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P.L. 1999, CHAPTER 339, *approved January 10, 2000*  
Assembly, No. 1653 (*Second Reprint*)

1 AN ACT concerning health insurance benefits for health wellness  
2 examinations and counselling <sup>2</sup>**[and]**,<sup>2</sup> amending P.L.1993, c.327  
3 <sup>2</sup>and making an appropriation<sup>2</sup>.  
4

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

8 1. Section 3 of P.L.1993, c.327 (C.17:48-6i) is amended to read as  
9 follows:

10 3. a. <sup>1</sup>**[**Except as otherwise provided in P.L.1992, c.161  
11 (C.17B:27A-2 et al.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),  
12 every<sup>1</sup> Every<sup>1</sup> hospital service corporation **[**authorized to do business  
13 in this State shall, no later than December 31, 1994, offer for sale  
14 individual and group health care contracts in accordance with accepted  
15 underwriting standards which<sup>1</sup> contract that provides hospital and  
16 medical expense benefits and is delivered, issued, executed or renewed  
17 in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or  
18 approved for issuance or renewal in this State by the Commissioner of  
19 Banking and Insurance on or after the effective date of P.L. , c.   
20 (pending before the Legislature as this bill), shall provide benefits to  
21 any subscriber or other person covered thereunder for expenses  
22 incurred in a health promotion program through **[wellness]** health  
23 wellness examinations and counselling, which program shall include,  
24 but not be limited to, the following tests and services:

25 (1) For all persons 20 years of age and older, annual tests to  
26 determine blood hemoglobin; blood pressure; blood glucose level; and  
27 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
28 level and blood high-density lipoprotein (HDL) level;

29 (2) For all persons 35 years of age or older, a glaucoma eye test  
30 every five years;

31 (3) For all persons 40 years of age or older, an annual stool  
32 examination for presence of blood;

33 (4) For all persons 45 years of age or older, a left-sided colon  
34 examination of 35 to 60 centimeters every five years;

35 (5) For all women 20 years of age or older, a pap smear <sup>1</sup>**[**every  
36 two years<sup>1</sup> pursuant to the provisions of section 2 of P.L.1995, c.415  
37 (C.17:48-6o)<sup>1</sup> ;

38 (6) For all women 40 years of age or older, <sup>1</sup>**[**an annual<sup>1</sup> a<sup>1</sup>

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and 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> Assembly ABI committee amendments adopted March 2, 1998.

<sup>2</sup> Senate SHH committee amendments adopted September 17, 1998.

1 mammogram examination <sup>1</sup>pursuant to the provisions of section 1 of  
2 P.L.1995, c.279 (C.17:48-6g)<sup>1</sup> ;

3 (7) For all adults, recommended immunizations; and

4 (8) For all persons 20 years of age or older, an annual consultation  
5 with a health care provider to discuss lifestyle behaviors that promote  
6 health and well-being including, but not limited to, smoking control,  
7 nutrition and diet recommendations, exercise plans, lower back  
8 protection, weight control, immunization practices, breast  
9 self-examination, testicular self-examination and seat belt usage in  
10 motor vehicles.

11 Notwithstanding the provisions of this subsection to the contrary,  
12 if a physician or other health care provider recommends that it would  
13 be medically appropriate for a covered person to receive a different  
14 schedule of tests and services than that provided for under this  
15 subsection, the hospital service corporation shall provide payment for  
16 the tests or services actually provided, within the limits of the amounts  
17 listed in subsection b. of this section.

18 b. Every individual or group health care contract offered for sale  
19 in this State by a hospital service corporation pursuant to subsection  
20 a. of this section shall provide payment for the benefits set forth in  
21 subsection a. of this section in an amount which shall not exceed: \$125  
22 a year for each person between the ages of 20 to 39, inclusive; \$145  
23 a year for each man age 40 and over; and \$235 a year for each woman  
24 age 40 and over; except that for persons 45 years of age or older, the  
25 cost of a left-sided colon examination shall not be included in the  
26 above amount; however, no hospital service corporation shall be  
27 required to provide payment for benefits for a left-sided colon  
28 examination in excess of \$150.

29 c. ~~【Commencing April 1, 1994 and every year thereafter, the】~~ The  
30 Commissioner of Banking and Insurance, in consultation with the  
31 Department of the Treasury, shall annually adjust the threshold  
32 amounts provided by subsection b. of this section in direct proportion  
33 to the increase or decrease in the consumer price index for all urban  
34 consumers in the New York City and Philadelphia areas as reported by  
35 the United States Department of Labor. The adjustment shall become  
36 effective on July 1 of the year in which the adjustment is made.

37 d. This section shall apply to all hospital service corporation  
38 contracts in which the hospital service corporation has reserved the  
39 right to change the premium.

40 <sup>1</sup>e. The provisions of this section shall not apply to a health  
41 benefits plan subject to the provisions of P.L.1992, c.161  
42 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).<sup>1</sup>  
43 (cf: P.L.1993, c.327, s.3)

44

45 2. Section 4 of P.L.1993, c.327 <sup>1</sup>~~【(C.48A-7h)】~~ (C.17:48A-7h)<sup>1</sup> is  
46 amended to read as follows:

1 4. a. <sup>1</sup>【Except as otherwise provided in P.L.1992, c.161  
2 (C.17B:27A-2 et al.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),  
3 every】 Every<sup>1</sup> medical service corporation 【authorized to do business  
4 in this State shall, no later than December 31, 1994, offer for sale  
5 individual and group health care contracts in accordance with accepted  
6 underwriting standards which】 contract that provides hospital and  
7 medical expense benefits and is delivered, issued, executed or renewed  
8 in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or  
9 approved for issuance or renewal in this State by the Commissioner of  
10 Banking and Insurance on or after the effective date of P.L. , c.   
11 (pending before the Legislature as this bill), shall provide benefits to  
12 any subscriber or other person covered thereunder for expenses  
13 incurred in a health promotion program through 【wellness】 health  
14 wellness examinations and counselling, which program shall include,  
15 but not be limited to, the following tests and services:

16 (1) For all persons 20 years of age and older, annual tests to  
17 determine blood hemoglobin, blood pressure, blood glucose level, and  
18 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
19 level and blood high-density lipoprotein (HDL) level;

20 (2) For all persons 35 years of age or older, a glaucoma eye test  
21 every five years;

22 (3) For all persons 40 years of age or older, an annual stool  
23 examination for presence of blood;

24 (4) For all persons 45 years of age or older, a left-sided colon  
25 examination of 35 to 60 centimeters every five years;

26 (5) For all women 20 years of age or older, a pap smear <sup>1</sup>【every  
27 two years】 pursuant to the provisions of section 3 of P.L.1995, c.415  
28 (C.17:48A-7m)<sup>1</sup> ;

29 (6) For all women 40 years of age or older, <sup>1</sup>【an annual】 a<sup>1</sup>  
30 mammogram examination <sup>1</sup>pursuant to the provisions of section 2 of  
31 P.L.1991, c.279 (C.17:48A-7f)<sup>1</sup> ;

32 (7) For all adults, recommended immunizations; and

33 (8) For all persons 20 years of age or older, an annual consultation  
34 with a health care provider to discuss lifestyle behaviors that promote  
35 health and well-being including, but not limited to, smoking control,  
36 nutrition and diet recommendations, exercise plans, lower back  
37 protection, weight control, immunization practices, breast  
38 self-examination, testicular self-examination and seat belt usage in  
39 motor vehicles.

40 Notwithstanding the provisions of this subsection to the contrary,  
41 if a physician or other health care provider recommends that it would  
42 be medically appropriate for a covered person to receive a different  
43 schedule of tests and services than that provided for under this  
44 subsection, the medical service corporation shall provide payment for  
45 the tests or services actually provided, within the limits of the amounts  
46 listed in subsection b. of this section.

1 b. Every individual or group basic health care contract offered for  
2 sale in this State by a medical service corporation pursuant to  
3 subsection a. of this section shall provide payment for the benefits set  
4 forth in subsection a. of this section in an amount which shall not  
5 exceed: \$125 a year for each person between the ages of 20 to 39,  
6 inclusive; \$145 a year for each man age 40 and over; and \$235 a year  
7 for each woman age 40 and over; except that for persons 45 years of  
8 age or older, the cost of a left-sided colon examination shall not be  
9 included in the above amount; however, no medical service  
10 corporation shall be required to provide payment for benefits for a  
11 left-sided colon examination in excess of \$150.

12 c. ~~【Commencing April 1, 1994 and every year thereafter, the】~~ The  
13 Commissioner of Banking and Insurance, in consultation with the  
14 Department of the Treasury, shall annually adjust the threshold  
15 amounts provided by subsection b. of this section in direct proportion  
16 to the increase or decrease in the consumer price index for all urban  
17 consumers in the New York City and Philadelphia areas as reported by  
18 the United States Department of Labor. The adjustment shall become  
19 effective on July 1 of the year in which the adjustment is made.

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

23 <sup>1</sup>e. The provisions of this section shall not apply to a health  
24 benefits plan subject to the provisions of P.L.1992, c.161  
25 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).<sup>1</sup>  
26 (cf: P.L.1993, c.327, s.4)

27

28 3. Section 5 of P.L.1993, c.327 (C.17:48E-35.6) is amended to  
29 read as follows:

30 5. a. ~~【Except as otherwise provided in P.L.1992, c.161~~  
31 ~~(C.17B:27A-2 et al.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),~~  
32 ~~every】~~ Every<sup>1</sup> health service corporation 【authorized to do business  
33 in this State shall, no later than December 31, 1994, offer for sale  
34 individual and group health care contracts in accordance with accepted  
35 underwriting standards which】 contract that provides hospital and  
36 medical expense benefits and is delivered, issued, executed or renewed  
37 in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.), or  
38 approved for issuance or renewal in this State by the Commissioner of  
39 Banking and Insurance on or after the effective date of P.L. ., c. .  
40 (pending before the Legislature as this bill). shall provide benefits to  
41 any subscriber or other person covered thereunder for expenses  
42 incurred in a health promotion program through ~~【wellness】~~ health  
43 wellness examinations and counselling, which program shall include,  
44 but not be limited to, the following tests and services:

45 (1) For all persons 20 years of age and older, annual tests to  
46 determine blood hemoglobin, blood pressure, blood glucose level, and

1 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
2 level and blood high-density lipoprotein (HDL) level;

3 (2) For all persons 35 years of age or older, a glaucoma eye test  
4 every five years;

5 (3) For all persons 40 years of age or older, an annual stool  
6 examination for presence of blood;

7 (4) For all persons 45 years of age or older, a left-sided colon  
8 examination of 35 to 60 centimeters every five years;

9 (5) For all women 20 years of age or older, a pap smear <sup>1</sup>【every  
10 two years】 pursuant to the provisions of section 1 of P.L.1995, c.415  
11 (C.17:48E-35.12)<sup>11</sup>;

12 (6) For all women 40 years of age or older, <sup>1</sup>【an annual】 a<sup>1</sup>  
13 mammogram examination <sup>1</sup>pursuant to the provisions of section 3 of  
14 P.L.1991, c.279 (C.17:48E-35.4)<sup>11</sup>;

15 (7) For all adults, recommended immunizations; and

16 (8) For all persons 20 years of age or older, an annual consultation  
17 with a health care provider to discuss lifestyle behaviors that promote  
18 health and well-being including, but not limited to, smoking control,  
19 nutrition and diet recommendations, exercise plans, lower back  
20 protection, weight control, immunization practices, breast  
21 self-examination, testicular self-examination and seat belt usage in  
22 motor vehicles.

23 Notwithstanding the provisions of this subsection to the contrary,  
24 if a physician or other health care provider recommends that it would  
25 be medically appropriate for a covered person to receive a different  
26 schedule of tests and services than that provided for under this  
27 subsection, the health service corporation shall provide payment for  
28 the tests or services actually provided, within the limits of the amounts  
29 listed in subsection b. of this section.

30 b. Every individual or group health care contract offered for sale  
31 in this State by a health service corporation pursuant to subsection a.  
32 of this section shall provide payment for the benefits set forth in  
33 subsection a. of this section in an amount which shall not exceed: \$125  
34 a year for each person between the ages of 20 to 39, inclusive; \$145  
35 a year for each man age 40 and over; and \$235 a year for each woman  
36 age 40 and over; except that for persons 45 years of age or older, the  
37 cost of a left-sided colon examination shall not be included in the  
38 above amount; however, no health service corporation shall be  
39 required to provide payment for benefits for a left-sided colon  
40 examination in excess of \$150.

41 c. 【Commencing April 1, 1994 and every year thereafter, the】 The  
42 Commissioner of Banking and Insurance, in consultation with the  
43 Department of the Treasury, shall annually adjust the threshold  
44 amounts provided by subsection b. of this section in direct proportion  
45 to the increase or decrease in the consumer price index for all urban  
46 consumers in New York City and the Philadelphia areas as reported by

1 the United States Department of Labor. The adjustment shall become  
2 effective on July 1 of the year in which the adjustment is made.

3 d. This section shall apply to all health service corporation  
4 contracts in which the health service corporation has reserved the right  
5 to change the premium.

6 <sup>1</sup>e. The provisions of this section shall not apply to a health  
7 benefits plan subject to the provisions of P.L.1992, c.161  
8 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).<sup>1</sup>  
9 (cf: P.L.1993, c.327, s.5)

10  
11 4. Section 6 of P.L.1993, c.327 (C.17B:26-2.1h) is amended to  
12 read as follows:

13 6. a. <sup>1</sup>~~【Except as otherwise provided in P.L.1992, c.161~~  
14 ~~(C.17B:27A-2 et al.), every】~~ Every<sup>1</sup> 【health insurer authorized to do  
15 business in this State in accordance with the provisions of chapter 26  
16 of Title 17B of the New Jersey Statutes shall, no later than December  
17 31, 1994, offer for sale individual health care policies in accord with  
18 accepted underwriting standards for payment of】 individual policy that  
19 provides hospital and medical expense benefits and is delivered, issued,  
20 executed or renewed in this State pursuant to N.J.S.17B:26-1 et seq.,  
21 or approved for issuance or renewal in this State by the Commissioner  
22 of Banking and Insurance on or after the effective date of P.L. ., c.  
23 (pending before the Legislature as this bill), shall provide benefits to  
24 each person covered thereunder for expenses incurred in a health  
25 promotion program through 【wellness】 health wellness examinations  
26 and counselling, which program shall include, but not be limited to, the  
27 following tests and services:

28 (1) For all persons 20 years of age and older, annual tests to  
29 determine blood hemoglobin, blood pressure, blood glucose level, and  
30 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
31 level and blood high-density lipoprotein (HDL) level;

32 (2) For all persons 35 years of age or older, a glaucoma eye test  
33 every five years;

34 (3) For all persons 40 years of age or older, an annual stool  
35 examination for presence of blood;

36 (4) For all persons 45 years of age or older, a left-sided colon  
37 examination of 35 to 60 centimeters every five years;

38 (5) For all women 20 years of age or older, a pap smear every two  
39 years;

40 (6) For all women 40 years of age or older, <sup>1</sup>~~【an annual】~~ a<sup>1</sup>  
41 mammogram examination <sup>1</sup>pursuant to the provisions of section 4 of  
42 P.L.1991, c.279 (C.17B:26-2.1e)<sup>1</sup> ;

43 (7) For all adults, recommended immunizations; and

44 (8) For all persons 20 years of age or older, an annual consultation  
45 with a health care provider to discuss lifestyle behaviors that promote  
46 health and well-being including, but not limited to, smoking control,



1 nutrition and diet recommendations, exercise plans, lower back  
2 protection, weight control, immunization practices, breast  
3 self-examination, testicular self-examination and seat belt usage in  
4 motor vehicles.

5 Notwithstanding the provisions of this subsection to the contrary,  
6 if a physician or other health care provider recommends that it would  
7 be medically appropriate for a covered person to receive a different  
8 schedule of tests and services than that provided for under this  
9 subsection, the insurer shall provide payment for the tests or services  
10 actually provided, within the limits of the amounts listed in subsection  
11 b. of this section.

12 b. Every individual health care policy offered for sale in this State  
13 by an insurer pursuant to subsection a. of this section shall provide  
14 payment for the benefits set forth in subsection a. of this section in an  
15 amount which shall not exceed: \$125 a year for each person between  
16 the ages of 20 to 39, inclusive; \$145 a year for each man age 40 and  
17 over; and \$235 a year for each woman age 40 and over; except that  
18 for persons 45 years of age or older, the cost of a left-sided colon  
19 examination shall not be included in the above amount; however, no  
20 insurer shall be required to provide payment for benefits for a  
21 left-sided colon examination in excess of \$150.

22 c. ~~Commencing April 1, 1994 and every year thereafter, the~~ The  
23 Commissioner of Banking and Insurance, in consultation with the  
24 Department of the Treasury, shall annually adjust the threshold  
25 amounts provided by subsection b. of this section in direct proportion  
26 to the increase or decrease in the consumer price index for all urban  
27 consumers in the New York City and Philadelphia areas as reported by  
28 the United States Department of Labor. The adjustment shall become  
29 effective on July 1 of the year in which the adjustment is made.

30 d. ~~The health care policies required pursuant to this section shall~~  
31 ~~be offered~~ requirements of this section shall apply only ~~by~~ to health  
32 insurers which issue or deliver primary health insurance coverage in  
33 this State providing hospital or medical expense benefits. Primary  
34 health insurance coverage shall not include the following plans,  
35 policies, or contracts: accident only, credit, disability, long-term care,  
36 Medicare supplement coverage, CHAMPUS supplement coverage,  
37 coverage for Medicare services pursuant to a contract with the United  
38 States government, coverage for Medicaid services pursuant to a  
39 contract with the State, coverage arising out of a workers'  
40 compensation or similar law, automobile medical payment insurance,  
41 personal injury protection insurance issued pursuant to P.L.1972, c.70  
42 (C.39:6A-1 et seq.), or hospital confinement indemnity coverage.

43 e. This section shall apply to all individual health insurance policies  
44 in which the carrier has reserved the right to change the premium.

45 <sup>1</sup>f. The provisions of this section shall not apply to a health benefits  
46 plan subject to the provisions of P.L.1992, c.161 (C.17B:27A-2 et

1 seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).<sup>1</sup>

2 (cf: P.L.1993, c.327, s.6)

3

4 5. Section 7 of P.L.1993, c.327 (C.17B:27-46.1h) is amended to  
5 read as follows:

6 7. a. <sup>1</sup>~~【Except as otherwise provided in P.L.1992, c.162~~  
7 ~~(C.17B:27A-17 et seq.), every】~~ Every<sup>1</sup> ~~【health insurer authorized to~~  
8 ~~do business in this State in accordance with the provisions of chapter~~  
9 ~~27 of Title 17B of the New Jersey Statutes shall, no later than~~  
10 ~~December 31, 1994, offer for sale group health care policies in~~  
11 ~~accordance with accepted underwriting standards for payment of】~~  
12 group policy that provides hospital and medical expense benefits and  
13 is delivered, issued, executed or renewed in this State pursuant to  
14 N.J.S.17B:27-26 et seq., or approved for issuance or renewal in this  
15 State by the Commissioner of Banking and Insurance on or after the  
16 effective date of P.L. , c. (pending before the Legislature as this  
17 bill), shall provide benefits to each person covered thereunder for  
18 expenses incurred in a health promotion program through ~~【wellness】~~  
19 health wellness examinations and counselling, which program shall  
20 include, but not be limited to, the following tests and services:

21 (1) For all persons 20 years of age and older, annual tests to  
22 determine blood hemoglobin, blood pressure, blood glucose level, and  
23 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
24 level and blood high-density lipoprotein (HDL) level;

25 (2) For all persons 35 years of age or older, a glaucoma eye test  
26 every five years;

27 (3) For all persons 40 years of age or older, an annual stool  
28 examination for presence of blood;

29 (4) For all persons 45 years of age or older, a left-sided colon  
30 examination of 35 to 60 centimeters every five years;

31 (5) For all women 20 years of age or older, a pap smear <sup>1</sup>~~【every~~  
32 ~~two years】~~ pursuant to the provisions of section 4 of P.L.1995, c.415  
33 (C.17B:27-46.1n)<sup>1</sup>;

34 (6) For all women 40 years of age or older, <sup>1</sup>~~【an annual】~~ a<sup>1</sup>  
35 mammogram examination <sup>1</sup>pursuant to the provisions of section 5 of  
36 P.L.1991, c.279 (C.17B:27-46.1f)<sup>1</sup> ;

37 (7) For all adults, recommended immunizations; and

38 (8) For all persons 20 years of age or older, an annual consultation  
39 with a health care provider to discuss lifestyle behaviors that promote  
40 health and well-being including, but not limited to, smoking control,  
41 nutrition and diet recommendations, exercise plans, lower back  
42 protection, weight control, immunization practices, breast  
43 self-examination, testicular self-examination and seat belt usage in  
44 motor vehicles.

45 Notwithstanding the provisions of this subsection to the contrary,  
46 if a physician or other health care provider recommends that it would

1 be medically appropriate for a covered person to receive a different  
2 schedule of tests and services than that provided for under this  
3 subsection, the insurer shall provide payment for the tests or services  
4 actually provided, within the limits of the amounts listed in subsection  
5 b. of this section.

6 b. Every group health care policy offered for sale in this State by  
7 an insurer pursuant to subsection a. of this section shall provide  
8 payment for the benefits set forth in subsection a. in an amount which  
9 shall not exceed: \$125 a year for each person between the ages of 20  
10 to 39, inclusive; \$145 a year for each man age 40 and over; and \$235  
11 a year for each woman age 40 and over; except that for persons 45  
12 years of age or older, the cost of a left-sided colon examination shall  
13 not be included in the above amount; however, no insurer shall be  
14 required to provide payment for benefits for a left-sided colon  
15 examination in excess of \$150.

16 c. ~~Commencing April 1, 1994 and every year thereafter, the~~ The  
17 Commissioner of Banking and Insurance, in consultation with the  
18 Department of the Treasury, shall annually adjust the threshold  
19 amounts provided by subsection b. of this section in direct proportion  
20 to the increase or decrease in the consumer price index for all urban  
21 consumers in the New York City and Philadelphia areas as reported by  
22 the United States Department of Labor. The adjustment shall become  
23 effective on July 1 of the year in which the adjustment is made.

24 d. ~~The~~ health care policies required pursuant to this section shall  
25 be offered ~~requirements of this section shall apply only~~ by to health  
26 insurers which issue or deliver primary health insurance coverage in  
27 this State providing hospital or medical expense benefits. Primary  
28 health insurance coverage shall not include the following plans,  
29 policies, or contracts: accident only, credit, disability, long-term care,  
30 Medicare supplement coverage, CHAMPUS supplement coverage,  
31 coverage for Medicare services pursuant to a contract with the United  
32 States government, coverage for Medicaid services pursuant to a  
33 contract with the State, coverage arising out of a workers'  
34 compensation or similar law, automobile medical payment insurance,  
35 personal injury protection insurance issued pursuant to P.L.1972, c.70  
36 (C.39:6A-1 et seq.), or hospital confinement indemnity coverage.

37 e. This section shall apply to all group health insurance policies in  
38 which the carrier has reserved the right to change the premium.

39 <sup>1</sup>f. The provisions of this section shall not apply to a health benefits  
40 plan subject to the provisions of P.L.1992, c.161 (C.17B:27A-2 et  
41 seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).<sup>1</sup>  
42 (cf: P.L.1993, c.327, s.7)

43  
44 6. Section 8 of P.L.1993, c.327 (C.26:2J-4.6) is amended to read  
45 as follows:

46 8. a. <sup>1</sup>Except as otherwise provided in P.L.1992, c.161

1 (C.17B:27A-2 et al.) and P.L.1992, c.162 (C.17B:27A-17 et seq.) and  
2 notwithstanding **】** Notwithstanding<sup>1</sup> any provision of this act or any  
3 other law to the contrary, a certificate of authority to establish and  
4 operate a health maintenance organization in this State shall not be  
5 issued or continued by the Commissioner of Health and Senior  
6 Services on or after the effective date of this act unless the health  
7 maintenance organization **【offers】** provides health care services to any  
8 enrollee **【,** no later than December 31, 1994, for **】** which include a  
9 health promotion program providing **【wellness】** health wellness  
10 examinations and counselling, which program shall include, but not be  
11 limited to, the following tests and services:

12 (1) For all persons 20 years of age and older, annual tests to  
13 determine blood hemoglobin, blood pressure, blood glucose level, and  
14 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
15 level and blood high-density lipoprotein (HDL) level;

16 (2) For all persons 35 years of age or older, a glaucoma eye test  
17 every five years;

18 (3) For all persons 40 years of age or older, an annual stool  
19 examination for presence of blood;

20 (4) For all persons 45 years of age or older, a left-sided colon  
21 examination of 35 to 60 centimeters every five years;

22 (5) For all women 20 years of age or older, a pap smear <sup>1</sup>**【**every  
23 two years **】** pursuant to the provisions of section 5 of P.L.1995, c.415  
24 (C.26:2J-4.12)<sup>1</sup> ;

25 (6) For all women 40 years of age or older, <sup>1</sup>**【**an annual **】** a<sup>1</sup>  
26 mammogram examination <sup>1</sup>pursuant to the provisions of section 6 of  
27 P.L.1991, c.279 (C.26:2J-4.4)<sup>1</sup> ;

28 (7) For all adults, recommended immunizations; and

29 (8) For all persons 20 years of age or older, an annual consultation  
30 with a health care provider to discuss lifestyle behaviors that promote  
31 health and well-being including, but not limited to, smoking control,  
32 nutrition and diet recommendations, exercise plans, lower back  
33 protection, weight control, immunization practices, breast  
34 self-examination, testicular self-examination and seat belt usage in  
35 motor vehicles.

36 Notwithstanding the provisions of this subsection to the contrary,  
37 if a physician or other health care provider recommends that it would  
38 be medically appropriate for an enrollee to receive a different schedule  
39 of tests and services than that provided for under this subsection, the  
40 health maintenance organization shall provide coverage for the tests  
41 or services actually provided, within the limits of the amounts listed in  
42 subsection b. of this section.

43 b. A health maintenance organization shall not be required to offer  
44 services to enrollees set forth in subsection a. of this section for which  
45 the value exceeds: \$125 a year for each person between the ages of 20  
46 to 39, inclusive; \$145 a year for each man age 40 and over; and \$235

1 a year for each woman age 40 and over; except that for persons 45  
2 years of age or older, the value of a left-sided colon examination shall  
3 not be included in the above amount; however, no health maintenance  
4 organization shall be required to provide services to enrollees for a  
5 left-sided colon examination with a value in excess of \$150.

6 c. ~~Commencing April 1, 1994 and every year thereafter, the~~ The  
7 Commissioner of Health and Senior Services, in consultation with the  
8 Department of the Treasury, shall annually adjust the threshold  
9 amounts provided by subsection b. of this section in direct proportion  
10 to the increase or decrease in the consumer price index for all urban  
11 consumers in the New York City and Philadelphia areas as reported by  
12 the United States Department of Labor. The adjustment shall become  
13 effective on July 1 of the year in which it is reported.

14 d. Nothing in this act shall be construed to require that a health  
15 maintenance organization take any actions which conflict with the  
16 health benefits, underwriting and rating standards established by the  
17 federal government pursuant to subchapter XI of Pub.L.93-222  
18 (42 U.S.C. s.300e et seq.).

19 e. This section shall apply to all health maintenance organization  
20 contracts in which the right to change the enrollee charge has been  
21 reserved.

22 <sup>1</sup>f. The provisions of this section shall not apply to a health benefits  
23 plan subject to the provisions of P.L.1992, c.161 (C.17B:27A-2 et  
24 seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).<sup>1</sup>  
25 (cf: P.L.1993, c.327, s.8)

26

27 7. Section 9 of P.L.1993, c.327 (C.26:1A-36.13) is amended to  
28 read as follows:

29 9. a. There is created a Health Wellness Promotion Advisory Board  
30 which shall consist of three members, each of whom has a background  
31 in epidemiology and a demonstrated professional expertise in services,  
32 issues or programs relating to health wellness promotion, who are  
33 residents of the State, one of whom shall be appointed by the  
34 Governor, one by the President of the Senate and one by the Speaker  
35 of the General Assembly.

36 b. The terms of office of the members of the board shall be three  
37 years. Vacancies shall be filled for an unexpired term only in the  
38 manner provided for the original appointment.

39 c. Members of the board shall serve without compensation but  
40 shall be reimbursed for their reasonable and necessary traveling and  
41 other expenses incurred in the performance of their official duties.

42 d. The Commissioner of Health and Senior Services shall designate  
43 an officer or employee of the Department of Health and Senior  
44 Services to act as secretary of the board who shall not be a member of  
45 the board.

46 e. The board, for the purpose of transacting its business, shall meet

1 at least once every six months at times and places fixed by the board.  
2 At its first meeting each year it shall organize and elect a chair from its  
3 members. Special meetings may also be held at times as the board may  
4 fix, or at the call of the chair or the Commissioner of Health and  
5 Senior Services. A timely written notice of the time, place and  
6 purpose of any special meeting shall be mailed by the secretary to all  
7 members of the board.

8 f. A majority of the members of the board shall constitute a  
9 quorum for the transaction of business at any meeting.

10 g. The board shall advise and make recommendations to the  
11 Legislature pertaining to any revisions of medical testing and services  
12 that are deemed by the board to be appropriate for health promotion  
13 and that will encourage health care consumers to engage in healthy  
14 lifestyle behaviors which will result in a reduction of the long-term  
15 costs of providing health care. In deciding whether a recommendation  
16 should be made to add an additional medical test or service to those  
17 currently required by this act, the board shall consider the benefits as  
18 well as the cost to provide such a medical test or service. To assist the  
19 board in its consideration, the board shall select two organizations  
20 which have established expertise in the areas of epidemiology,  
21 sensitivity, specificity and predictive value of screening, disease  
22 protection, and health promotion tests. No additional test or service  
23 shall be added to those required under this act unless: (1) both  
24 organizations selected by the board agree that the medical test or  
25 counselling service will improve the quality of life, prolong good  
26 quality life, or reduce mortality; and (2) the board, subsequent to the  
27 agreement of both organizations, recommends that such additional test  
28 or service be made.

29 h. The board shall also appoint a committee which includes  
30 representatives of health care professions, including, but not limited to,  
31 physicians, nurses, chiropractors, dentists, dietitians, physician  
32 assistants, pharmacists and optometrists, and other interested persons  
33 to advise the board regarding medical testing and services that are  
34 deemed to be appropriate for health promotion and that will encourage  
35 health care consumers to engage in healthy lifestyle behaviors. The  
36 board shall determine the number, composition and terms of office of  
37 the committee members, and may establish such procedural and  
38 administrative requirements as it deems appropriate for the committee.

39 i. The board shall report annually to the Governor and the  
40 Legislature its findings and recommendations concerning the issues  
41 enumerated in subsection g. of this section.

42 (cf: P.L.1993, c.327, s.9)

43

44 8. Section 10 of P.L.1993, c.327 (C.26:1A-36.14) is amended to  
45 read as follows:

46 10. The Commissioner of Banking and Insurance, after

1 consultation with the Health Wellness Promotion Advisory Board,  
 2 established pursuant to section 9 of P.L.1993, c.327  
 3 <sup>2</sup>[(C.26:1A-36-13)] (C.26:1A-36.13)<sup>2</sup>, shall, within 180 days of the  
 4 effective date of [this act] P.L. \_\_\_\_\_, c. \_\_\_\_\_ (pending before the  
 5 Legislature as this bill), promulgate regulations, pursuant to the  
 6 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
 7 seq.), necessary to effectuate the purposes of [this act] P.L. \_\_\_\_\_, c. \_\_\_\_\_  
 8 (pending before the Legislature as this bill).  
 9 (cf: P.L.1993, c.327, s.10)

10  
 11 <sup>2</sup>9. There is appropriated \$95,000 to the Department of Health and  
 12 Senior Services for allocation to the Health Wellness Promotion  
 13 Advisory Board established pursuant to section 9 of P.L.1993, c.327  
 14 (C.26:1A-36.13), to evaluate implementation of the provisions of this  
 15 act and to ensure awareness and utilization of the health promotion  
 16 program by covered persons and health care providers.<sup>2</sup>

17  
 18 <sup>2</sup>[9.] 10.<sup>2</sup> This act shall take effect on the 90th day after  
 19 enactment.

20  
 21  
 22 \_\_\_\_\_  
 23  
 24 Requires health insurance coverage for health wellness examinations  
 25 and counseling; appropriates \$95,000.

# ASSEMBLY, No. 1653

## STATE OF NEW JERSEY 208th LEGISLATURE

INTRODUCED FEBRUARY 10, 1998

**Sponsored by:**

**Assemblyman JOHN V. KELLY**

**District 36 (Bergen, Essex and Passaic)**

**Assemblyman NEIL M. COHEN**

**District 20 (Union)**

**SYNOPSIS**

Requires health insurance coverage for health wellness examinations and counselling.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 2/27/1998)**



1 AN ACT concerning health insurance benefits for health wellness  
2 examinations and counselling and amending P.L.1993, c.327.

3  
4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6  
7 1. Section 3 of P.L.1993, c.327 (C.17:48-6i) is amended to read as  
8 follows:

9 3. a. Except as otherwise provided in P.L.1992, c.161  
10 (C.17B:27A-2 et al.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),  
11 every hospital service corporation **[authorized to do business in this**  
12 **State shall, no later than December 31, 1994, offer for sale individual**  
13 **and group health care contracts in accordance with accepted**  
14 **underwriting standards which] contract that provides hospital and**  
15 **medical expense benefits and is delivered, issued, executed or renewed**  
16 **in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or**  
17 **approved for issuance or renewal in this State by the Commissioner of**  
18 **Banking and Insurance on or after the effective date of P.L. , c.**  
19 **(pending before the Legislature as this bill),** shall provide benefits to  
20 any subscriber or other person covered thereunder for expenses  
21 incurred in a health promotion program through **[wellness]** health  
22 wellness examinations and counselling, which program shall include,  
23 but not be limited to, the following tests and services:

24 (1) For all persons 20 years of age and older, annual tests to  
25 determine blood hemoglobin; blood pressure; blood glucose level; and  
26 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
27 level and blood high-density lipoprotein (HDL) level;

28 (2) For all persons 35 years of age or older, a glaucoma eye test  
29 every five years;

30 (3) For all persons 40 years of age or older, an annual stool  
31 examination for presence of blood;

32 (4) For all persons 45 years of age or older, a left-sided colon  
33 examination of 35 to 60 centimeters every five years;

34 (5) For all women 20 years of age or older, a pap smear every two  
35 years;

36 (6) For all women 40 years of age or older, an annual mammogram  
37 examination;

38 (7) For all adults, recommended immunizations; and

39 (8) For all persons 20 years of age or older, an annual consultation  
40 with a health care provider to discuss lifestyle behaviors that promote  
41 health and well-being including, but not limited to, smoking control,  
42 nutrition and diet recommendations, exercise plans, lower back  
43 protection, weight control, immunization practices, breast

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.**

**Matter underlined thus is new matter.**

1 self-examination, testicular self-examination and seat belt usage in  
2 motor vehicles.

3 Notwithstanding the provisions of this subsection to the contrary,  
4 if a physician or other health care provider recommends that it would  
5 be medically appropriate for a covered person to receive a different  
6 schedule of tests and services than that provided for under this  
7 subsection, the hospital service corporation shall provide payment for  
8 the tests or services actually provided, within the limits of the amounts  
9 listed in subsection b. of this section.

10 b. Every individual or group health care contract offered for sale  
11 in this State by a hospital service corporation pursuant to subsection  
12 a. of this section shall provide payment for the benefits set forth in  
13 subsection a. of this section in an amount which shall not exceed: \$125  
14 a year for each person between the ages of 20 to 39, inclusive; \$145  
15 a year for each man age 40 and over; and \$235 a year for each woman  
16 age 40 and over; except that for persons 45 years of age or older, the  
17 cost of a left-sided colon examination shall not be included in the  
18 above amount; however, no hospital service corporation shall be  
19 required to provide payment for benefits for a left-sided colon  
20 examination in excess of \$150.

21 c. ~~Commencing April 1, 1994 and every year thereafter, the~~ The  
22 Commissioner of Banking and Insurance, in consultation with the  
23 Department of the Treasury, shall annually adjust the threshold  
24 amounts provided by subsection b. of this section in direct proportion  
25 to the increase or decrease in the consumer price index for all urban  
26 consumers in the New York City and Philadelphia areas as reported by  
27 the United States Department of Labor. The adjustment shall become  
28 effective on July 1 of the year in which the adjustment is made.

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

32 (cf: P.L.1993, c.327, s.3)

33

34 2. Section 4 of P.L.1993, c.327 (C.48A-7h) is amended to read as  
35 follows:

36 4. a. Except as otherwise provided in P.L.1992, c.161  
37 (C.17B:27A-2 et al.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),  
38 every medical service corporation ~~authorized to do business in this~~  
39 State shall, no later than December 31, 1994, offer for sale individual  
40 and group health care contracts in accordance with accepted  
41 underwriting standards which ~~contract that provides hospital and~~  
42 medical expense benefits and is delivered, issued, executed or renewed  
43 in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or  
44 approved for issuance or renewal in this State by the Commissioner of  
45 Banking and Insurance on or after the effective date of P.L. , c.   
46 (pending before the Legislature as this bill), shall provide benefits to

1 any subscriber or other person covered thereunder for expenses  
2 incurred in a health promotion program through **wellness** health  
3 wellness examinations and counselling, which program shall include,  
4 but not be limited to, the following tests and services:

5 (1) For all persons 20 years of age and older, annual tests to  
6 determine blood hemoglobin, blood pressure, blood glucose level, and  
7 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
8 level and blood high-density lipoprotein (HDL) level;

9 (2) For all persons 35 years of age or older, a glaucoma eye test  
10 every five years;

11 (3) For all persons 40 years of age or older, an annual stool  
12 examination for presence of blood;

13 (4) For all persons 45 years of age or older, a left-sided colon  
14 examination of 35 to 60 centimeters every five years;

15 (5) For all women 20 years of age or older, a pap smear every two  
16 years;

17 (6) For all women 40 years of age or older, an annual mammogram  
18 examination;

19 (7) For all adults, recommended immunizations; and

20 (8) For all persons 20 years of age or older, an annual consultation  
21 with a health care provider to discuss lifestyle behaviors that promote  
22 health and well-being including, but not limited to, smoking control,  
23 nutrition and diet recommendations, exercise plans, lower back  
24 protection, weight control, immunization practices, breast  
25 self-examination, testicular self-examination and seat belt usage in  
26 motor vehicles.

27 Notwithstanding the provisions of this subsection to the contrary,  
28 if a physician or other health care provider recommends that it would  
29 be medically appropriate for a covered person to receive a different  
30 schedule of tests and services than that provided for under this  
31 subsection, the medical service corporation shall provide payment for  
32 the tests or services actually provided, within the limits of the amounts  
33 listed in subsection b. of this section.

34 b. Every individual or group basic health care contract offered for  
35 sale in this State by a medical service corporation pursuant to  
36 subsection a. of this section shall provide payment for the benefits set  
37 forth in subsection a. of this section in an amount which shall not  
38 exceed: \$125 a year for each person between the ages of 20 to 39,  
39 inclusive; \$145 a year for each man age 40 and over; and \$235 a year  
40 for each woman age 40 and over; except that for persons 45 years of  
41 age or older, the cost of a left-sided colon examination shall not be  
42 included in the above amount; however, no medical service  
43 corporation shall be required to provide payment for benefits for a  
44 left-sided colon examination in excess of \$150.

45 c. **Commencing April 1, 1994 and every year thereafter, the** The  
46 Commissioner of Banking and Insurance, in consultation with the

1 Department of the Treasury, shall annually adjust the threshold  
2 amounts provided by subsection b. of this section in direct proportion  
3 to the increase or decrease in the consumer price index for all urban  
4 consumers in the New York City and Philadelphia areas as reported by  
5 the United States Department of Labor. The adjustment shall become  
6 effective on July 1 of the year in which the adjustment is made.

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

10 (cf: P.L.1993, c.327, s.4)

11  
12 3. Section 5 of P.L.1993, c.327 (C.17:48E-35.6) is amended to  
13 read as follows:

14 5. a. Except as otherwise provided in P.L.1992, c.161  
15 (C.17B:27A-2 et al.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),  
16 every health service corporation [authorized to do business in this  
17 State shall, no later than December 31, 1994, offer for sale individual  
18 and group health care contracts in accordance with accepted  
19 underwriting standards which] contract that provides hospital and  
20 medical expense benefits and is delivered, issued, executed or renewed  
21 in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.), or  
22 approved for issuance or renewal in this State by the Commissioner of  
23 Banking and Insurance on or after the effective date of P.L. . . . c.  
24 (pending before the Legislature as this bill), shall provide benefits to  
25 any subscriber or other person covered thereunder for expenses  
26 incurred in a health promotion program through [wellness] health  
27 wellness examinations and counselling, which program shall include,  
28 but not be limited to, the following tests and services:

29 (1) For all persons 20 years of age and older, annual tests to  
30 determine blood hemoglobin, blood pressure, blood glucose level, and  
31 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
32 level and blood high-density lipoprotein (HDL) level;

33 (2) For all persons 35 years of age or older, a glaucoma eye test  
34 every five years;

35 (3) For all persons 40 years of age or older, an annual stool  
36 examination for presence of blood;

37 (4) For all persons 45 years of age or older, a left-sided colon  
38 examination of 35 to 60 centimeters every five years;

39 (5) For all women 20 years of age or older, a pap smear every two  
40 years;

41 (6) For all women 40 years of age or older, an annual mammogram  
42 examination;

43 (7) For all adults, recommended immunizations; and

44 (8) For all persons 20 years of age or older, an annual consultation  
45 with a health care provider to discuss lifestyle behaviors that promote  
46 health and well-being including, but not limited to, smoking control,

1 nutrition and diet recommendations, exercise plans, lower back  
2 protection, weight control, immunization practices, breast  
3 self-examination, testicular self-examination and seat belt usage in  
4 motor vehicles.

5 Notwithstanding the provisions of this subsection to the contrary,  
6 if a physician or other health care provider recommends that it would  
7 be medically appropriate for a covered person to receive a different  
8 schedule of tests and services than that provided for under this  
9 subsection, the health service corporation shall provide payment for  
10 the tests or services actually provided, within the limits of the amounts  
11 listed in subsection b. of this section.

12 b. Every individual or group health care contract offered for sale  
13 in this State by a health service corporation pursuant to subsection a.  
14 of this section shall provide payment for the benefits set forth in  
15 subsection a. of this section in an amount which shall not exceed: \$125  
16 a year for each person between the ages of 20 to 39, inclusive; \$145  
17 a year for each man age 40 and over; and \$235 a year for each woman  
18 age 40 and over; except that for persons 45 years of age or older, the  
19 cost of a left-sided colon examination shall not be included in the  
20 above amount; however, no health service corporation shall be  
21 required to provide payment for benefits for a left-sided colon  
22 examination in excess of \$150.

23 c. **【Commencing April 1, 1994 and every year thereafter, the】** The  
24 Commissioner of Banking and Insurance, in consultation with the  
25 Department of the Treasury, shall annually adjust the threshold  
26 amounts provided by subsection b. of this section in direct proportion  
27 to the increase or decrease in the consumer price index for all urban  
28 consumers in New York City and the Philadelphia areas as reported by  
29 the United States Department of Labor. The adjustment shall become  
30 effective on July 1 of the year in which the adjustment is made.

31 d. This section shall apply to all health service corporation  
32 contracts in which the health service corporation has reserved the right  
33 to change the premium.

34 (cf: P.L.1993, c.327, s.5)

35

36 4. Section 6 of P.L.1993, c.327 (C.17B:26-2.1h) is amended to  
37 read as follows:

38 6. a. Except as otherwise provided in P.L.1992, c.161  
39 (C.17B:27A-2 et al.), every **【health insurer authorized to do business**  
40 **in this State in accordance with the provisions of chapter 26 of Title**  
41 **17B of the New Jersey Statutes shall, no later than December 31,**  
42 **1994, offer for sale individual health care policies in accord with**  
43 **accepted underwriting standards for payment of】** individual policy that  
44 provides hospital and medical expense benefits and is delivered, issued,  
45 executed or renewed in this State pursuant to N.J.S.17B:26-1 et seq.,  
46 or approved for issuance or renewal in this State by the Commissioner

1 of Banking and Insurance on or after the effective date of P.L. \_\_\_\_\_, c.  
2 (pending before the Legislature as this bill), shall provide benefits to  
3 each person covered thereunder for expenses incurred in a health  
4 promotion program through **【wellness】** health wellness examinations  
5 and counselling, which program shall include, but not be limited to, the  
6 following tests and services:

7 (1) For all persons 20 years of age and older, annual tests to  
8 determine blood hemoglobin, blood pressure, blood glucose level, and  
9 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
10 level and blood high-density lipoprotein (HDL) level;

11 (2) For all persons 35 years of age or older, a glaucoma eye test  
12 every five years;

13 (3) For all persons 40 years of age or older, an annual stool  
14 examination for presence of blood;

15 (4) For all persons 45 years of age or older, a left-sided colon  
16 examination of 35 to 60 centimeters every five years;

17 (5) For all women 20 years of age or older, a pap smear every two  
18 years;

19 (6) For all women 40 years of age or older, an annual mammogram  
20 examination;

21 (7) For all adults, recommended immunizations; and

22 (8) For all persons 20 years of age or older, an annual consultation  
23 with a health care provider to discuss lifestyle behaviors that promote  
24 health and well-being including, but not limited to, smoking control,  
25 nutrition and diet recommendations, exercise plans, lower back  
26 protection, weight control, immunization practices, breast  
27 self-examination, testicular self-examination and seat belt usage in  
28 motor vehicles.

29 Notwithstanding the provisions of this subsection to the contrary,  
30 if a physician or other health care provider recommends that it would  
31 be medically appropriate for a covered person to receive a different  
32 schedule of tests and services than that provided for under this  
33 subsection, the insurer shall provide payment for the tests or services  
34 actually provided, within the limits of the amounts listed in subsection  
35 b. of this section.

36 b. Every individual health care policy offered for sale in this State  
37 by an insurer pursuant to subsection a. of this section shall provide  
38 payment for the benefits set forth in subsection a. of this section in an  
39 amount which shall not exceed: \$125 a year for each person between  
40 the ages of 20 to 39, inclusive; \$145 a year for each man age 40 and  
41 over; and \$235 a year for each woman age 40 and over; except that  
42 for persons 45 years of age or older, the cost of a left-sided colon  
43 examination shall not be included in the above amount; however, no  
44 insurer shall be required to provide payment for benefits for a  
45 left-sided colon examination in excess of \$150.

46 c. **【Commencing April 1, 1994 and every year thereafter, the】** The

1 Commissioner of Banking and Insurance, in consultation with the  
2 Department of the Treasury, shall annually adjust the threshold  
3 amounts provided by subsection b. of this section in direct proportion  
4 to the increase or decrease in the consumer price index for all urban  
5 consumers in the New York City and Philadelphia areas as reported by  
6 the United States Department of Labor. The adjustment shall become  
7 effective on July 1 of the year in which the adjustment is made.

8 d. The health care policies required pursuant to this section shall  
9 be offered requirements of this section shall apply only by to health  
10 insurers which issue or deliver primary health insurance coverage in  
11 this State providing hospital or medical expense benefits. Primary  
12 health insurance coverage shall not include the following plans,  
13 policies, or contracts: accident only, credit, disability, long-term care,  
14 Medicare supplement coverage, CHAMPUS supplement coverage,  
15 coverage for Medicare services pursuant to a contract with the United  
16 States government, coverage for Medicaid services pursuant to a  
17 contract with the State, coverage arising out of a workers'  
18 compensation or similar law, automobile medical payment insurance,  
19 personal injury protection insurance issued pursuant to P.L.1972, c.70  
20 (C.39:6A-1 et seq.), or hospital confinement indemnity coverage.

21 e. This section shall apply to all individual health insurance policies  
22 in which the carrier has reserved the right to change the premium.  
23 (cf: P.L.1993, c.327, s.6)

24  
25 5. Section 7 of P.L.1993, c.327 (C.17B:27-46.1h) is amended to  
26 read as follows:

27 7. a. Except as otherwise provided in P.L.1992, c.162  
28 (C.17B:27A-17 et seq.), every health insurer authorized to do  
29 business in this State in accordance with the provisions of chapter 27  
30 of Title 17B of the New Jersey Statutes shall, no later than  
31 December 31, 1994, offer for sale group health care policies in  
32 accordance with accepted underwriting standards for payment of  
33 group policy that provides hospital and medical expense benefits and  
34 is delivered, issued, executed or renewed in this State pursuant to  
35 N.J.S.17B:27-26 et seq., or approved for issuance or renewal in this  
36 State by the Commissioner of Banking and Insurance on or after the  
37 effective date of P.L. , c. (pending before the Legislature as this  
38 bill), shall provide benefits to each person covered thereunder for  
39 expenses incurred in a health promotion program through wellness  
40 health wellness examinations and counselling, which program shall  
41 include, but not be limited to, the following tests and services:

42 (1) For all persons 20 years of age and older, annual tests to  
43 determine blood hemoglobin, blood pressure, blood glucose level, and  
44 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
45 level and blood high-density lipoprotein (HDL) level;

46 (2) For all persons 35 years of age or older, a glaucoma eye test

1 every five years;

2 (3) For all persons 40 years of age or older, an annual stool  
3 examination for presence of blood;

4 (4) For all persons 45 years of age or older, a left-sided colon  
5 examination of 35 to 60 centimeters every five years;

6 (5) For all women 20 years of age or older, a pap smear every two  
7 years;

8 (6) For all women 40 years of age or older, an annual mammogram  
9 examination;

10 (7) For all adults, recommended immunizations; and

11 (8) For all persons 20 years of age or older, an annual consultation  
12 with a health care provider to discuss lifestyle behaviors that promote  
13 health and well-being including, but not limited to, smoking control,  
14 nutrition and diet recommendations, exercise plans, lower back  
15 protection, weight control, immunization practices, breast  
16 self-examination, testicular self-examination and seat belt usage in  
17 motor vehicles.

18 Notwithstanding the provisions of this subsection to the contrary,  
19 if a physician or other health care provider recommends that it would  
20 be medically appropriate for a covered person to receive a different  
21 schedule of tests and services than that provided for under this  
22 subsection, the insurer shall provide payment for the tests or services  
23 actually provided, within the limits of the amounts listed in subsection  
24 b. of this section.

25 b. Every group health care policy offered for sale in this State by  
26 an insurer pursuant to subsection a. of this section shall provide  
27 payment for the benefits set forth in subsection a. in an amount which  
28 shall not exceed: \$125 a year for each person between the ages of 20  
29 to 39, inclusive; \$145 a year for each man age 40 and over; and \$235  
30 a year for each woman age 40 and over; except that for persons 45  
31 years of age or older, the cost of a left-sided colon examination shall  
32 not be included in the above amount; however, no insurer shall be  
33 required to provide payment for benefits for a left-sided colon  
34 examination in excess of \$150.

35 c. **【Commencing April 1, 1994 and every year thereafter, the】** The  
36 Commissioner of Banking and Insurance, in consultation with the  
37 Department of the Treasury, shall annually adjust the threshold  
38 amounts provided by subsection b. of this section in direct proportion  
39 to the increase or decrease in the consumer price index for all urban  
40 consumers in the New York City and Philadelphia areas as reported by  
41 the United States Department of Labor. The adjustment shall become  
42 effective on July 1 of the year in which the adjustment is made.

43 d. The **【health care policies required pursuant to this section shall**  
44 **be offered】** requirements of this section shall apply only 【by】 to health  
45 insurers which issue or deliver primary health insurance coverage in  
46 this State providing hospital or medical expense benefits. Primary



1 health insurance coverage shall not include the following plans,  
2 policies, or contracts: accident only, credit, disability, long-term care,  
3 Medicare supplement coverage, CHAMPUS supplement coverage,  
4 coverage for Medicare services pursuant to a contract with the United  
5 States government, coverage for Medicaid services pursuant to a  
6 contract with the State, coverage arising out of a workers'  
7 compensation or similar law, automobile medical payment insurance,  
8 personal injury protection insurance issued pursuant to P.L.1972, c.70  
9 (C.39:6A-1 et seq.), or hospital confinement indemnity coverage.

10 e. This section shall apply to all group health insurance policies in  
11 which the carrier has reserved the right to change the premium.

12 (cf: P.L.1993, c.327, s.7)

13

14 6. Section 8 of P.L.1993, c.327 (C.26:2J-4.6) is amended to read  
15 as follows:

16 8. a. Except as otherwise provided in P.L.1992, c.161  
17 (C.17B:27A-2 et al.) and P.L.1992, c.162 (C.17B:27A-17 et seq.) and  
18 notwithstanding any provision of this act or any other law to the  
19 contrary, a certificate of authority to establish and operate a health  
20 maintenance organization in this State shall not be issued or continued  
21 by the Commissioner of Health and Senior Services on or after the  
22 effective date of this act unless the health maintenance organization  
23 **【offers】** provides health care services to any enrollee **【**, no later than  
24 December 31, 1994, for **】** which include a health promotion program  
25 providing **【wellness】** health wellness examinations and counselling,  
26 which program shall include, but not be limited to, the following tests  
27 and services:

28 (1) For all persons 20 years of age and older, annual tests to  
29 determine blood hemoglobin, blood pressure, blood glucose level, and  
30 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
31 level and blood high-density lipoprotein (HDL) level;

32 (2) For all persons 35 years of age or older, a glaucoma eye test  
33 every five years;

34 (3) For all persons 40 years of age or older, an annual stool  
35 examination for presence of blood;

36 (4) For all persons 45 years of age or older, a left-sided colon  
37 examination of 35 to 60 centimeters every five years;

38 (5) For all women 20 years of age or older, a pap smear every two  
39 years;

40 (6) For all women 40 years of age or older, an annual mammogram  
41 examination;

42 (7) For all adults, recommended immunizations; and

43 (8) For all persons 20 years of age or older, an annual consultation  
44 with a health care provider to discuss lifestyle behaviors that promote  
45 health and well-being including, but not limited to, smoking control,  
46 nutrition and diet recommendations, exercise plans, lower back

1 protection, weight control, immunization practices, breast  
2 self-examination, testicular self-examination and seat belt usage in  
3 motor vehicles.

4 Notwithstanding the provisions of this subsection to the contrary,  
5 if a physician or other health care provider recommends that it would  
6 be medically appropriate for an enrollee to receive a different schedule  
7 of tests and services than that provided for under this subsection, the  
8 health maintenance organization shall provide coverage for the tests  
9 or services actually provided, within the limits of the amounts listed in  
10 subsection b. of this section.

11 b. A health maintenance organization shall not be required to offer  
12 services to enrollees set forth in subsection a. of this section for which  
13 the value exceeds: \$125 a year for each person between the ages of 20  
14 to 39, inclusive; \$145 a year for each man age 40 and over; and \$235  
15 a year for each woman age 40 and over; except that for persons 45  
16 years of age or older, the value of a left-sided colon examination shall  
17 not be included in the above amount; however, no health maintenance  
18 organization shall be required to provide services to enrollees for a  
19 left-sided colon examination with a value in excess of \$150.

20 c. **【Commencing April 1, 1994 and every year thereafter, the】** The  
21 Commissioner of Health and Senior Services, in consultation with the  
22 Department of the Treasury, shall annually adjust the threshold  
23 amounts provided by subsection b. of this section in direct proportion  
24 to the increase or decrease in the consumer price index for all urban  
25 consumers in the New York City and Philadelphia areas as reported by  
26 the United States Department of Labor. The adjustment shall become  
27 effective on July 1 of the year in which it is reported.

28 d. Nothing in this act shall be construed to require that a health  
29 maintenance organization take any actions which conflict with the  
30 health benefits, underwriting and rating standards established by the  
31 federal government pursuant to subchapter XI of Pub.L.93-222  
32 (42 U.S.C. s.300e et seq.).

33 e. This section shall apply to all health maintenance organization  
34 contracts in which the right to change the enrollee charge has been  
35 reserved.

36 (cf: P.L.1993, c.327, s.8)

37

38 7. Section 9 of P.L.1993, c.327 (C.26:1A-36.13) is amended to  
39 read as follows:

40 9. a. There is created a Health Wellness Promotion Advisory Board  
41 which shall consist of three members, each of whom has a background  
42 in epidemiology and a demonstrated professional expertise in services,  
43 issues or programs relating to health wellness promotion, who are  
44 residents of the State, one of whom shall be appointed by the  
45 Governor, one by the President of the Senate and one by the Speaker  
46 of the General Assembly.

- 1       b. The terms of office of the members of the board shall be three  
2 years. Vacancies shall be filled for an unexpired term only in the  
3 manner provided for the original appointment.
- 4       c. Members of the board shall serve without compensation but  
5 shall be reimbursed for their reasonable and necessary traveling and  
6 other expenses incurred in the performance of their official duties.
- 7       d. The Commissioner of Health and Senior Services shall designate  
8 an officer or employee of the Department of Health and Senior  
9 Services to act as secretary of the board who shall not be a member of  
10 the board.
- 11       e. The board, for the purpose of transacting its business, shall meet  
12 at least once every six months at times and places fixed by the board.  
13 At its first meeting each year it shall organize and elect a chair from its  
14 members. Special meetings may also be held at times as the board may  
15 fix, or at the call of the chair or the Commissioner of Health and  
16 Senior Services. A timely written notice of the time, place and  
17 purpose of any special meeting shall be mailed by the secretary to all  
18 members of the board.
- 19       f. A majority of the members of the board shall constitute a  
20 quorum for the transaction of business at any meeting.
- 21       g. The board shall advise and make recommendations to the  
22 Legislature pertaining to any revisions of medical testing and services  
23 that are deemed by the board to be appropriate for health promotion  
24 and that will encourage health care consumers to engage in healthy  
25 lifestyle behaviors which will result in a reduction of the long-term  
26 costs of providing health care. In deciding whether a recommendation  
27 should be made to add an additional medical test or service to those  
28 currently required by this act, the board shall consider the benefits as  
29 well as the cost to provide such a medical test or service. To assist the  
30 board in its consideration, the board shall select two organizations  
31 which have established expertise in the areas of epidemiology,  
32 sensitivity, specificity and predictive value of screening, disease  
33 protection, and health promotion tests. No additional test or service  
34 shall be added to those required under this act unless: (1) both  
35 organizations selected by the board agree that the medical test or  
36 counselling service will improve the quality of life, prolong good  
37 quality life, or reduce mortality; and (2) the board, subsequent to the  
38 agreement of both organizations, recommends that such additional test  
39 or service be made.
- 40       h. The board shall also appoint a committee which includes  
41 representatives of health care professions, including, but not limited to,  
42 physicians, nurses, chiropractors, dentists, dietitians, physician  
43 assistants, pharmacists and optometrists, and other interested persons  
44 to advise the board regarding medical testing and services that are  
45 deemed to be appropriate for health promotion and that will encourage  
46 health care consumers to engage in healthy lifestyle behaviors. The

1 board shall determine the number, composition and terms of office of  
2 the committee members, and may establish such procedural and  
3 administrative requirements as it deems appropriate for the committee.

4 i. The board shall report annually to the Governor and the  
5 Legislature its findings and recommendations concerning the issues  
6 enumerated in subsection g. of this section.

7 (cf: P.L.1993, c.327, s.9)

8

9 8. Section 10 of P.L.1993, c.327 (C.26:1A-36.14) is amended to  
10 read as follows:

11 10. The Commissioner of Banking and Insurance, after  
12 consultation with the Health Wellness Promotion Advisory Board,  
13 established pursuant to section 9 of P.L.1993, c.327 (C.26:1A-36-13),  
14 shall, within 180 days of the effective date of **[this act]** P.L. , c.  
15 (pending before the Legislature as this bill), promulgate regulations,  
16 pursuant to the "Administrative Procedure Act," P.L.1968, c.410  
17 (C.52:14B-1 et seq.), necessary to effectuate the purposes of **[this**  
18 **act]** P.L. , c. (pending before the Legislature as this bill).

19 (cf: P.L.1993, c.327, s.10)

20

21 9. This act shall take effect on the 90th day after enactment.

22

23

24

#### STATEMENT

25

26 This bill amends the "Health Wellness Promotion Act," P.L.1993,  
27 c.327 (C.26:1A-36.11 et al.) to change its provisions from requiring  
28 that each health insurance carrier or HMO offer for sale benefits for  
29 health wellness examinations and counselling to a mandate that it  
30 actually provide these benefits in its contract, policy or enrollee  
31 agreement, as appropriate.

# ASSEMBLY BANKING AND INSURANCE COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 1653**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: MARCH 2, 1998

The Assembly Banking and Insurance Committee reports favorably Assembly Bill No. 1653.

This bill, as amended by the committee, requires health insurers, including hospital service corporations, medical service corporations, health service corporations, commercial insurers and health maintenance organizations, to provide insurance coverage benefits for health wellness examinations and counseling. The bill amends the "Health Wellness Promotion Act," P.L.1993, c.327 (C.26:1A-36.11 et al.) with regard to its current provisions, which require health insurers only to offer this type of coverage for sale, to require that these benefits be included as part of a basic contract, policy or enrollee agreement, as appropriate.

Technical amendments conform the provisions of the bill with provisions of current law concerning mammograms and pap smears.

The provisions of the bill would not apply to the basic health insurance policies or contracts established under either the Individual Health Coverage Program or the Small Employer Health Benefits Program.

# SENATE HEALTH COMMITTEE

## STATEMENT TO

[First Reprint]

## **ASSEMBLY, No. 1653**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: SEPTEMBER 17, 1998

The Senate Health Committee reports favorably Assembly Bill No. 1653(1R) with committee amendments.

As amended by committee, this bill requires health insurers, including hospital service corporations, medical service corporations, health service corporations, commercial insurers and health maintenance organizations, to provide insurance coverage benefits for health wellness examinations and counseling. The bill amends the "Health Wellness Promotion Act," P.L.1993, c.327 (C.26:1A-36.11 et al.) with regard to its current provisions which require health insurers only to offer this type of coverage for sale, to require that these benefits be included as part of a basic contract, policy or enrollee agreement, as appropriate.

The provisions of the bill would not apply to the basic health insurance policies or contracts established under either the Individual Health Coverage Program or the Small Employer Health Benefits Program.

The committee amended the bill at the request of the sponsor to add an appropriation of \$95,000 to the Department of Health and Senior Services for allocation to the Health Wellness Promotion Advisory Board to evaluate implementation of the bill and to ensure awareness and utilization of the health promotion program by covered persons and health care providers.

As amended by committee, this bill is identical to Senate Bill No. 222 SCA (Cardinale), which the committee also reported favorably on this date.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[Second Reprint]  
**ASSEMBLY, No. 1653**

# **STATE OF NEW JERSEY**

DATED: SEPTEMBER 23, 1999

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 1653 (2R).

This bill requires that coverage for health wellness examinations and counseling be included in any health insurance contract issued in New Jersey.

The "Health Wellness Promotion Act" already requires that coverage be available for health wellness services, which the Act defines as including (for appropriate age groups) blood tests, glaucoma tests, mammograms, immunizations, health lifestyle counseling, and the like. Currently, however, the Act requires only that health insurers (including hospital service corporations, medical service corporations, health service corporations, commercial insurers and health maintenance organizations) must offer this type of coverage for sale, a requirement that can be met simply by offering the coverage separately from other health benefit plans. This bill would amend the Act to require instead that these benefits be included as part of every basic health insurance contract, policy or enrollee agreement, as appropriate.

The provisions of the bill would not apply to the basic health insurance policies or contracts established under either the Individual Health Coverage Program (which requires insurance carriers offering group health benefit plans to offer individual plans as well) or the Small Employer Health Benefits Program (which requires insurance carriers that do business with small employers to offer those employers a plan of health care benefits providing at least basic health benefit coverage).

The bill includes an appropriation of \$95,000 to the Department of Health and Senior Services for allocation to the Health Wellness Promotion Advisory Board to evaluate implementation of the bill and to ensure awareness and utilization of the health promotion program by covered persons and health care providers.

This bill is identical to Senate Bill No. 222 (1R).

**FISCAL IMPACT**

This bill appropriates \$95,000 to the Department of Health and Senior Services.

It may also be noted that, for those State employees covered by an HMO, this legislation could have a small indirect impact on the State's cost of health benefits coverage in the form of an increase in premium rates for the coverage group. Any such increase is likely to be small, because health wellness examinations are generally inexpensive, and because most HMO's already provide coverage for such examinations.



**SENATE, No. 222**

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**STATE OF NEW JERSEY**  
**208th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 1998 SESSION

**Sponsored by:**

**Senator GERALD CARDINALE**

**District 39 (Bergen)**

**SYNOPSIS**

Requires health insurance coverage for health wellness examinations and counselling.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



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2

1 AN ACT concerning health insurance benefits for health wellness  
2 examinations and counselling and amending P.L.1993, c.327.

3  
4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6  
7 1. Section 3 of P.L.1993, c.327 (C.17:48-6i) is amended to read as  
8 follows:

9 3. a. Except as otherwise provided in P.L.1992, c.161  
10 (C.17B:27A-2 et al.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),  
11 every hospital service corporation **[**authorized to do business in this  
12 State shall, no later than December 31, 1994, offer for sale individual  
13 and group health care contracts in accordance with accepted  
14 underwriting standards which **]** contract that provides hospital and  
15 medical expense benefits and is delivered, issued, executed or renewed  
16 in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or  
17 approved for issuance or renewal in this State by the Commissioner of  
18 Banking and Insurance on or after the effective date of P.L. , c.   
19 (pending before the Legislature as this bill), shall provide benefits to  
20 any subscriber or other person covered thereunder for expenses  
21 incurred in a health promotion program through **[**wellness**]** health  
22 wellness examinations and counselling, which program shall include,  
23 but not be limited to, the following tests and services:

24 (1) For all persons 20 years of age and older, annual tests to  
25 determine blood hemoglobin; blood pressure; blood glucose level; and  
26 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
27 level and blood high-density lipoprotein (HDL) level;

28 (2) For all persons 35 years of age or older, a glaucoma eye test  
29 every five years;

30 (3) For all persons 40 years of age or older, an annual stool  
31 examination for presence of blood;

32 (4) For all persons 45 years of age or older, a left-sided colon  
33 examination of 35 to 60 centimeters every five years;

34 (5) For all women 20 years of age or older, a pap smear every two  
35 years;

36 (6) For all women 40 years of age or older, an annual mammogram  
37 examination;

38 (7) For all adults, recommended immunizations; and

39 (8) For all persons 20 years of age or older, an annual consultation  
40 with a health care provider to discuss lifestyle behaviors that promote  
41 health and well-being including, but not limited to, smoking control,  
42 nutrition and diet recommendations, exercise plans, lower back  
43 protection, weight control, immunization practices, breast

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.**

**Matter underlined thus is new matter.**

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1 self-examination, testicular self-examination and seat belt usage in  
2 motor vehicles.

3 Notwithstanding the provisions of this subsection to the contrary,  
4 if a physician or other health care provider recommends that it would  
5 be medically appropriate for a covered person to receive a different  
6 schedule of tests and services than that provided for under this  
7 subsection, the hospital service corporation shall provide payment for  
8 the tests or services actually provided, within the limits of the amounts  
9 listed in subsection b. of this section.

10 b. Every individual or group health care contract offered for sale  
11 in this State by a hospital service corporation pursuant to subsection  
12 a. of this section shall provide payment for the benefits set forth in  
13 subsection a. of this section in an amount which shall not exceed: \$125  
14 a year for each person between the ages of 20 to 39, inclusive; \$145  
15 a year for each man age 40 and over; and \$235 a year for each woman  
16 age 40 and over; except that for persons 45 years of age or older, the  
17 cost of a left-sided colon examination shall not be included in the  
18 above amount; however, no hospital service corporation shall be  
19 required to provide payment for benefits for a left-sided colon  
20 examination in excess of \$150.

21 c. ~~Commencing April 1, 1994 and every year thereafter, the~~ The  
22 Commissioner of Banking and Insurance, in consultation with the  
23 Department of the Treasury, shall annually adjust the threshold  
24 amounts provided by subsection b. of this section in direct proportion  
25 to the increase or decrease in the consumer price index for all urban  
26 consumers in the New York City and Philadelphia areas as reported by  
27 the United States Department of Labor. The adjustment shall become  
28 effective on July 1 of the year in which the adjustment is made.

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

32 (cf: P.L.1993, c.327, s.3)

33

34 2. Section 4 of P.L.1993, c.327 (C.48A-7h) is amended to read as  
35 follows:

36 4. a. Except as otherwise provided in P.L.1992, c.161  
37 (C.17B:27A-2 et al.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),  
38 every medical service corporation ~~authorized to do business in this~~  
39 State shall, no later than December 31, 1994, offer for sale individual  
40 and group health care contracts in accordance with accepted  
41 underwriting standards which ~~contract that provides hospital and~~  
42 medical expense benefits and is delivered, issued, executed or renewed  
43 in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or  
44 approved for issuance or renewal in this State by the Commissioner of  
45 Banking and Insurance on or after the effective date of P.L. , c.   
46 (pending before the Legislature as this bill), shall provide benefits to

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1 any subscriber or other person covered thereunder for expenses  
2 incurred in a health promotion program through **wellness** health  
3 wellness examinations and counselling, which program shall include,  
4 but not be limited to, the following tests and services:

5 (1) For all persons 20 years of age and older, annual tests to  
6 determine blood hemoglobin, blood pressure, blood glucose level, and  
7 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
8 level and blood high-density lipoprotein (HDL) level;

9 (2) For all persons 35 years of age or older, a glaucoma eye test  
10 every five years;

11 (3) For all persons 40 years of age or older, an annual stool  
12 examination for presence of blood;

13 (4) For all persons 45 years of age or older, a left-sided colon  
14 examination of 35 to 60 centimeters every five years;

15 (5) For all women 20 years of age or older, a pap smear every two  
16 years;

17 (6) For all women 40 years of age or older, an annual mammogram  
18 examination;

19 (7) For all adults, recommended immunizations; and

20 (8) For all persons 20 years of age or older, an annual consultation  
21 with a health care provider to discuss lifestyle behaviors that promote  
22 health and well-being including, but not limited to, smoking control,  
23 nutrition and diet recommendations, exercise plans, lower back  
24 protection, weight control, immunization practices, breast  
25 self-examination, testicular self-examination and seat belt usage in  
26 motor vehicles.

27 Notwithstanding the provisions of this subsection to the contrary,  
28 if a physician or other health care provider recommends that it would  
29 be medically appropriate for a covered person to receive a different  
30 schedule of tests and services than that provided for under this  
31 subsection, the medical service corporation shall provide payment for  
32 the tests or services actually provided, within the limits of the amounts  
33 listed in subsection b. of this section.

34 b. Every individual or group basic health care contract offered for  
35 sale in this State by a medical service corporation pursuant to  
36 subsection a. of this section shall provide payment for the benefits set  
37 forth in subsection a. of this section in an amount which shall not  
38 exceed: \$125 a year for each person between the ages of 20 to 39,  
39 inclusive; \$145 a year for each man age 40 and over; and \$235 a year  
40 for each woman age 40 and over; except that for persons 45 years of  
41 age or older, the cost of a left-sided colon examination shall not be  
42 included in the above amount; however, no medical service  
43 corporation shall be required to provide payment for benefits for a  
44 left-sided colon examination in excess of \$150.

45 c. **Commencing April 1, 1994 and every year thereafter, the** The  
46 Commissioner of Banking and Insurance, in consultation with the

1 Department of the Treasury, shall annually adjust the threshold  
2 amounts provided by subsection b. of this section in direct proportion  
3 to the increase or decrease in the consumer price index for all urban  
4 consumers in the New York City and Philadelphia areas as reported by  
5 the United States Department of Labor. The adjustment shall become  
6 effective on July 1 of the year in which the adjustment is made.

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

10 (cf: P.L.1993, c.327, s.4)

11

12 3. Section 5 of P.L.1993, c.327 (C.17:48E-35.6) is amended to  
13 read as follows:

14 5. a. Except as otherwise provided in P.L.1992, c.161  
15 (C.17B:27A-2 et al.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),  
16 every health service corporation [authorized to do business in this  
17 State shall, no later than December 31, 1994, offer for sale individual  
18 and group health care contracts in accordance with accepted  
19 underwriting standards which] contract that provides hospital and  
20 medical expense benefits and is delivered, issued, executed or renewed  
21 in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.), or  
22 approved for issuance or renewal in this State by the Commissioner of  
23 Banking and Insurance on or after the effective date of P.L. . . . c.  
24 (pending before the Legislature as this bill), shall provide benefits to  
25 any subscriber or other person covered thereunder for expenses  
26 incurred in a health promotion program through [wellness] health  
27 wellness examinations and counselling, which program shall include,  
28 but not be limited to, the following tests and services:

29 (1) For all persons 20 years of age and older, annual tests to  
30 determine blood hemoglobin, blood pressure, blood glucose level, and  
31 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
32 level and blood high-density lipoprotein (HDL) level;

33 (2) For all persons 35 years of age or older, a glaucoma eye test  
34 every five years;

35 (3) For all persons 40 years of age or older, an annual stool  
36 examination for presence of blood;

37 (4) For all persons 45 years of age or older, a left-sided colon  
38 examination of 35 to 60 centimeters every five years;

39 (5) For all women 20 years of age or older, a pap smear every two  
40 years;

41 (6) For all women 40 years of age or older, an annual mammogram  
42 examination;

43 (7) For all adults, recommended immunizations; and

44 (8) For all persons 20 years of age or older, an annual consultation  
45 with a health care provider to discuss lifestyle behaviors that promote  
46 health and well-being including, but not limited to, smoking control,

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1 nutrition and diet recommendations, exercise plans, lower back  
2 protection, weight control, immunization practices, breast  
3 self-examination, testicular self-examination and seat belt usage in  
4 motor vehicles.

5 Notwithstanding the provisions of this subsection to the contrary,  
6 if a physician or other health care provider recommends that it would  
7 be medically appropriate for a covered person to receive a different  
8 schedule of tests and services than that provided for under this  
9 subsection, the health service corporation shall provide payment for  
10 the tests or services actually provided, within the limits of the amounts  
11 listed in subsection b. of this section.

12 b. Every individual or group health care contract offered for sale  
13 in this State by a health service corporation pursuant to subsection a.  
14 of this section shall provide payment for the benefits set forth in  
15 subsection a. of this section in an amount which shall not exceed: \$125  
16 a year for each person between the ages of 20 to 39, inclusive; \$145  
17 a year for each man age 40 and over; and \$235 a year for each woman  
18 age 40 and over; except that for persons 45 years of age or older, the  
19 cost of a left-sided colon examination shall not be included in the  
20 above amount; however, no health service corporation shall be  
21 required to provide payment for benefits for a left-sided colon  
22 examination in excess of \$150.

23 c. **【Commencing April 1, 1994 and every year thereafter, the】** The  
24 Commissioner of Banking and Insurance, in consultation with the  
25 Department of the Treasury, shall annually adjust the threshold  
26 amounts provided by subsection b. of this section in direct proportion  
27 to the increase or decrease in the consumer price index for all urban  
28 consumers in New York City and the Philadelphia areas as reported by  
29 the United States Department of Labor. The adjustment shall become  
30 effective on July 1 of the year in which the adjustment is made.

31 d. This section shall apply to all health service corporation  
32 contracts in which the health service corporation has reserved the right  
33 to change the premium.

34 (cf: P.L.1993, c.327, s.5)

35

36 4. Section 6 of P.L.1993, c.327 (C.17B:26-2.1h) is amended to  
37 read as follows:

38 6. a. Except as otherwise provided in P.L.1992, c.161  
39 (C.17B:27A-2 et al.), every **【health insurer authorized to do business**  
40 **in this State in accordance with the provisions of chapter 26 of Title**  
41 **17B of the New Jersey Statutes shall, no later than December 31,**  
42 **1994, offer for sale individual health care policies in accord with**  
43 **accepted underwriting standards for payment of】** individual policy that  
44 provides hospital and medical expense benefits and is delivered, issued,  
45 executed or renewed in this State pursuant to N.J.S.17B:26-1 et seq.,  
46 or approved for issuance or renewal in this State by the Commissioner

1 of Banking and Insurance on or after the effective date of P.L. \_\_\_\_\_, c.  
2 (pending before the Legislature as this bill), shall provide benefits to  
3 each person covered thereunder for expenses incurred in a health  
4 promotion program through **【wellness】** health wellness examinations  
5 and counselling, which program shall include, but not be limited to, the  
6 following tests and services:

7 (1) For all persons 20 years of age and older, annual tests to  
8 determine blood hemoglobin, blood pressure, blood glucose level, and  
9 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
10 level and blood high-density lipoprotein (HDL) level;

11 (2) For all persons 35 years of age or older, a glaucoma eye test  
12 every five years;

13 (3) For all persons 40 years of age or older, an annual stool  
14 examination for presence of blood;

15 (4) For all persons 45 years of age or older, a left-sided colon  
16 examination of 35 to 60 centimeters every five years;

17 (5) For all women 20 years of age or older, a pap smear every two  
18 years;

19 (6) For all women 40 years of age or older, an annual mammogram  
20 examination;

21 (7) For all adults, recommended immunizations; and

22 (8) For all persons 20 years of age or older, an annual consultation  
23 with a health care provider to discuss lifestyle behaviors that promote  
24 health and well-being including, but not limited to, smoking control,  
25 nutrition and diet recommendations, exercise plans, lower back  
26 protection, weight control, immunization practices, breast  
27 self-examination, testicular self-examination and seat belt usage in  
28 motor vehicles.

29 Notwithstanding the provisions of this subsection to the contrary,  
30 if a physician or other health care provider recommends that it would  
31 be medically appropriate for a covered person to receive a different  
32 schedule of tests and services than that provided for under this  
33 subsection, the insurer shall provide payment for the tests or services  
34 actually provided, within the limits of the amounts listed in subsection  
35 b. of this section.

36 b. Every individual health care policy offered for sale in this State  
37 by an insurer pursuant to subsection a. of this section shall provide  
38 payment for the benefits set forth in subsection a. of this section in an  
39 amount which shall not exceed: \$125 a year for each person between  
40 the ages of 20 to 39, inclusive; \$145 a year for each man age 40 and  
41 over; and \$235 a year for each woman age 40 and over; except that  
42 for persons 45 years of age or older, the cost of a left-sided colon  
43 examination shall not be included in the above amount; however, no  
44 insurer shall be required to provide payment for benefits for a  
45 left-sided colon examination in excess of \$150.

46 c. **【Commencing April 1, 1994 and every year thereafter, the】** The

1 Commissioner of Banking and Insurance, in consultation with the  
2 Department of the Treasury, shall annually adjust the threshold  
3 amounts provided by subsection b. of this section in direct proportion  
4 to the increase or decrease in the consumer price index for all urban  
5 consumers in the New York City and Philadelphia areas as reported by  
6 the United States Department of Labor. The adjustment shall become  
7 effective on July 1 of the year in which the adjustment is made.

8 d. The health care policies required pursuant to this section shall  
9 be offered requirements of this section shall apply only by to health  
10 insurers which issue or deliver primary health insurance coverage in  
11 this State providing hospital or medical expense benefits. Primary  
12 health insurance coverage shall not include the following plans,  
13 policies, or contracts: accident only, credit, disability, long-term care,  
14 Medicare supplement coverage, CHAMPUS supplement coverage,  
15 coverage for Medicare services pursuant to a contract with the United  
16 States government, coverage for Medicaid services pursuant to a  
17 contract with the State, coverage arising out of a workers'  
18 compensation or similar law, automobile medical payment insurance,  
19 personal injury protection insurance issued pursuant to P.L.1972, c.70  
20 (C.39:6A-1 et seq.), or hospital confinement indemnity coverage.

21 e. This section shall apply to all individual health insurance policies  
22 in which the carrier has reserved the right to change the premium.  
23 (cf: P.L.1993, c.327, s.6)

24  
25 5. Section 7 of P.L.1993, c.327 (C.17B:27-46.1h) is amended to  
26 read as follows:

27 7. a. Except as otherwise provided in P.L.1992, c.162  
28 (C.17B:27A-17 et seq.), every health insurer authorized to do  
29 business in this State in accordance with the provisions of chapter 27  
30 of Title 17B of the New Jersey Statutes shall, no later than  
31 December 31, 1994, offer for sale group health care policies in  
32 accordance with accepted underwriting standards for payment of  
33 group policy that provides hospital and medical expense benefits and  
34 is delivered, issued, executed or renewed in this State pursuant to  
35 N.J.S.17B:27-26 et seq., or approved for issuance or renewal in this  
36 State by the Commissioner of Banking and Insurance on or after the  
37 effective date of P.L. , c. (pending before the Legislature as this  
38 bill), shall provide benefits to each person covered thereunder for  
39 expenses incurred in a health promotion program through wellness  
40 health wellness examinations and counselling, which program shall  
41 include, but not be limited to, the following tests and services:

42 (1) For all persons 20 years of age and older, annual tests to  
43 determine blood hemoglobin, blood pressure, blood glucose level, and  
44 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
45 level and blood high-density lipoprotein (HDL) level;

46 (2) For all persons 35 years of age or older, a glaucoma eye test



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1 every five years;

2 (3) For all persons 40 years of age or older, an annual stool  
3 examination for presence of blood;

4 (4) For all persons 45 years of age or older, a left-sided colon  
5 examination of 35 to 60 centimeters every five years;

6 (5) For all women 20 years of age or older, a pap smear every two  
7 years;

8 (6) For all women 40 years of age or older, an annual mammogram  
9 examination;

10 (7) For all adults, recommended immunizations; and

11 (8) For all persons 20 years of age or older, an annual consultation  
12 with a health care provider to discuss lifestyle behaviors that promote  
13 health and well-being including, but not limited to, smoking control,  
14 nutrition and diet recommendations, exercise plans, lower back  
15 protection, weight control, immunization practices, breast  
16 self-examination, testicular self-examination and seat belt usage in  
17 motor vehicles.

18 Notwithstanding the provisions of this subsection to the contrary,  
19 if a physician or other health care provider recommends that it would  
20 be medically appropriate for a covered person to receive a different  
21 schedule of tests and services than that provided for under this  
22 subsection, the insurer shall provide payment for the tests or services  
23 actually provided, within the limits of the amounts listed in subsection  
24 b. of this section.

25 b. Every group health care policy offered for sale in this State by  
26 an insurer pursuant to subsection a. of this section shall provide  
27 payment for the benefits set forth in subsection a. in an amount which  
28 shall not exceed: \$125 a year for each person between the ages of 20  
29 to 39, inclusive; \$145 a year for each man age 40 and over; and \$235  
30 a year for each woman age 40 and over; except that for persons 45  
31 years of age or older, the cost of a left-sided colon examination shall  
32 not be included in the above amount; however, no insurer shall be  
33 required to provide payment for benefits for a left-sided colon  
34 examination in excess of \$150.

35 c. **【Commencing April 1, 1994 and every year thereafter, the】** The  
36 Commissioner of Banking and Insurance, in consultation with the  
37 Department of the Treasury, shall annually adjust the threshold  
38 amounts provided by subsection b. of this section in direct proportion  
39 to the increase or decrease in the consumer price index for all urban  
40 consumers in the New York City and Philadelphia areas as reported by  
41 the United States Department of Labor. The adjustment shall become  
42 effective on July 1 of the year in which the adjustment is made.

43 d. The **【health care policies required pursuant to this section shall**  
44 **be offered】** requirements of this section shall apply only 【by】 to health  
45 insurers which issue or deliver primary health insurance coverage in  
46 this State providing hospital or medical expense benefits. Primary

1 health insurance coverage shall not include the following plans,  
2 policies, or contracts: accident only, credit, disability, long-term care,  
3 Medicare supplement coverage, CHAMPUS supplement coverage,  
4 coverage for Medicare services pursuant to a contract with the United  
5 States government, coverage for Medicaid services pursuant to a  
6 contract with the State, coverage arising out of a workers'  
7 compensation or similar law, automobile medical payment insurance,  
8 personal injury protection insurance issued pursuant to P.L.1972, c.70  
9 (C.39:6A-1 et seq.), or hospital confinement indemnity coverage.

10 e. This section shall apply to all group health insurance policies in  
11 which the carrier has reserved the right to change the premium.

12 (cf: P.L.1993, c.327, s.7)

13  
14 6. Section 8 of P.L.1993, c.327 (C.26:2J-4.6) is amended to read  
15 as follows:

16 8. a. Except as otherwise provided in P.L.1992, c.161  
17 (C.17B:27A-2 et al.) and P.L.1992, c.162 (C.17B:27A-17 et seq.) and  
18 notwithstanding any provision of this act or any other law to the  
19 contrary, a certificate of authority to establish and operate a health  
20 maintenance organization in this State shall not be issued or continued  
21 by the Commissioner of Health and Senior Services on or after the  
22 effective date of this act unless the health maintenance organization  
23 **【offers】** provides health care services to any enrollee **【**, no later than  
24 December 31, 1994, for **】** which include a health promotion program  
25 providing **【wellness】** health wellness examinations and counselling,  
26 which program shall include, but not be limited to, the following tests  
27 and services:

28 (1) For all persons 20 years of age and older, annual tests to  
29 determine blood hemoglobin, blood pressure, blood glucose level, and  
30 blood cholesterol level or, alternatively, low-density lipoprotein (LDL)  
31 level and blood high-density lipoprotein (HDL) level;

32 (2) For all persons 35 years of age or older, a glaucoma eye test  
33 every five years;

34 (3) For all persons 40 years of age or older, an annual stool  
35 examination for presence of blood;

36 (4) For all persons 45 years of age or older, a left-sided colon  
37 examination of 35 to 60 centimeters every five years;

38 (5) For all women 20 years of age or older, a pap smear every two  
39 years;

40 (6) For all women 40 years of age or older, an annual mammogram  
41 examination;

42 (7) For all adults, recommended immunizations; and

43 (8) For all persons 20 years of age or older, an annual consultation  
44 with a health care provider to discuss lifestyle behaviors that promote  
45 health and well-being including, but not limited to, smoking control,  
46 nutrition and diet recommendations, exercise plans, lower back

1 protection, weight control, immunization practices, breast  
2 self-examination, testicular self-examination and seat belt usage in  
3 motor vehicles.

4 Notwithstanding the provisions of this subsection to the contrary,  
5 if a physician or other health care provider recommends that it would  
6 be medically appropriate for an enrollee to receive a different schedule  
7 of tests and services than that provided for under this subsection, the  
8 health maintenance organization shall provide coverage for the tests  
9 or services actually provided, within the limits of the amounts listed in  
10 subsection b. of this section.

11 b. A health maintenance organization shall not be required to offer  
12 services to enrollees set forth in subsection a. of this section for which  
13 the value exceeds: \$125 a year for each person between the ages of 20  
14 to 39, inclusive; \$145 a year for each man age 40 and over; and \$235  
15 a year for each woman age 40 and over; except that for persons 45  
16 years of age or older, the value of a left-sided colon examination shall  
17 not be included in the above amount; however, no health maintenance  
18 organization shall be required to provide services to enrollees for a  
19 left-sided colon examination with a value in excess of \$150.

20 c. **【Commencing April 1, 1994 and every year thereafter, the】** The  
21 Commissioner of Health and Senior Services, in consultation with the  
22 Department of the Treasury, shall annually adjust the threshold  
23 amounts provided by subsection b. of this section in direct proportion  
24 to the increase or decrease in the consumer price index for all urban  
25 consumers in the New York City and Philadelphia areas as reported by  
26 the United States Department of Labor. The adjustment shall become  
27 effective on July 1 of the year in which it is reported.

28 d. Nothing in this act shall be construed to require that a health  
29 maintenance organization take any actions which conflict with the  
30 health benefits, underwriting and rating standards established by the  
31 federal government pursuant to subchapter XI of Pub.L.93-222  
32 (42 U.S.C. s.300e et seq.).

33 e. This section shall apply to all health maintenance organization  
34 contracts in which the right to change the enrollee charge has been  
35 reserved.

36 (cf: P.L.1993, c.327, s.8)

37

38 7. Section 9 of P.L.1993, c.327 (C.26:1A-36.13) is amended to  
39 read as follows:

40 9. a. There is created a Health Wellness Promotion Advisory Board  
41 which shall consist of three members, each of whom has a background  
42 in epidemiology and a demonstrated professional expertise in services,  
43 issues or programs relating to health wellness promotion, who are  
44 residents of the State, one of whom shall be appointed by the  
45 Governor, one by the President of the Senate and one by the Speaker  
46 of the General Assembly.

- 1       b. The terms of office of the members of the board shall be three  
2 years. Vacancies shall be filled for an unexpired term only in the  
3 manner provided for the original appointment.
- 4       c. Members of the board shall serve without compensation but  
5 shall be reimbursed for their reasonable and necessary traveling and  
6 other expenses incurred in the performance of their official duties.
- 7       d. The Commissioner of Health and Senior Services shall designate  
8 an officer or employee of the Department of Health and Senior  
9 Services to act as secretary of the board who shall not be a member of  
10 the board.
- 11      e. The board, for the purpose of transacting its business, shall meet  
12 at least once every six months at times and places fixed by the board.  
13 At its first meeting each year it shall organize and elect a chair from its  
14 members. Special meetings may also be held at times as the board may  
15 fix, or at the call of the chair or the Commissioner of Health and  
16 Senior Services. A timely written notice of the time, place and  
17 purpose of any special meeting shall be mailed by the secretary to all  
18 members of the board.
- 19      f. A majority of the members of the board shall constitute a  
20 quorum for the transaction of business at any meeting.
- 21      g. The board shall advise and make recommendations to the  
22 Legislature pertaining to any revisions of medical testing and services  
23 that are deemed by the board to be appropriate for health promotion  
24 and that will encourage health care consumers to engage in healthy  
25 lifestyle behaviors which will result in a reduction of the long-term  
26 costs of providing health care. In deciding whether a recommendation  
27 should be made to add an additional medical test or service to those  
28 currently required by this act, the board shall consider the benefits as  
29 well as the cost to provide such a medical test or service. To assist the  
30 board in its consideration, the board shall select two organizations  
31 which have established expertise in the areas of epidemiology,  
32 sensitivity, specificity and predictive value of screening, disease  
33 protection, and health promotion tests. No additional test or service  
34 shall be added to those required under this act unless: (1) both  
35 organizations selected by the board agree that the medical test or  
36 counselling service will improve the quality of life, prolong good  
37 quality life, or reduce mortality; and (2) the board, subsequent to the  
38 agreement of both organizations, recommends that such additional test  
39 or service be made.
- 40      h. The board shall also appoint a committee which includes  
41 representatives of health care professions, including, but not limited to,  
42 physicians, nurses, chiropractors, dentists, dietitians, physician  
43 assistants, pharmacists and optometrists, and other interested persons  
44 to advise the board regarding medical testing and services that are  
45 deemed to be appropriate for health promotion and that will encourage  
46 health care consumers to engage in healthy lifestyle behaviors. The

1 board shall determine the number, composition and terms of office of  
2 the committee members, and may establish such procedural and  
3 administrative requirements as it deems appropriate for the committee.

4 i. The board shall report annually to the Governor and the  
5 Legislature its findings and recommendations concerning the issues  
6 enumerated in subsection g. of this section.

7 (cf: P.L.1993, c.327, s.9)

8

9 8. Section 10 of P.L.1993, c.327 (C.26:1A-36.14) is amended to  
10 read as follows:

11 10. The Commissioner of Banking and Insurance, after  
12 consultation with the Health Wellness Promotion Advisory Board,  
13 established pursuant to section 9 of P.L.1993, c.327 (C.26:1A-36-13),  
14 shall, within 180 days of the effective date of **[this act]** P.L. \_\_\_\_\_, c.  
15 (pending before the Legislature as this bill), promulgate regulations,  
16 pursuant to the "Administrative Procedure Act," P.L.1968, c.410  
17 (C.52:14B-1 et seq.), necessary to effectuate the purposes of **[this**  
18 **act]** P.L. \_\_\_\_\_, c. \_\_\_\_\_ (pending before the Legislature as this bill).

19 (cf: P.L.1993, c.327, s.10)

20

21 9. This act shall take effect on the 90th day after enactment.

22

23

24

#### STATEMENT

25

26 This bill amends the "Health Wellness Promotion Act," P.L.1993,  
27 c.327 (C.26:1A-36.11 et al.) to change its provisions from requiring  
28 that each health insurance carrier or HMO offer for sale benefits for  
29 health wellness examinations and counselling to a mandate that it  
30 actually provide these benefits in its contract, policy or enrollee  
31 agreement, as appropriate.

# SENATE HEALTH COMMITTEE

## STATEMENT TO

### **SENATE, No. 222**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: SEPTEMBER 17, 1998

The Senate Health Committee reports favorably and with committee amendments Senate Bill No. 222.

As amended by committee, this bill requires health insurers, including hospital service corporations, medical service corporations, health service corporations, commercial insurers and health maintenance organizations, to provide insurance coverage benefits for health wellness examinations and counseling. The bill amends the "Health Wellness Promotion Act," P.L.1993, c.327 (C.26:1A-36.11 et al.) with regard to its current provisions which require health insurers only to offer this type of coverage for sale, to require that these benefits be included as part of a basic contract, policy or enrollee agreement, as appropriate.

The provisions of the bill would not apply to the basic health insurance policies or contracts established under either the Individual Health Coverage Program or the Small Employer Health Benefits Program.

The committee amended the bill to add an appropriation of \$95,000 to the Department of Health and Senior Services for allocation to the Health Wellness Promotion Advisory Board to evaluate implementation of the bill and to ensure awareness and utilization of the health promotion program by covered persons and health care providers. Other amendments are technical and conform the provisions of the bill with provisions of current law concerning mammograms and pap smears.

As amended by committee, this bill is identical to Assembly Bill No. 1653 (1R)(SCA) (Kelly/Cohen), which the committee also reported favorably on this date.

This bill was prefiled for introduction in the 1998-1999 session pending technical review. As reported, the bill includes the changes required by technical review which has been performed.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**SENATE, No. 222**

# **STATE OF NEW JERSEY**

DATED: SEPTEMBER 23, 1999

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 222 (1R).

This bill requires that coverage for health wellness examinations and counseling be included in any health insurance contract issued in New Jersey.

The "Health Wellness Promotion Act" already requires that coverage be available for health wellness services, which the Act defines as including (for appropriate age groups) blood tests, glaucoma tests, mammograms, immunizations, health lifestyle counseling, and the like. Currently, however, the Act requires only that health insurers (including hospital service corporations, medical service corporations, health service corporations, commercial insurers and health maintenance organizations) must offer this type of coverage for sale, a requirement that can be met simply by offering the coverage separately from other health benefit plans. This bill would amend the Act to require instead that these benefits be included as part of every basic health insurance contract, policy or enrollee agreement, as appropriate.

The provisions of the bill would not apply to the basic health insurance policies or contracts established under either the Individual Health Coverage Program (which requires insurance carriers offering group health benefit plans to offer individual plans as well) or the Small Employer Health Benefits Program (which requires insurance carriers that do business with small employers to offer those employers a plan of health care benefits providing at least basic health benefit coverage).

The bill includes an appropriation of \$95,000 to the Department of Health and Senior Services for allocation to the Health Wellness Promotion Advisory Board to evaluate implementation of the bill and to ensure awareness and utilization of the health promotion program by covered persons and health care providers.

This bill is identical to Assembly Bill No. 1653 (2R).

**FISCAL IMPACT**

This bill appropriates \$95,000 to the Department of Health and Senior Services.

It may also be noted that, for those State employees covered by an HMO, this legislation could have a small indirect impact on the State's cost of health benefits coverage in the form of an increase in premium rates for the coverage group. Any such increase is likely to be small, because health wellness examinations are generally inexpensive, and because most HMO's already provide coverage for such examinations.



*Office of the Governor*  
**NEWS RELEASE**

CONTACT: Gene Herman  
609-777-2600

RELEASE: January 10, 2000

Gov. Christie Whitman today signed the following pieces of legislation:

**S-436**, sponsored by Senators C. Louis Bassano (R-Essex/Union) and Diane B. Allen (R-Burlington/Camden), requires the Department of Health and Senior Services (DHSS) to prepare an informational pamphlet on the nature and causes of osteoporosis and methods used to treat and prevent osteoporosis. The bill appropriates \$25,000 from the General Fund to DHSS to fund the printing and distribution of the pamphlets.

**S-1735**, sponsored by Senators William L. Gormley (R-Atlantic) and John A. Girgenti (D-Passaic) and Assembly Members Kenneth C. LeFevre (R-Atlantic) and Francis J. Blee (R-Atlantic), amends the reckless endangerment statute to clarify that adulteration of a drink or other substance constitutes the fourth degree offense of reckless endangerment. Specifically, the bill clarifies that this offense is committed when a person purposely or knowingly gives another person a drink or other substance that is intoxicating, tranquilizing or disorienting, when that other person does not know the identity and effect of the drink or substance.

**A-2775**, sponsored by Assembly Members John V. Kelly (R-Bergen/Essex/Passaic) and Paul DiGaetano (R-Bergen/Essex/Passaic) and Senator Garry J. Furnari (D-Bergen/Essex/Passaic), provides a grant of \$75,000 to create a study skills program in the East Rutherford Boro School District to address the needs of at-risk pupils. Pupils who are at-risk will be determined by using multiple indicators, including test scores, writing portfolios, teacher recommendations, and parental input. Funding will be utilized for staffing, teaching materials and other supplies. The bill makes a supplemental appropriation to the Fiscal Year 2000 budget.

**A-1019**, sponsored by Assembly Members Charles Zisa (D-Bergen) and Alan M. Augustine (R-Middlesex/Morris/Somerset/Union), and Senator Joseph A. Palaia (R-Monmouth), provides that commencing on September 1, 2002, any buildings and grounds supervisor employed by a school district must be a certified educational facilities manager. The bill directs the State Board of Education to issue rules and regulations to administer the program. The bill provides that a certified educational facilities manager must meet specific requirements, including having two years of experience in the field of buildings and grounds supervision and graduate as a certified educational facilities manager from the New Jersey Educational Facility Management Program at Rutgers University, or an equivalent program at an accredited institution of higher learning.

**A-2993**, sponsored by Assembly Members Gerald J. Luongo (R-Camden/Gloucester) and Senator Robert E. Littell (R-Sussex/Hunterdon/Morris), excludes bonds supported by open space, recreation, farmland or historic preservation taxes from calculation of gross debt of a county or municipality. Gross debt is a measure used under the Local Bond Law to derive the net debt of a county or municipality for purposes of establishing a county or municipal debt limit.

**A-1445**, sponsored by Assembly Members Jack Collins (R- Salem/Cumberland/Gloucester) and Marion Crecco (R-Essex/Passaic) and Senators Norman Robertson (R-Essex/Passaic) and Anthony R. Bucco (R- Morris), permits a police officer enrolled in the Police and Firemen's Retirement System to purchase up to three years of service credit based on inactive time between a point of no-fault layoff and the point of rehiring the employee.

**A-2133**, sponsored by Assembly Members John V. Kelly (R- Bergen/Essex/Passaic) and Joseph V. Doria, Jr. (D-Hudson), requires health insurers, including hospital service corporations, medical service corporations, health service corporations, commercial insurers and health maintenance organizations to provide health benefits coverage for annual mammograms for women aged 40 and over. Previous law provided for annual mammogram coverage for women 50 and over; women who are at least 40, but less than 50, were provided coverage for biannual examinations.

**S-1503**, sponsored by Senator Richard J. Codey (D-Essex) and Assembly Members John V. Kelly (R-Bergen/Essex/Passaic) and Paul DiGaetano (R-Bergen/Essex/Passaic), revises pension benefits and employee contribution rates for members of certain board of education pension funds.

**A-2943**, sponsored by Assembly Members Jack Collins (R-Cumberland/Gloucester/Salem) and Christopher Bateman (R-Morris/Somerset) and Senators Robert W. Singer (R-Burlington/Monmouth/Ocean) and Diane B. Allen (R-Burlington/Camden), requires the return of unearned premiums on a pro rata basis for canceled automobile insurance policies. Previous law only required an insurer to return unpaid premiums on a short rate basis, which is an amount less than the pro rata basis because a percentage of administrative costs are charged to the insured.

**A-1706**, sponsored by Assembly Member John V. Kelly (R-Bergen/Essex/Passaic) and Senators Robert W. Singer (R-Burlington/Monmouth/Ocean) and Louis F. Kosco (R-Bergen), establishes a procedure to be followed by landlords of commercial or residential property when disposing of tangible property left behind in premises that had been vacated by a tenant.

**S-1062**, sponsored by Senators William L. Gormley (R-Atlantic) and Edward T. O'Connor, Jr. (D-Hudson) and Assembly Members Richard A. Merkt (R-Morris) and Michael Patrick Carroll (R-Morris), establishes a procedure for dealing with lost or abandoned property.

**A-3298**, sponsored by Assembly Members John S. Wisniewski (D-Middlesex) and Gerald J. Luongo (R-Camden/Gloucester) and Senators Joseph F. Vitale (D-Middlesex) and Nicholas J. Sacco (D-Bergen/Hudson), allows for re-certification of the special district tax for school districts if the school district's surplus account is higher than estimated at the school election in certain circumstances.

**S-1697**, sponsored by Senators William L. Gormley (R-Atlantic) and Wayne R. Bryant (D-Camden/Gloucester) and Assembly Members James W. Holzapfel (R- Monmouth/Ocean) and Kenneth C. LeFevre (R-Atlantic), authorizes a court to issue a restraining order prohibiting a person charged with, convicted of or adjudicated delinquent for any drug distribution offense or any offense involving the use or possession of an assault weapon from returning to the place where the offense occurred.

**A-960**, sponsored by Assembly Member Alan M. Augustine (R- Middlesex/Morris/Somerset /Union), requires pet shops to refund the purchase price, reimburse any veterinary fees, or provide replacement for sick cats or dogs under certain circumstances.

**S-1273**, sponsored by Senators Robert W. Singer (R- Burlington/Monmouth/Ocean) and Robert W. Littell (R-Sussex/Hunterdon/Morris) and Assembly Members Charlotte Vandervalk (R- Bergen) and Nicholas R. Felice (R-Bergen/Passaic), permits HMO enrollees residing in certain retirement communities with nursing homes to continue to receive care at that nursing facility under certain circumstances.

**A-1653**, sponsored by Assembly Members John V. Kelly (R- Bergen/Essex/Passaic) and Neil M. Cohen (D-Union) and Senator Gerald Cardinale (R-Bergen), requires health insurers, including hospital service corporations, medical service corporation, health service corporations, commercial insurers and health maintenance organizations to provide insurance coverage benefits for health wellness examinations and counseling. The bill appropriates \$95,000 to the Department of Health and Senior Services for allocation to the Health Wellness Promotion Advisory Board to evaluate implementation of the provisions of the bill and to ensure awareness and utilization of the health promotion program by covered persons and health care providers.

**A-2461**, sponsored by Assembly Member Gary W. Stuhltrager (R-Salem/Cumberland/ Gloucester), extends the cap on tax liability on transfers of hazardous substances to certain successors in interest.