

[First Reprint]

SENATE, No. 3282

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED DECEMBER 14, 2020

Sponsored by:

Senator VIN GOPAL

District 11 (Monmouth)

Senator LINDA R. GREENSTEIN

District 14 (Mercer and Middlesex)

Co-Sponsored by:

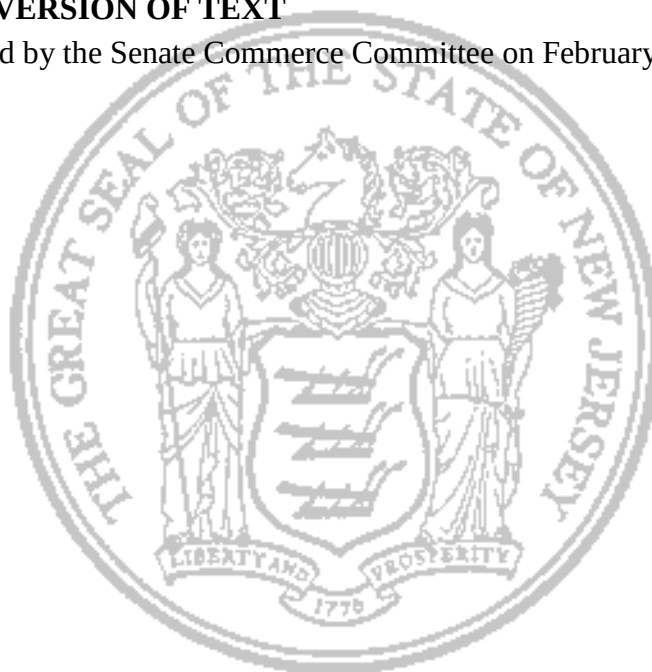
**Senators Singleton, A.M.Bucco, Ruiz, Stack, Pou, Sweeney, Thompson,
Corrado and Weinberg**

SYNOPSIS

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

CURRENT VERSION OF TEXT

As reported by the Senate Commerce Committee on February 11, 2021, with amendments.



(Sponsorship Updated As Of: 2/19/2021)

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. ¹The provisions of this
41 section shall not be applicable, however, in the case of a high
42 deductible health plan for which qualified medical expenses are
43 paid using a health savings account established pursuant to section

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:

¹Senate SCM committee amendments adopted February 11, 2021.

1 223 of the federal Internal Revenue Code of 1986 (26 U.S.C.
2 s.223).¹

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

4

5 2. Section 2 of P.L.2001, c.295 (C.17:48A-7x) is amended to
6 read as follows:

7 2. Every medical service corporation contract that provides
8 hospital or medical expense benefits and is delivered, issued,
9 executed or renewed in this State pursuant to P.L.1940, c.74
10 (C.17:48A-1 et seq.), or approved for issuance or renewal in this
11 State by the Commissioner of Banking and Insurance on or after the
12 effective date of this act, shall provide benefits to any named
13 subscriber or other person covered thereunder for expenses incurred
14 in conducting colorectal cancer screening at regular intervals for
15 persons age **50** 45 and over and for persons of any age who are
16 considered to be at high risk for colorectal cancer. The methods of
17 screening for which benefits shall be provided shall include: a
18 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 contract.

36 The provisions of this section shall apply to all medical service
37 corporation contracts in which the medical service corporation has
38 reserved the right to change the premium. ¹The provisions of this
39 section shall not be applicable, however, in the case of a high
40 deductible health plan for which qualified medical expenses are
41 paid using a health savings account established pursuant to section
42 223 of the federal Internal Revenue Code of 1986 (26 U.S.C.
43 s.223).¹

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

45

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

1 3. Every health 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.1985, c.236
4 (C.17:48E-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 health service
31 corporation contracts in which the health service corporation has
32 reserved the right to change the premium. ¹The provisions of this
33 section shall not be applicable, however, in the case of a high
34 deductible health plan for which qualified medical expenses are
35 paid using a health savings account established pursuant to section
36 223 of the federal Internal Revenue Code of 1986 (26 U.S.C.
37 s.223).¹

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

39

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

42 4. Every individual policy that provides hospital or medical
43 expense benefits and is delivered, issued, executed or renewed in
44 this State pursuant to N.J.S.17B:23-1 et seq., or approved for
45 issuance or renewal in this State by the Commissioner of Banking
46 and Insurance on or after the effective date of this act, shall provide
47 benefits to any named insured or other person covered thereunder
48 for expenses incurred in conducting colorectal cancer screening at

1 regular intervals for persons age **【50】 45** and over and for persons
2 of any age who are considered to be at high risk for colorectal
3 cancer. The methods of screening for which benefits shall be
4 provided shall include: a screening fecal occult blood test, flexible
5 sigmoidoscopy, colonoscopy, barium enema, or any combination
6 thereof; or the most reliable, medically recognized screening test
7 available. The method and frequency of screening to be utilized
8 shall be in accordance with the most recent published guidelines of
9 the American Cancer Society and as determined medically
10 necessary by the covered person's physician, in consultation with
11 the covered person.

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

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

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

22 The provisions of this section shall apply to all health insurance
23 policies in which the insurer has reserved the right to change the
24 premium. ¹The provisions of this section shall not be applicable,
25 however, in the case of a high deductible health plan for which
26 qualified medical expenses are paid using a health savings account
27 established pursuant to section 223 of the federal Internal Revenue
28 Code of 1986 (26 U.S.C. s.223).¹

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

30
31 5. Section 5 of P.L.2001, c.295 (C.17B:27-46.1y) is amended
32 to read as follows:

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

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

13 The provisions of this section shall apply to all health insurance
14 policies in which the insurer has reserved the right to change the
15 premium. ¹The provisions of this section shall not be applicable,
16 however, in the case of a high deductible health plan for which
17 qualified medical expenses are paid using a health savings account
18 established pursuant to section 223 of the federal Internal Revenue
19 Code of 1986 (26 U.S.C. s.223).¹

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

21

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

24 8. Every enrollee agreement that provides hospital or medical
25 expense benefits and is delivered, issued, executed, or renewed in
26 this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or
27 approved for issuance or renewal in this State by the Commissioner
28 of Banking and Insurance on or after the effective date of this act,
29 shall provide health care services to any enrollee or other person
30 covered thereunder for expenses incurred in conducting colorectal
31 cancer screening at regular intervals for persons age **50** 45 and
32 over and for persons of any age who are considered to be at high
33 risk for colorectal cancer. The methods of screening for which
34 benefits shall be provided shall include: a screening fecal occult
35 blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or
36 any combination thereof; or the most reliable, medically recognized
37 screening test available. The method and frequency of screening to
38 be utilized shall be in accordance with the most recent published
39 guidelines of the American Cancer Society and as determined
40 medically necessary by the covered person's physician, in
41 consultation with the covered 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;

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

5 The provisions of this section shall apply to all enrollee
6 agreements in which the health maintenance organization has
7 reserved the right to change the schedule of charges. ¹The
8 provisions of this section shall not be applicable, however, in the
9 case of a high deductible health plan for which qualified medical
10 expenses are paid using a health savings account established
11 pursuant to section 223 of the federal Internal Revenue Code of
12 1986 (26 U.S.C. s.223).¹

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

14
15 7. Section 6 of P.L.2001, c.295 (C.17B:27A-7.7) is amended to
16 read as follows:

17 6. Every individual health benefits plan that provides hospital
18 or medical expense benefits and is delivered, issued, executed or
19 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
20 seq.), or approved for issuance or renewal in this State on or after
21 the effective date of this act, shall provide benefits to any person
22 covered thereunder for expenses incurred in conducting colorectal
23 cancer screening at regular intervals for persons age **50** ~~45~~ and
24 over and for persons of any age who are considered to be at high
25 risk for colorectal cancer. The methods of screening for which
26 benefits shall be provided shall include: a screening fecal occult
27 blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or
28 any combination thereof; or the most reliable, medically recognized
29 screening test available. The method and frequency of screening to
30 be utilized shall be in accordance with the most recent published
31 guidelines of the American Cancer Society and as determined
32 medically necessary by the covered person's physician, in
33 consultation with the covered person.

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

36 a. a family history of: familial adenomatous polyposis;
37 hereditary non-polyposis colon cancer; or breast, ovarian,
38 endometrial or colon cancer or polyps;

39 b. chronic inflammatory bowel disease; or

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

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

44 The provisions of this section shall apply to all health benefit
45 plans in which the carrier has reserved the right to change the
46 premium. ¹The provisions of this section shall not be applicable,
47 however, in the case of a high deductible health plan for which
48 qualified medical expenses are paid using a health savings account

1 established pursuant to section 223 of the federal Internal Revenue
2 Code of 1986 (26 U.S.C. s.223).¹
3 (cf: P.L.2001, c.295, s.6)

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

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

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

27 a. a family history of: familial adenomatous polyposis;
28 hereditary non-polyposis colon cancer; or breast, ovarian,
29 endometrial or colon cancer or polyps;

30 b. chronic inflammatory bowel disease; or

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

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

35 The provisions of this section shall apply to all health benefit
36 plans in which the carrier has reserved the right to change the
37 premium. ¹The provisions of this section shall not be applicable,
38 however, in the case of a high deductible health plan for which
39 qualified medical expenses are paid using a health savings account
40 established pursuant to section 223 of the federal Internal Revenue
41 Code of 1986 (26 U.S.C. s.223).¹

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

44 9. (New Section) ¹**【Every State Health Benefits plan】**¹ The
45 State Health Benefits Commission shall ensure that every contract,
46 purchased by the commission on or after the effective date of this
47 act,¹ that provides hospital or medical expense benefits ¹**【and is**
48 delivered, issued, executed or renewed in this State pursuant to

1 P.L.1961, c.49 (C.52:14-17.25 et seq.), or approved for issuance or
2 renewal in this State on or after the effective date of this act, **1'** shall
3 provide benefits to any person covered thereunder for expenses
4 incurred in conducting colorectal cancer screening at regular
5 intervals for persons age 45 and over and for persons of any age
6 who are considered to be at high risk for colorectal cancer. The
7 methods of screening for which benefits shall be provided shall
8 include: a screening fecal occult blood test, flexible sigmoidoscopy,
9 colonoscopy, barium enema, or any combination thereof; or the
10 most reliable, medically recognized screening test available. The
11 method and frequency of screening to be utilized shall be in
12 accordance with the most recent published guidelines of the
13 American Cancer Society and as determined medically necessary by
14 the covered person's physician, in consultation with the covered
15 person.

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

18 a. a family history of: familial adenomatous polyposis;
19 hereditary non-polyposis colon cancer; or breast, ovarian,
20 endometrial or colon cancer or polyps;

21 b. chronic inflammatory bowel disease; or

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

24 The benefits shall be provided to the same extent as for any other
25 medical condition under the State Health Benefits plan. ¹The
26 provisions of this section shall not be applicable, however, in the
27 case of a high deductible health plan for which qualified medical
28 expenses are paid using a health savings account established
29 pursuant to section 223 of the federal Internal Revenue Code of
30 1986 (26 U.S.C. s.223).¹

31
32 ¹10. (New Section) The School Employees' Health Benefits
33 Commission shall ensure that every contract purchased by the
34 commission on or after the effective date of this act that provides
35 hospital or medical expense benefits shall provide benefits to any
36 person covered thereunder for expenses incurred in conducting
37 colorectal cancer screening at regular intervals for persons age 45
38 and over and for persons of any age who are considered to be at
39 high risk for colorectal cancer. The methods of screening for which
40 benefits shall be provided shall include: a screening fecal occult
41 blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or
42 any combination thereof; or the most reliable, medically recognized
43 screening test available. The method and frequency of screening to
44 be utilized shall be in accordance with the most recent published
45 guidelines of the American Cancer Society and as determined
46 medically necessary by the covered person's physician, in
47 consultation with the covered person.

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

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

6 b. chronic inflammatory bowel disease; or

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

9 The benefits shall be provided to the same extent as for any other
10 medical condition under the State Health Benefits plan. The
11 provisions of this section, however, shall not be applicable in the
12 case of a high deductible health plan for which qualified medical
13 expenses are paid using a health savings account established
14 pursuant to section 223 of the federal Internal Revenue Code of
15 1986 (26 U.S.C. s.223).¹

16

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