

ASSEMBLY, No. 5034

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED NOVEMBER 19, 2020

Sponsored by:

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblywoman CAROL A. MURPHY

District 7 (Burlington)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Co-Sponsored by:

Assemblymen Verrelli, Holley, Chiaravalloti, Dancer, Assemblywomen Reynolds-Jackson, Chaparro, Jasey, Assemblyman Wimberly, Assemblywomen Vainieri Huttle, Quijano, Assemblymen DePhillips, Johnson, Giblin and Assemblywoman Speight

SYNOPSIS

Reduces age at which health benefit plans cover colorectal cancer screenings from 50 to 45.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/1/2021)

1 AN ACT concerning health benefits for colorectal cancer screenings,
2 amending P.L.2001, c.295, and supplementing P.L.1961, c.49.

3

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

6

7 1. Section 1 of P.L.2001, c.295 (C.17:48-6y) is amended to
8 read as follows:

9 1. Every hospital service corporation contract that provides
10 hospital or medical expense benefits and is delivered, issued,
11 executed or renewed in this State pursuant to P.L.1938, c.366
12 (C.17:48-1 et seq.), or approved for issuance or renewal in this State
13 by the Commissioner of Banking and Insurance on or after the
14 effective date of this act, shall provide benefits to any named
15 subscriber or other person covered thereunder for expenses incurred
16 in conducting colorectal cancer screening at regular intervals for
17 persons age **[50]** 45 and over and for persons of any age who are
18 considered to be at high risk for colorectal cancer. The methods of
19 screening for which benefits shall be provided shall include: a
20 screening fecal occult blood test, flexible sigmoidoscopy,
21 colonoscopy, barium enema, or any combination thereof; or the
22 most reliable, medically recognized screening test available. The
23 method and frequency of screening to be utilized shall be in
24 accordance with the most recent published guidelines of the
25 American Cancer Society and as determined medically necessary by
26 the covered person's physician, in consultation with the covered
27 person.

28 As used in this section, "high risk for colorectal cancer" means a
29 person has:

30 a. a family history of: familial adenomatous polyposis;
31 hereditary non-polyposis colon cancer; or breast, ovarian,
32 endometrial or colon cancer or polyps;

33 b. chronic inflammatory bowel disease; or

34 c. a background, ethnicity or lifestyle that the physician
35 believes puts the person at elevated risk for colorectal cancer.

36 The benefits shall be provided to the same extent as for any other
37 medical condition under the contract.

38 The provisions of this section shall apply to all hospital service
39 corporation contracts in which the hospital service corporation has
40 reserved the right to change the premium.

41 (cf: P.L.2001, c.295, s.1)

42

43 2. Section 2 of P.L.2001, c.295 (C.17:48A-7x) is amended to
44 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.

1 2. Every medical service corporation contract that provides
2 hospital or medical expense benefits and is delivered, issued,
3 executed or renewed in this State pursuant to P.L.1940, c.74
4 (C.17:48A-1 et seq.), or approved for issuance or renewal in this
5 State by the Commissioner of Banking and Insurance on or after the
6 effective date of this act, shall provide benefits to any named
7 subscriber or other person covered thereunder for expenses incurred
8 in conducting colorectal cancer screening at regular intervals for
9 persons age [50] 45 and over and for persons of any age who are
10 considered to be at high risk for colorectal cancer. The methods of
11 screening for which benefits shall be provided shall include: a
12 screening fecal occult blood test, flexible sigmoidoscopy,
13 colonoscopy, barium enema, or any combination thereof; or the
14 most reliable, medically recognized screening test available. The
15 method and frequency of screening to be utilized shall be in
16 accordance with the most recent published guidelines of the
17 American Cancer Society and as determined medically necessary by
18 the covered person's physician, in consultation with the covered
19 person.

20 As used in this section, "high risk for colorectal cancer" means a
21 person has:

- 22 a. a family history of: familial adenomatous polyposis;
23 hereditary non-polyposis colon cancer; or breast, ovarian,
24 endometrial or colon cancer or polyps;
25 b. chronic inflammatory bowel disease; or
26 c. a background, ethnicity or lifestyle that the physician
27 believes puts the person at elevated risk for colorectal cancer.

28 The benefits shall be provided to the same extent as for any other
29 medical condition under the contract.

30 The provisions of this section shall apply to all medical service
31 corporation contracts in which the medical service corporation has
32 reserved the right to change the premium.

33 (cf: P.L.2001, c.295, s.2)

34

35 3. Section 3 of P.L.2001, c.295 (C.17:48E-35.23) is amended
36 to read as follows:

37 3. Every health service corporation contract that provides
38 hospital or medical expense benefits and is delivered, issued,
39 executed or renewed in this State pursuant to P.L.1985, c.236
40 (C.17:48E-1 et seq.), or approved for issuance or renewal in this
41 State by the Commissioner of Banking and Insurance on or after the
42 effective date of this act, shall provide benefits to any named
43 subscriber or other person covered thereunder for expenses incurred
44 in conducting colorectal cancer screening at regular intervals for
45 persons age [50] 45 and over and for persons of any age who are
46 considered to be at high risk for colorectal cancer. The methods of
47 screening for which benefits shall be provided shall include: a

1 screening fecal occult blood test, flexible sigmoidoscopy,
2 colonoscopy, barium enema, or any combination thereof; or the
3 most reliable, medically recognized screening test available. The
4 method and frequency of screening to be utilized shall be in
5 accordance with the most recent published guidelines of the
6 American Cancer Society and as determined medically necessary by
7 the covered person's physician, in consultation with the covered
8 person.

9 As used in this section, "high risk for colorectal cancer" means a
10 person has:

11 a. a family history of: familial adenomatous polyposis;
12 hereditary non-polyposis colon cancer; or breast, ovarian,
13 endometrial or colon cancer or polyps;

14 b. chronic inflammatory bowel disease; or

15 c. a background, ethnicity or lifestyle that the physician
16 believes puts the person at elevated risk for colorectal cancer.

17 The benefits shall be provided to the same extent as for any other
18 medical condition under the contract.

19 The provisions of this section shall apply to all health service
20 corporation contracts in which the health service corporation has
21 reserved the right to change the premium.

22 (cf: P.L.2001, c.295, s.3)

23
24 4. Section 4 of P.L.2001, c.295 (C.17B:26-2.1u) is amended to
25 read as follows:

26 4. Every individual policy that provides hospital or medical
27 expense benefits and is delivered, issued, executed or renewed in
28 this State pursuant to N.J.S.17B:23-1 et seq., or approved for
29 issuance or renewal in this State by the Commissioner of Banking
30 and Insurance on or after the effective date of this act, shall provide
31 benefits to any named insured or other person covered thereunder
32 for expenses incurred in conducting colorectal cancer screening at
33 regular intervals for persons age [50] 45 and over and for persons of
34 any age who are considered to be at high risk for colorectal cancer.
35 The methods of screening for which benefits shall be provided shall
36 include: a screening fecal occult blood test, flexible sigmoidoscopy,
37 colonoscopy, barium enema, or any combination thereof; or the
38 most reliable, medically recognized screening test available. The
39 method and frequency of screening to be utilized shall be in
40 accordance with the most recent published guidelines of the
41 American Cancer Society and as determined medically necessary by
42 the covered person's physician, in consultation with the covered
43 person.

44 As used in this section, "high risk for colorectal cancer" means a
45 person has:

46 a. a family history of: familial adenomatous polyposis;
47 hereditary nonpolyposis colon cancer; or breast, ovarian,
48 endometrial or colon cancer or polyps;

1 b. chronic inflammatory bowel disease; or

2 c. a background, ethnicity or lifestyle that the physician
3 believes puts the person at elevated risk for colorectal cancer.

4 The benefits shall be provided to the same extent as for any other
5 medical condition under the policy.

6 The provisions of this section shall apply to all health insurance
7 policies in which the insurer has reserved the right to change the
8 premium.

9 (cf: P.L.2001, c.295, s.4)

10

11 5. Section 5 of P.L.2001, c.295 (C.17B:27-46.1y) is amended
12 to read as follows:

13 5. Every group policy that provides hospital or medical
14 expense benefits and is delivered, issued, executed or renewed in
15 this State pursuant to N.J.S.17B:27-26 et seq., or approved for
16 issuance or renewal in this State by the Commissioner of Banking
17 and Insurance on or after the effective date of this act, shall provide
18 benefits to any named insured or other person covered thereunder
19 for expenses incurred in conducting colorectal cancer screening at
20 regular intervals for persons age [50] 45 and over and for persons of
21 any age who are considered to be at high risk for colorectal cancer.
22 The methods of screening for which benefits shall be provided shall
23 include: a screening fecal occult blood test, flexible sigmoidoscopy,
24 colonoscopy, barium enema, or any combination thereof; or the
25 most reliable, medically recognized screening test available. The
26 method and frequency of screening to be utilized shall be in
27 accordance with the most recent published guidelines of the
28 American Cancer Society and as determined medically necessary by
29 the covered person's physician, in consultation with the covered
30 person.

31 As used in this section, "high risk for colorectal cancer" means a
32 person has:

33 a. a family history of: familial adenomatous polyposis;
34 hereditary nonpolyposis colon cancer; or breast, ovarian,
35 endometrial or colon cancer or polyps;

36 b. chronic inflammatory bowel disease; or

37 c. a background, ethnicity or lifestyle that the physician
38 believes puts the person at elevated risk for colorectal cancer.

39 The benefits shall be provided to the same extent as for any other
40 medical condition under the policy.

41 The provisions of this section shall apply to all health insurance
42 policies in which the insurer has reserved the right to change the
43 premium.

44 (cf: P.L.2001, c.295, s.5)

45

46 6. Section 8 of P.L.2001, c.295 (C.26:2J-4.24) is amended to
47 read as follows:

1 8. Every enrollee agreement that provides hospital or medical
2 expense benefits and is delivered, issued, executed, or renewed in
3 this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or
4 approved for issuance or renewal in this State by the Commissioner
5 of Banking and Insurance on or after the effective date of this act,
6 shall provide health care services to any enrollee or other person
7 covered thereunder for expenses incurred in conducting colorectal
8 cancer screening at regular intervals for persons age [50] 45 and
9 over and for persons of any age who are considered to be at high
10 risk for colorectal cancer. The methods of screening for which
11 benefits shall be provided shall include: a screening fecal occult
12 blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or
13 any combination thereof; or the most reliable, medically recognized
14 screening test available. The method and frequency of screening to
15 be utilized shall be in accordance with the most recent published
16 guidelines of the American Cancer Society and as determined
17 medically necessary by the covered person's physician, in
18 consultation with the covered person.

19 As used in this section, "high risk for colorectal cancer" means a
20 person has:

- 21 a. a family history of: familial adenomatous polyposis;
22 hereditary non-polyposis colon cancer; or breast, ovarian,
23 endometrial or colon cancer or polyps;
- 24 b. chronic inflammatory bowel disease; or
- 25 c. a background, ethnicity or lifestyle that the physician
26 believes puts the person at elevated risk for colorectal cancer.

27 The health care services shall be provided to the same extent as
28 for any other medical condition under the enrollee agreement.

29 The provisions of this section shall apply to all enrollee
30 agreements in which the health maintenance organization has
31 reserved the right to change the schedule of charges.

32 (cf: P.L.2012, c.17, s.273)

33

34 7. Section 6 of P.L.2001, c.295 (C.17B:27A-7.7) is amended to
35 read as follows:

36 6. Every individual health benefits plan that provides hospital
37 or medical expense benefits and is delivered, issued, executed or
38 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
39 seq.), or approved for issuance or renewal in this State on or after
40 the effective date of this act, shall provide benefits to any person
41 covered thereunder for expenses incurred in conducting colorectal
42 cancer screening at regular intervals for persons age [50] 45 and
43 over and for persons of any age who are considered to be at high
44 risk for colorectal cancer. The methods of screening for which
45 benefits shall be provided shall include: a screening fecal occult
46 blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or

1 any combination thereof; or the most reliable, medically recognized
2 screening test available. The method and frequency of screening to
3 be utilized shall be in accordance with the most recent published
4 guidelines of the American Cancer Society and as determined
5 medically necessary by the covered person's physician, in
6 consultation with the covered person.

7 As used in this section, "high risk for colorectal cancer" means a
8 person has:

9 a. a family history of: familial adenomatous polyposis;
10 hereditary non-polyposis colon cancer; or breast, ovarian,
11 endometrial or colon cancer or polyps;

12 b. chronic inflammatory bowel disease; or

13 c. a background, ethnicity or lifestyle that the physician
14 believes puts the person at elevated risk for colorectal cancer.

15 The benefits shall be provided to the same extent as for any other
16 medical condition under the health benefits plan.

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

20 (cf: P.L.2001, c.295, s.6)

21

22 8. Section 7 of P.L.2001, c.295 (C.17B:27A-19.9) is amended
23 to read as follows:

24 7. Every small employer health benefits plan that provides
25 hospital or medical expense benefits and is delivered, issued,
26 executed or renewed in this State pursuant to P.L.1992, c.162
27 (C.17B:27A-17 et seq.), or approved for issuance or renewal in this
28 State on or after the effective date of this act, shall provide benefits
29 to any person covered thereunder for expenses incurred in
30 conducting colorectal cancer screening at regular intervals for
31 persons age [50] 45 and over and for persons of any age who are
32 considered to be at high risk for colorectal cancer. The methods of
33 screening for which benefits shall be provided shall include: a
34 screening fecal occult blood test, flexible sigmoidoscopy,
35 colonoscopy, barium enema, or any combination thereof; or the
36 most reliable, medically recognized screening test available. The
37 method and frequency of screening to be utilized shall be in
38 accordance with the most recent published guidelines of the
39 American Cancer Society and as determined medically necessary by
40 the covered person's physician, in consultation with the covered
41 person.

42 As used in this section, "high risk for colorectal cancer" means a
43 person has:

44 a. a family history of: familial adenomatous polyposis;
45 hereditary non-polyposis colon cancer; or breast, ovarian,
46 endometrial or colon cancer or polyps;

8

4 The benefits shall be provided to the same extent as for any other
5 medical condition under the health benefits plan.

9 (cf: P.L.2001, c.295, s.7)

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29 As used in this section, “high risk for colorectal cancer” means a
30 person has:

34 b. chronic inflammatory bowel disease; or

37 The benefits shall be provided to the same extent as for any other
38 medical condition under the State Health Benefits plan.

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1 Presently, health benefit plans are only required to cover a
2 colorectal cancer screening at regular intervals for a person who is
3 aged 50 and over, or for a person of any age who is considered to be
4 at high risk for colorectal cancer.

5 Under this bill, the age in which a regular colorectal cancer
6 screening will be covered by health benefit plans is lowered from
7 age 50 to age 45. Additionally, State Health Benefit Plans will now
8 cover colorectal cancer screenings.