

[First Reprint]

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)

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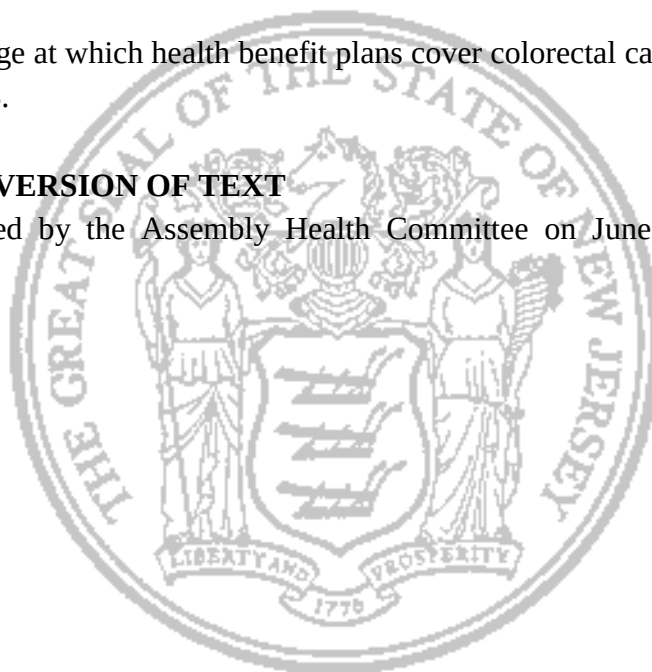
Assemblymen Verrelli, Holley, Chiaravalloti, Dancer, Assemblywomen Reynolds-Jackson, Chaparro, Jasey, Assemblyman Wimberly, Assemblywomen Vainieri Huttie, Quijano, Assemblymen DePhillips, Johnson, Giblin and Assemblywoman Speight

SYNOPSIS

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

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee on June 2, 2021, with amendments.



(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.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted June 2, 2021.

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
48 screening fecal occult blood test, flexible sigmoidoscopy,

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

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

- 10 a. a family history of: familial adenomatous polyposis;
11 hereditary non-polyposis colon cancer; or breast, ovarian,
12 endometrial or colon cancer or polyps;
13 b. chronic inflammatory bowel disease; or
14 c. a background, ethnicity or lifestyle that the physician
15 believes puts the person at elevated risk for colorectal cancer.

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

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

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

22

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

25 4. Every individual policy that provides hospital or medical
26 expense benefits and is delivered, issued, executed or renewed in
27 this State pursuant to N.J.S.17B:23-1 et seq., or approved for
28 issuance or renewal in this State by the Commissioner of Banking
29 and Insurance on or after the effective date of this act, shall provide
30 benefits to any named insured or other person covered thereunder
31 for expenses incurred in conducting colorectal cancer screening at
32 regular intervals for persons age [50] 45 and over and for persons of
33 any age who are considered to be at high risk for colorectal cancer.

34 The methods of screening for which benefits shall be provided shall
35 include: a screening fecal occult blood test, flexible sigmoidoscopy,
36 colonoscopy, barium enema, or any combination thereof; or the
37 most reliable, medically recognized screening test available. The
38 method and frequency of screening to be utilized shall be in
39 accordance with the most recent published guidelines of the
40 American Cancer Society and as determined medically necessary by
41 the covered person's physician, in consultation with the covered
42 person.

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

- 45 a. a family history of: familial adenomatous polyposis;
46 hereditary nonpolyposis colon cancer; or breast, ovarian,
47 endometrial or colon cancer or polyps;
48 b. chronic inflammatory bowel disease; or

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

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

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

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

9
10 5. Section 5 of P.L.2001, c.295 (C.17B:27-46.1y) is amended
11 to read as follows:

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

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

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

35 b. chronic inflammatory bowel disease; or

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

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

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

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

44

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

47 8. Every enrollee agreement that provides hospital or medical
48 expense benefits and is delivered, issued, executed, or renewed in

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

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

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

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

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

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

31

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

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

1 medically necessary by the covered person's physician, in
2 consultation with the covered person.

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

5 a. a family history of: familial adenomatous polyposis;
6 hereditary non-polyposis colon cancer; or breast, ovarian,
7 endometrial or colon cancer or polyps;

8 b. chronic inflammatory bowel disease; or

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

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

13 The provisions of this section shall apply to all health benefit
14 plans in which the carrier has reserved the right to change the
15 premium.

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

17

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

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

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

40 a. a family history of: familial adenomatous polyposis;
41 hereditary non-polyposis colon cancer; or breast, ovarian,
42 endometrial or colon cancer or polyps;

43 b. chronic inflammatory bowel disease; or

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

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

1 The provisions of this section shall apply to all health benefit
2 plans in which the carrier has reserved the right to change the
3 premium.

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

5
6 9. (New Section) ¹**【Every State Health Benefits plan】** The
7 State Health Benefits Commission shall ensure that every contract,
8 purchased by the commission on or after the effective date of this
9 act,¹ that provides hospital or medical expense benefits ¹**【and is**
10 **delivered, issued, executed or renewed in this State pursuant to**
11 **P.L.1961, c.49 (C.52:14-17.25 et seq.), or approved for issuance or**
12 **renewal in this State on or after the effective date of this act,】**¹ shall
13 provide benefits to any person covered thereunder for expenses
14 incurred in conducting colorectal cancer screening at regular
15 intervals for persons age 45 and over and for persons of any age
16 who are considered to be at high risk for colorectal cancer. The
17 methods of screening for which benefits shall be provided shall
18 include: a screening fecal occult blood test, flexible sigmoidoscopy,
19 colonoscopy, barium enema, or any combination thereof; or the
20 most reliable, medically recognized screening test available. The
21 method and frequency of screening to be utilized shall be in
22 accordance with the most recent published guidelines of the
23 American Cancer Society and as determined medically necessary by
24 the covered person's physician, in consultation with the covered
25 person.

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

- 28 a. a family history of: familial adenomatous polyposis;
29 hereditary non-polyposis colon cancer; or breast, ovarian,
30 endometrial or colon cancer or polyps;
31 b. chronic inflammatory bowel disease; or
32 c. a background, ethnicity or lifestyle that the physician
33 believes puts the person at elevated risk for colorectal cancer.

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

36
37 ¹10. (New Section) The School Employees' Health Benefits
38 Commission shall ensure that every contract purchased by the
39 commission on or after the effective date of this act that provides
40 hospital or medical expense benefits shall provide benefits to any
41 person covered thereunder for expenses incurred in conducting
42 colorectal cancer screening at regular intervals for persons age 45
43 and over and for persons of any age who are considered to be at
44 high 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
47 any combination thereof; or the most reliable, medically recognized
48 screening test available. The method and frequency of screening to

1 be utilized shall be in accordance with the most recent published
2 guidelines of the American Cancer Society and as determined
3 medically necessary by the covered person's physician, in
4 consultation with the covered person.

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

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

10 b. chronic inflammatory bowel disease; or

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

13 The benefits shall be provided to the same extent as for any other
14 medical condition under the State Health Benefits plan.¹

15

16 ¹**[10] 11**¹. This act shall take effect ¹**[immediately]** on the first
17 day of the fourth month next following enactment and shall only
18 apply to policies and contracts that are delivered, issued, executed,
19 or renewed or approved for issuance or renewal in the State on or
20 after the effective date¹.