17:48E-35.12

LEGISLATIVE HISTORY CHECKLIST

Compiled by the NJ State Law Library

(Health insurance-pap tests)

NJSA:

17:48E-35.12

LAWS OF:

1995

CHAPTER:

415

BILL NO:

A2231

SPONSOR(S):

Warsh

DATE INTRODUCED: October 20, 1994

COMMITTEE:

ASSEMBLY:

Insurance

SENATE:

AMENDED DURING PASSAGE:

No

DATE OF PASSAGE:

ASSEMBLY:

December 21, 1995

SENATE:

January 9, 1996

DATE OF APPROVAL:

January 10, 1996

FOLLOWING STATEMENTS ARE ATTACHED IF AVAILABLE:

SPONSOR STATEMENT:

Yes

COMMITTEE STATEMENT:

ASSEMBLY:

Yes

SENATE:

No

FISCAL NOTE:

No

VETO MESSAGE:

No

MESSAGE ON SIGNING:

No

FOLLOWING WERE PRINTED:

REPORTS:

No

HEARINGS:

No

KBP:pp

P.L.1995, CHAPTER 415, approved January 10, 1996 1994 Assembly No. 2231

AN ACT requiring health insurance benefits for Pap smears and supplementing Title 17 of the Revised Statutes and Title 17B of the New Jersey Statutes.

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

1. No health service corporation contract providing hospital or medical expense benefits for groups with greater than 49 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act, unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting a Pap smear. The benefits shall be provided to the same extent as for any other medical condition under the contract.

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

2. No hospital service corporation contract providing hospital or medical expense benefits for groups with greater than 49 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act, unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting a Pap smear. The benefits shall be provided to the same extent as for any other medical condition under the contract.

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

3. No medical service corporation contract providing hospital or medical expense benefits for groups with greater than 49 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act, unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting a Pap smear. The benefits shall be provided to the same extent as for any other medical condition under the contract.

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

The Miles

4. No group health insurance policy providing hospital or medical expense benefits for groups with greater than 49 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of insurance on or after the effective date of this act, unless the policy provides benefits to any named insured or other person covered thereunder for expenses incurred in conducting a Pap smear. The benefits shall be provided to the same extent as for any other medical condition under the policy.

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

5. A certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued by the Commissioner of Health on or after the effective date of this act unless the health maintenance organization offers health care services to any enrollee which include a Pap smear. The health care services shall be provided to the same extent as for any other medical condition under the contract.

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

6. This act shall take effect on the 30th day after enactment.

19

STATEMENT

 This bill requires all health insurers which cover groups with 50 or more persons and health maintenance organizations to provide benefits for Pap smears.

This bill is designed to encourage women to seek routine, preventive health care procedures such as Pap smears which can detect cervical cancer in its early stages.

Requires insurers to provide coverage for Pap smears.

4. No group health insurance policy providing hospital or medical expense benefits for groups with greater than 49 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act, unless the policy provides benefits to any named insured or other person covered thereunder for expenses incurred in conducting a Pap smear. The benefits shall be provided to the same extent as for any other medical condition under the policy.

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

5. A certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued by the Commissioner of Health on or after the effective date of this act unless the health maintenance organization offers health care services to any enrollee which include a Pap smear. The health care services shall be provided to the same extent as for any other medical condition under the contract.

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

6. This act shall take effect on the 30th day after enactment.

STATEMENT

This bill requires all health insurers which cover groups with 50 or more persons and health maintenance organizations to provide benefits for Pap smears.

This bill is designed to encourage women to seek routine, preventive health care procedures such as Pap smears which can detect cervical cancer in its early stages.

Requires insurers to provide coverage for Pap smears.

ASSEMBLY INSURANCE COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2231

STATE OF NEW JERSLY

DATED: DECEMBER 14, 1995

The Assembly Insurance Committee reports without recommendation Assembly, No. 2231.

This bill requires all health insurers which cover groups with 50 or more persons and health maintenance organizations to provide benefits for Pap smears.

This bill is designed to encourage women to seek routine, preventive health care procedures such as Pap smears which can detect cervical cancer in its early stages.