <sup>1</sup>for men who are between 40 and 75  
27 years of age<sup>1</sup>.

28 This section shall apply to all health service corporation  
29 contracts in which the health service corporation has reserved the  
30 right to change the premium.

31 b. As used in this section:

32 “Prostate cancer screening” means medically viable methods for  
33 the detection and diagnosis of prostate cancer, which includes a  
34 digital rectal exam and the prostate-specific antigen test and  
35 associated laboratory work. “Prostate cancer screening” shall also  
36 include subsequent follow up testing as direct by a health care  
37 provider, including, but not limited to:

38 (1) urinary analysis;

39 (2) serum biomarkers;

40 (3) medical imaging, including, but not limited to, magnetic  
41 resonance imaging.

42 (cf: P.L.1996, c.125, s.1)

43  
44 2. Section 2 of P.L.1996, c.125 (C.17:48-6p) is amended to  
45 read as follows:

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.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Senate SCM committee amendments adopted June 9, 2022.

1       2. <sup>1</sup>a.<sup>1</sup> No hospital service corporation contract providing  
2 hospital or medical expense benefits **【for groups with greater than**  
3 **49 persons】** shall be delivered, issued, executed or renewed in this  
4 State, or approved for issuance or renewal in this State by the  
5 Commissioner of Insurance on or after the effective date of **【this**  
6 **act】** P.L.1996, c.125 (C.17:48E-35.13 et al.), unless the contract  
7 provides benefits to any named subscriber or other person covered  
8 thereunder for expenses incurred in conducting an annual  
9 **【medically recognized diagnostic examination including, but not**  
10 **limited to, a digital rectal examination and a prostate-specific**  
11 **antigen test for men age 50 and over who are asymptomatic and for**  
12 **men age 40 and over with a family history of prostate cancer or**  
13 **other prostate cancer risk factors】** prostate cancer screening.

14       The benefits shall be provided to the same extent as for any other  
15 medical condition under the contract except that no deductible,  
16 coinsurance, copayment, or any other cost-sharing requirement on  
17 the benefits shall be imposed <sup>1</sup>for men who are between 40 and 75  
18 years of age<sup>1</sup>.

19       This section shall apply to all hospital service corporation  
20 contracts in which the hospital service corporation has reserved the  
21 right to change the premium.

22       b. As used in this section:

23       “Prostate cancer screening” means medically viable methods for  
24 the detection and diagnosis of prostate cancer, which includes a  
25 digital rectal exam and the prostate-specific antigen test and  
26 associated laboratory work. “Prostate cancer screening” shall also  
27 include subsequent follow up testing as direct by a health care  
28 provider, including, but not limited to:

29       (1) urinary analysis;

30       (2) serum biomarkers;

31       (3) medical imaging, including, but not limited to, magnetic  
32 resonance imaging.

33       (cf: P.L.1996, c.125, s.2)

34

35       3. Section 3 of P.L.1996, c.125 (C.17:48A-7n) is amended to  
36 read as follows:

37       3. <sup>1</sup>a.<sup>1</sup> No medical service corporation contract providing  
38 hospital or medical expense benefits **【for groups with greater than**  
39 **49 persons】** shall be delivered, issued, executed or renewed in this  
40 State, or approved for issuance or renewal in this State by the  
41 Commissioner of Insurance on or after the effective date of **【this**  
42 **act】** P.L.1996, c.125 (C.17:48E-35.13 et al.), unless the contract  
43 provides benefits to any named subscriber or other person covered  
44 thereunder for expenses incurred in conducting an annual  
45 **【medically recognized diagnostic examination including, but not**  
46 **limited to, a digital rectal examination and a prostate-specific**

1 anitgen test for men age 50 and over who are asymptomatic and for  
2 men age 40 and over with a family history of prostate cancer or  
3 other prostate cancer risk factors **】**prostate cancer screening.

4 The benefits shall be provided to the same extent as for any other  
5 medical condition under the contract except that no deductible,  
6 coinsurance, copayment, or any other cost-sharing requirement on  
7 the benefits shall be imposed <sup>1</sup>for men who are between 40 and 75  
8 years of age<sup>1</sup>.

9 This section shall apply to all medical service corporation  
10 contracts in which the medical service corporation has reserved the  
11 right to change the premium.

12 b. As used in this section:

13 “Prostate cancer screening” means medically viable methods for  
14 the detection and diagnosis of prostate cancer, which includes a  
15 digital rectal exam and the prostate-specific antigen test and  
16 associated laboratory work. “Prostate cancer screening” shall also  
17 include subsequent follow up testing as direct by a health care  
18 provider, including, but not limited to:

19 (1) urinary analysis;

20 (2) serum biomarkers;

21 (3) medical imaging, including, but not limited to, magnetic  
22 resonance imaging.

23 (cf: P.L.1996, c.125, s.3)

24  
25 4. Section 4 of P.L.1996, c.125 (C.17B:27-46.1o) is amended  
26 to read as follows:

27 4. <sup>1</sup>a.<sup>1</sup> No group health insurance policy providing hospital or  
28 medical expense benefits **【**for groups with greater than 49 persons**】**  
29 shall be delivered, issued, executed or renewed in this State, or  
30 approved for issuance or renewal in this State by the Commissioner  
31 of Insurance on or after the effective date of **【**this act**】** P.L.1996,  
32 c.125 (C.17:48E-35.13 et al.), unless the policy provides benefits to  
33 any named insured or other person covered thereunder for expenses  
34 incurred in conducting an annual **【**medically recognized diagnostic  
35 examination including, but not limited to, a digital rectal  
36 examination and a prostate-specific antigen test for men age 50 and  
37 over who are asymptomatic and for men age 40 and over with a  
38 family history of prostate cancer or other prostate cancer risk  
39 factors**】** prostate cancer screening.

40 The benefits shall be provided to the same extent as for any other  
41 medical condition under the policy except that no deductible,  
42 coinsurance, copayment, or any other cost-sharing requirement on  
43 the benefits shall be imposed <sup>1</sup>for men who are between 40 and 75  
44 years of age<sup>1</sup>.

45 This section shall apply to all group health insurance policies in  
46 which the health insurer has reserved the right to change the  
47 premium.

1       b. As used in this section:

2       “Prostate cancer screening” means medically viable methods for  
3 the detection and diagnosis of prostate cancer, which includes a  
4 digital rectal exam and the prostate-specific antigen test and  
5 associated laboratory work. “Prostate cancer screening” shall also  
6 include subsequent follow up testing as direct by a health care  
7 provider, including, but not limited to:

8       (1) urinary analysis;

9       (2) serum biomarkers;

10       (3) medical imaging, including, but not limited to, magnetic  
11 resonance imaging.

12 (cf: P.L.1996, c.125, s.4)

13

14       5. Section 5 of P.L.1996, c.125 (C.26:2J-4.13) is amended to  
15 read as follows:

16       5. <sup>1</sup>a.<sup>1</sup> A certificate of authority to establish and operate a  
17 health maintenance organization in this State shall not be issued or  
18 continued by the Commissioner of Health on or after the effective  
19 date of **【this act】** P.L.1996, c.125 (C.17:48E-35.13 et al.) unless the  
20 health maintenance organization provides health care services to  
21 any enrollee which include an annual **【medically recognized**  
22 **diagnostic examination including, but not limited to, a digital rectal**  
23 **examination and a prostate-specific antigen test for men age 50 and**  
24 **over who are asymptomatic and for men age 40 and over with a**  
25 **family history of prostate cancer or other prostate cancer risk**  
26 **factors】 prostate cancer screening.**

27       The health care services shall be provided to the same extent as  
28 for any other medical condition under the contract except that no  
29 deductible, coinsurance, copayment, or any other cost-sharing  
30 requirement on the services shall be imposed <sup>1</sup>for men who are  
31 between 40 and 75 years of age<sup>1</sup>.

32       The provisions of this section shall apply to all contracts for  
33 health care services by health maintenance organizations under  
34 which the right to change the schedule of charges for enrollee  
35 coverage is reserved.

36       b. As used in this section:

37       “Prostate cancer screening” means medically viable methods for  
38 the detection and diagnosis of prostate cancer, which includes a  
39 digital rectal exam and the prostate-specific antigen test and  
40 associated laboratory work. “Prostate cancer screening” shall also  
41 include subsequent follow up testing as directed by a health care  
42 provider, including, but not limited to:

43       (1) urinary analysis;

44       (2) serum biomarkers;

45       (3) medical imaging, including, but not limited to, magnetic  
46 resonance imaging.

47 (cf: P.L.1996, c.125, s.5)

1       6. (New section) a. (1) Every individual health insurance  
2 policy that provides hospital or medical expense benefits and is  
3 delivered, issued, executed or renewed in this State pursuant to  
4 chapter 26 of Title 17B of the New Jersey Statutes, or approved for  
5 issuance or renewal in this State by the Commissioner of Banking  
6 and Insurance, on or after the effective date of this act shall provide  
7 coverage for an annual prostate cancer screening.

8       The benefits shall be provided to the same extent as for any other  
9 medical condition under the contract except that no deductible,  
10 coinsurance, copayment, or any other cost-sharing requirement on  
11 the services shall be imposed <sup>1</sup>for men who are between 40 and 75  
12 years of age<sup>1</sup>.

13       The provisions of this section shall apply to all policies in which  
14 the insurer has reserved the right to change the premium.

15       b. As used in this section:

16       “Prostate cancer screening” means medically viable methods for  
17 the detection and diagnosis of prostate cancer, which includes a  
18 digital rectal exam and the prostate-specific antigen test and  
19 associated laboratory work. “Prostate cancer screening” shall also  
20 include subsequent follow up testing as direct by a health care  
21 provider, including, but not limited to:

22       (1) urinary analysis;

23       (2) serum biomarkers;

24       (3) medical imaging, including, but not limited to, magnetic  
25 resonance imaging.

26  
27       7. (New section) a. (1) Every individual health benefits plan  
28 that provides hospital or medical expense benefits and is delivered,  
29 issued, executed or renewed in this State pursuant to P.L.1992,  
30 c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in  
31 this State on or after the effective date of this act shall provide  
32 benefits for an annual prostate cancer screening.

33       The benefits shall be provided to the same extent as for any other  
34 medical condition under the contract except that no deductible,  
35 coinsurance, copayment, or any other cost-sharing requirement on  
36 the services shall be imposed <sup>1</sup>for men who are between 40 and 75  
37 years of age<sup>1</sup>.

38       The provisions of this section shall apply to all health benefits  
39 plans in which the carrier has reserved the right to change the  
40 premium.

41       b. As used in this section:

42       “Prostate cancer screening” means medically viable methods for  
43 the detection and diagnosis of prostate cancer, which includes a  
44 digital rectal exam and the prostate-specific antigen test and  
45 associated laboratory work. “Prostate cancer screening” shall also  
46 include subsequent follow up testing as direct by a health care  
47 provider, including, but not limited to:

48       (1) urinary analysis;

1 (2) serum biomarkers;

2 (3) medical imaging, including, but not limited to, magnetic  
3 resonance imaging.

4

5 8. (New section) a. Every small employer health benefits plan  
6 that provides hospital or medical expense benefits and is delivered,  
7 issued, executed or renewed in this State pursuant to P.L.1992,  
8 c.162 (C.17B:27A-17 et seq.) or approved for issuance or renewal  
9 in this State on or after the effective date of this act shall provide  
10 benefits for an annual prostate cancer screening.

11 The benefits shall be provided to the same extent as for any other  
12 medical condition under the contract except that no deductible,  
13 coinsurance, copayment, or any other cost-sharing requirement on  
14 the services shall be imposed <sup>1</sup>for men who are between 40 and 75  
15 years of age<sup>1</sup>.

16 The provisions of this section shall apply to all health benefits  
17 plans in which the carrier has reserved the right to change the  
18 premium.

19 b. As used in this section:

20 “Prostate cancer screening” means medically viable methods for  
21 the detection and diagnosis of prostate cancer, which includes a  
22 digital rectal exam and the prostate-specific antigen test and  
23 associated laboratory work. “Prostate cancer screening” shall also  
24 include subsequent follow up testing as direct by a physician,  
25 including, but not limited to:

26 (1) urinary analysis;

27 (2) serum biomarkers;

28 (3) medical imaging, including, but not limited to, magnetic  
29 resonance imaging.

30

31 9. (New section) a. The State Health Benefits Commission  
32 shall ensure that every contract purchased by the commission on or  
33 after the effective date of this act that provides hospital or medical  
34 expense benefits shall provide coverage for an annual prostate  
35 cancer screening.

36 The benefits shall be provided to the same extent as for any other  
37 medical condition under the contract except that no deductible,  
38 coinsurance, copayment, or any other cost-sharing requirement on  
39 the services shall be imposed <sup>1</sup>for men who are between 40 and 75  
40 years of age<sup>1</sup>.

41 b. As used in this section:

42 “Prostate cancer screening” means medically viable methods for  
43 the detection and diagnosis of prostate cancer, which includes a  
44 digital rectal exam and the prostate-specific antigen test and  
45 associated laboratory work. “Prostate cancer screening” shall also  
46 include subsequent follow up testing as direct by a health care  
47 provider, including, but not limited to:

48 (1) urinary analysis;

1 (2) serum biomarkers;

2 (3) medical imaging, including, but not limited to, magnetic  
3 resonance imaging.

4

5 10. (New section) a. The School Employees' Health Benefits  
6 Commission shall ensure that every contract purchased by the  
7 commission on or after the effective date of this act that provides  
8 hospital or medical expense benefits shall provide coverage for an  
9 annual prostate cancer screening.

10 The benefits shall be provided to the same extent as for any other  
11 medical condition under the contract except that no deductible,  
12 coinsurance, copayment, or any other cost-sharing requirement on  
13 the services shall be imposed <sup>1</sup>for men who are between 40 and 75  
14 years of age<sup>1</sup>.

15 b. As used in this section:

16 "Prostate cancer screening" means medically viable methods for  
17 the detection and diagnosis of prostate cancer, which includes a  
18 digital rectal exam and the prostate-specific antigen test and  
19 associated laboratory work. "Prostate cancer screening" shall also  
20 include subsequent follow up testing as direct by a health care  
21 provider, including, but not limited to:

22 (1) urinary analysis;

23 (2) serum biomarkers;

24 (3) medical imaging, including, but not limited to, magnetic  
25 resonance imaging.

26

27 11. This act shall take effect on the 90th day next following the  
28 date of enactment and shall apply to all contracts and policies  
29 delivered, issued, executed, or renewed on or after that date.