

26:1A-36.11

LEGISLATIVE HISTORY CHECKLIST
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("Health Wellness Certification
Plan Act")

NJSA: 26:1A-36.11

LAWS OF: 1993

CHAPTER: 327

BILL NO: S330

SPONSOR(S) Cardinale and others

DATE INTRODUCED: February 10, 1992

COMMITTEE: **ASSEMBLY:** Health & Human Services

SENATE: Commerce

AMENDED DURING PASSAGE: YES

DATE OF PASSAGE: **ASSEMBLY:** June 21, 1993

SENATE: May 21, 1992

DATE OF APPROVAL: December 23, 1993

SCS FOR S330/141 (CCR)

FOLLOWING STATEMENTS ARE ATTACHED IF AVAILABLE:

ENACTED

SPONSOR STATEMENT: Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes

SENATE: Yes

FISCAL NOTE: No

VETO MESSAGE: No

MESSAGE ON SIGNING: No

FOLLOWING WERE PRINTED:

REPORTS: No

HEARINGS: No

KBG:pp

§§1.2,9,10
C.26:1A-36.11 to
26:1A-36.14
§3 C.17:48-6i
§4 C.17:48A-7h
§5 C.17:48E-35.6
§6 C.17B:26-2.1h
§7 C.17B:27-48.1h
§8 C.26:2]-4.6
§11 Note To §§1-10

P.L.1993, CHAPTER 327, approved December 23, 1993

Assembly Substitute for

1992 Senate No. 330 et. al. (First Reprint)

1 AN ACT requiring the offer of health insurance benefits for
2 expenses incurred in testing and counselling to promote health
3 and reduce health risks and supplementing P.L.1938, c.368
4 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.),
5 P.L.1985, c.238 (C.17:48E-1 et seq.), Title 17B of the New
6 Jersey Statutes, P.L.1973, c.337 (C.26:2]-1 et seq.) and Title
7 26 of the Revised Statutes.
8

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

11 1. This act shall be known and may be cited as the "Health
12 Wellness Promotion Act."

13 2. The Legislature finds and declares that the development of
14 health promotion and health-risk reduction programs will serve
15 the best interests of the public welfare by encouraging health
16 care consumers to engage in healthy lifestyle behaviors which
17 will result in a reduction of the long-term costs of providing
18 health care. To this end, participation in healthy lifestyles should
19 be encouraged by requiring that health insurance benefits and
20 health care services be provided for wellness health examinations
21 and counselling.

22 3. a Except as otherwise provided in P.L.1992, c.161
23 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),
24 every hospital service corporation authorized to do business in
25 this State shall, no later than December 31, 1994, offer for sale
26 individual and group health care contracts in accordance with
27 accepted underwriting standards which shall provide benefits to
28 any subscriber or other person covered thereunder for expenses
29 incurred in a health promotion program through wellness health
30 examinations and counselling, which program shall include, but
31 not be limited to, the following tests and services:

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

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

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

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

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

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

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

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

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

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

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

42 4. a. Except as otherwise provided in P.L.1992, c.161
43 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),
44 every medical service corporation authorized to do business in
45 this State shall, no later than December 31, 1994, offer for sale
46 individual and group health care contracts in accordance with
47 accepted underwriting standards which shall provide benefits to
48 any subscriber or other person covered thereunder for expenses
49 incurred in a health promotion program through wellness health
50 examinations and counselling, which program shall include, but
51 not be limited to, the following tests and services:

52 (1) For all persons 20 years of age and older, annual tests to
53 determine blood hemoglobin, blood pressure, blood glucose level,
54 and blood cholesterol level or, alternatively, low-density

- 1 lipoprotein (LDL) level and blood high-density lipoprotein (HDL)
2 level;
- 3 (2) For all persons 35 years of age or older, a glaucoma eye
4 test 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 every
10 two years;
- 11 (6) For all women 40 years of age or older, an annual
12 mammogram examination;
- 13 (7) For all adults, recommended immunizations; and
- 14 (8) For all persons 20 years of age or older, an annual
15 consultation with a health care provider to discuss lifestyle
16 behaviors that promote health and well-being including, but not
17 limited to, smoking control, nutrition and diet recommendations,
18 exercise plans, lower back protection, weight control,
19 immunization practices, breast self-examination, testicular
20 self-examination and seat belt usage in motor vehicles.
- 21 Notwithstanding the provisions of this subsection to the
22 contrary, if a physician or other health care provider recommends
23 that it would be medically appropriate for a covered person to
24 receive a different schedule of tests and services than that
25 provided for under this subsection, the medical service
26 corporation shall provide payment for the tests or services
27 actually provided, within the limits of the amounts listed in
28 subsection b. of this section.
- 29 b. Every individual or group basic health care contract offered
30 for sale in this State by a medical service corporation pursuant to
31 subsection a. of this section shall provide payment for the
32 benefits set forth in subsection a. of this section in an amount
33 which shall not exceed: \$125 a year for each person between the
34 ages of 20 to 39, inclusive; \$145 a year for each man age 40 and
35 over; and \$235 a year for each woman age 40 and over; except
36 that for persons 45 years of age or older, the cost of a left-sided
37 colon examination shall not be included in the above amount;
38 however, no medical service corporation shall be required to
39 provide payment for benefits for a left-sided colon examination
40 in excess of \$150.
- 41 c. Commencing April 1, 1994 and every year thereafter, the
42 Commissioner of Insurance, in consultation with the Department
43 of the Treasury, shall adjust the threshold amounts provided by
44 subsection b. of this section in direct proportion to the increase
45 or decrease in the consumer price index for all urban consumers
46 in the New York City and Philadelphia areas as reported by the
47 United States Department of Labor. The adjustment shall
48 become effective on July 1 of the year in which the adjustment is
49 made.
- 50 5. a. Except as otherwise provided in P.L.1992, c.161
51 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.),
52 every health service corporation authorized to do business in this
53 State shall, no later than December 31, 1994, offer for sale
54 individual and group health care contracts in accordance with

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

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

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

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

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

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

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

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

49 c. Commencing April 1, 1994 and every year thereafter, the
50 Commissioner of Insurance, in consultation with the Department
51 of the Treasury, shall adjust the threshold amounts provided by
52 subsection b. of this section in direct proportion to the increase
53 or decrease in the consumer price index for all urban consumers
54 in New York City and the Philadelphia area as reported by the

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

4 5. a. Except as otherwise provided in P.L.1982, c.161
5 (C.17B:27A-2 et seq.), every health insurer authorized to do
6 business in this State in accordance the provisions of chapter 26
7 of Title 17B of the New Jersey Statutes shall, no later than
8 December 31, 1994, offer for sale individual health care policies
9 in accord with accepted underwriting standards for payment of
10 benefits to each person covered thereunder for expenses incurred
11 in a health promotion program through wellness health
12 examinations and counselling, which program shall include, but
13 not be limited to, the following tests and services:

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

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

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

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

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

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

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

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

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

44 b. Every individual health care policy offered for sale in this
45 State by an insurer pursuant to subsection a. of this section shall
46 provide payment for the benefits set forth in subsection a. of this
47 section in an amount which shall not exceed: \$125 a year for each
48 person between the ages of 20 to 39, inclusive; \$145 a year for
49 each man age 40 and over; and \$235 a year for each woman age
50 40 and over; except that for persons 45 years of age or older, the
51 cost of a left-sided colon examination shall not be included in the
52 above amount; however, no insurer shall be required to provide
53 payment for benefits for a left-sided colon examination in excess
54 of \$150.

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

10 d. The health care policies required pursuant to this section
11 shall be offered only by health insurers which issue or deliver
12 primary health insurance coverage in this State providing hospital
13 or medical expense benefits. Primary health insurance coverage
14 shall not include the following plans, policies, or contracts:
15 accident only, credit, disability, long-term care, Medicare
16 supplement coverage, CHAMPUS supplement coverage, coverage
17 for Medicare services pursuant to a contract with the United
18 States government, coverage for Medicaid services pursuant to a
19 contract with the State, coverage arising out of a workers'
20 compensation or similar law, automobile medical payment
21 insurance, personal injury protection insurance issued pursuant to
22 P.L.1973, c.70 (C.39:6A-1 et seq.), or hospital confinement
23 indemnity coverage.

24 7. a. Except as otherwise provided in P.L.1992, c.162
25 (C.17B:27A-17 et seq.), every health insurer authorized to do
26 business in this State in accordance with the provisions of chapter
27 27 of Title 17B of the New Jersey Statutes shall, no later than
28 December 31, 1994, offer for sale group health care policies in
29 accordance with accepted underwriting standards for payment of
30 benefits to each person covered thereunder for expenses incurred
31 in a health promotion program through wellness health
32 examinations and counselling, which program shall include, but
33 not be limited to, the following tests and services:

34 (1) For all persons 20 years of age and older, annual tests to
35 determine blood hemoglobin, blood pressure, blood glucose level,
36 and blood cholesterol level or, alternatively, low-density
37 lipoprotein (LDL) level and blood high-density lipoprotein (HDL)
38 level;

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

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

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

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

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

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

50 (8) For all persons 20 years of age or older, an annual
51 consultation with a health care provider to discuss lifestyle
52 behaviors that promote health and well-being including, but not
53 limited to, smoking contro^l, nutrition and diet recommendations,
54 exercise plans, lower back protection, weight control,

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

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

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

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

30 d. The health care policies required pursuant to this section
31 shall be offered only by health insurers which issue or deliver
32 primary health insurance coverage in this State providing hospital
33 or medical expense benefits. Primary health insurance coverage
34 shall not include the following plans, policies, or contracts:
35 accident only, credit, disability, long-term care, Medicare
36 supplement coverage, CHAMPUS supplement coverage, coverage
37 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
41 insurance, personal injury protection insurance issued pursuant to
42 P.L.1972, c.70 (C.39:6A-1 et seq.), or hospital confinement
43 indemnity coverage.

44 8. a. Except as otherwise provided in P.L.1992, c.161
45 (C.17B:27A-2 et seq.) and P.L.1992, c.162 (C.17B:27A-17 et seq.)
46 and notwithstanding any provision of this act or any other law to
47 the contrary, a certificate of authority to establish and operate a
48 health maintenance organization in this State shall not be issued
49 or continued by the Commissioner of Health on or after the
50 effective date of this act unless the health maintenance
51 organization offers health care services to any enrollee, no later
52 than December 31, 1994, for a health promotion program
53 providing wellness health examinations and counselling, which
54 program shall include, but not be limited to, the following tests

1 and services:

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

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

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

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

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

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

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

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

25 Notwithstanding the provisions of this subsection to the
26 contrary, if a physician or other health care provider recommends
27 that it would be medically appropriate for an enrollee to receive
28 a different schedule of tests and services than that provided for
29 under this subsection, the health maintenance organization shall
30 provide coverage for the tests or services actually provided,
31 within the limits of the amounts listed in subsection b. of this
32 section.

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

43 c. Commencing April 1, 1994 and every year thereafter, the
44 Commissioner of Health, in consultation with the Department of
45 the Treasury, shall adjust the threshold amounts provided by
46 subsection b. of this section in direct proportion to the increase
47 or decrease in the consumer price index for all urban consumers
48 in the New York City and Philadelphia areas as reported by the
49 United States Department of Labor. The adjustment shall
50 become effective on July 1 of the year in which it is reported.

51 d. Nothing in this act shall be construed to require that a
52 health maintenance organization take any actions which conflict
53 with the health benefits, underwriting and rating standards
54 established by the federal government pursuant to subchapter XI

AS for S330 SCS (1R)

9

1 of Pub.L.93-222 (42 U.S.C. §300e et seq.).

2 9. a. There is created a Health Wellness Promotion Advisory
3 Board which shall consist of three members, each of whom has a
4 background in epidemiology and a demonstrated professional
5 expertise in services, issues or programs relating to health
6 wellness promotion, who are residents of the State, one of whom
7 shall be appointed by the Governor, one by the President of the
8 Senate and one by the Speaker of the General Assembly.

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

12 c. Members of the board shall serve without compensation but
13 shall be reimbursed for their reasonable and necessary traveling
14 and other expenses incurred in the performance of their official
15 duties.

16 d. The Commissioner of Health shall designate an officer or
17 employee of the Department of Health to act as secretary of the
18 board who shall not be a member of the board.

19 e. The board, for the purpose of transacting its business, shall
20 meet at least once every six months at times and places fixed by
21 the board. At its first meeting each year it shall organize and
22 elect a chair from its members. Special meetings may also be
23 held at times as the board may fix, or at the call of the chair or
24 the Commissioner of Health. A timely written notice of the
25 time, place and purpose of any special meeting shall be mailed by
26 the secretary to all members of the board.

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

29 g. The board shall advise and make recommendations to the
30 Legislature pertaining to any revisions of medical testing and
31 services that are deemed by the board to be appropriate for
32 health promotion and that will encourage health care consumers
33 to engage in healthy lifestyle behaviors which will result in a
34 reduction of the long-term costs of providing health care. In
35 deciding whether a recommendation should be made to add an
36 additional medical test or service to those currently required by
37 this act, the board shall consider the benefits as well as the cost
38 to provide such a medical test or service. To assist the board in
39 its consideration, the board shall select two organizations which
40 have established expertise in the areas of epidemiology,
41 sensitivity, specificity and predictive value of screening, disease
42 protection, and health promotion tests. No additional test or
43 service shall be added to those required under this act unless: (1)
44 both organizations selected by the board agree that the medical
45 test or counselling service will improve quality of life, prolong
46 good quality life, or reduce mortality; and (2) the board,
47 subsequent to the agreement of both organizations, recommends
48 that such additional test or service be made.

49 h. The board shall also appoint a committee which includes
50 representatives of health care professions, including, but not
51 limited to, physicians, nurses, chiropractors, dentists, dietitians,
52 physician assistants, pharmacists and optometrists, and other
53 interested persons to advise the board regarding medical testing
54 and services that are deemed to be appropriate for health

1 promotion and that will encourage health care consumers to
2 engage in healthy lifestyle behaviors. The board shall determine
3 the number, composition and terms of office of the committee
4 members, and may establish such procedural and administrative
5 requirements as it deems appropriate for the committee.

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

9 10. The Commissioner of Insurance, after consultation with
10 the Health Wellness Promotion Advisory Board, established
11 pursuant to section 9 of P.L. , c. (C. Pending
12 before the Legislature as this bill), shall, within 180 days of the
13 effective date of this act, promulgate regulations, pursuant to
14 the "Administrative Procedure Act," P.L.1988, c.410 (C.52:14B-1
15 et seq.), necessary to effectuate the purposes of this act.

16 11. This act shall take effect on the 90th day after enactment.
17
18

19 STATEMENT 20

21 This Assembly substitute, which is designated the "Health
22 Wellness Promotion Act," requires hospital service corporations,
23 medical service corporations, health service corporations (Blue
24 Cross/Blue Shield), commercial individual and group insurers and
25 health maintenance organizations to offer as part of a contract
26 or policy, no later than December 31, 1994, benefits for expenses
27 incurred in a health promotion program for adults through
28 wellness health examinations and counselling. The provisions of
29 this substitute would not apply to small group or individual
30 policies and contracts to the extent that the recent reforms
31 effected by P.L.1992, c.161 (C.17B:27A-2 et seq.) or P.L.1992,
32 c.162 (C.17B:27A-17 et seq.) would provide otherwise.

33 The substitute establishes a Health Wellness Promotion
34 Advisory Board consisting of three persons with a background in
35 epidemiology and a demonstrated expertise in health wellness
36 promotion, one each to be appointed by the Governor, the
37 President of the Senate and the Speaker of the General
38 Assembly. The board is directed to appoint a committee which
39 includes representatives of various health care professions and
40 other interested persons to provide advice to the board regarding
41 medical testing and services that are deemed to be appropriate
42 for health promotion and that will encourage health care
43 consumers to engage in healthy lifestyle behaviors. The board
44 shall determine the number, composition and terms of office of
45 the committee members, and may establish such procedural and
46 administrative requirements as it deems appropriate for the
47 committee.

48 The substitute caps the dollar amounts an insurer is required to
49 pay for the tests and consultation services specified therein,
50 which amounts vary based on the age and sex of the insured. The
51 substitute provides for an annual adjustment of these threshold
52 amounts based on changes in the consumer price index.

53 No additional tests or services may be added to those provided
54 by the substitute unless two organizations with established

1 expertise in the areas of epidemiology, sensitivity, specificity and
2 predictive value of screening, disease protection and health
3 promotion tests, which have been selected by the board, agree
4 that the test or service being considered has been shown to
5 improve the quality of life, prolong good quality life or reduce
6 mortality; and subsequent to the agreement of these two
7 organizations, the board recommends to the Legislature that such
8 an additional test or service should be added. Any subsequent
9 changes with regard to those tests and services provided by this
10 substitute would thus require legislative action.

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Designated the "Health Wellness Promotion Act."

1 6. No group health service corporation contract providing
2 health service benefits shall be delivered, issued, executed or
3 renewed in this State, or approved for issuance or renewal in this
4 State by the Commissioner of Insurance on or after the date of
5 approval or adoption of a health wellness certification plan
6 pursuant to subsection b. of section 3 of this act, unless the
7 health service corporation offers a health wellness certification
8 plan to the named subscriber. If the named subscriber chooses to
9 participate in the plan, it shall be available to any individual
10 covered under the contract. If the named subscriber chooses to
11 participate in the plan, the health service corporation shall
12 report, at the end of every third contract period, to the named
13 subscriber and any individual covered under the contract, on the
14 cost effectiveness of the plan, which shall include comparative
15 data on plan participants and nonparticipants with like group
16 contracts, as to claim frequency, type of illnesses and other
17 factors required by the Commissioner of Insurance by regulation.

18 7. No group health insurance policy providing hospital or
19 medical expense benefits shall be delivered, issued, executed or
20 renewed in this State, or approved for issuance or renewal in this
21 State by the Commissioner of Insurance on or after the date of
22 approval or adoption of a health wellness certification plan
23 pursuant to subsection b. of section 3 of this act, unless the
24 insurer offers a health wellness certification plan to the
25 policyholder. If the policyholder chooses to participate in the
26 plan, it shall be available to any individual covered under the
27 policy. If the policyholder chooses to participate in the plan, the
28 insurer shall report, at the end of every third policy period, to the
29 policyholder and any individual covered under the policy, on the
30 cost effectiveness of the plan, which shall include comparative
31 data on plan participants and nonparticipants with like group
32 policies, as to claim frequency, type of illnesses and other factors
33 required by the Commissioner of Insurance by regulation.

34 8. This act shall take effect on the 180th day after enactment.
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37 STATEMENT

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39 This bill is designed to promote healthy lifestyle behavior by
40 requiring that hospital service corporations, medical service
41 corporations, health service corporations and commercial insurers
42 develop and offer health wellness certification plans, approved by
43 the Commissioners of Insurance and Health, as a part of their
44 group contracts or policies. These plans are to be designed to
45 encourage health care consumers to engage in healthy lifestyle
46 behavior to reduce the long term costs of providing health care.
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51 Designated the "Health Wellness Certification Plan Act."

ASSEMBLY HEALTH AND HUMAN SERVICES COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR

SENATE, Nos. 330 and 141

with Assembly committee amendments

STATE OF NEW JERSEY

DATED: NOVEMBER 9, 1992

The Assembly Health and Human Services Committee favorably reports the Senate Committee Substitute for Senate Bill Nos. 330 and 141 with committee amendments.

As amended by the committee, this committee substitute, which is entitled the "Health Wellness Certification Plan Act," is designed to promote healthy lifestyle behavior by requiring that hospital service corporations, medical service corporations, health service corporations and commercial insurers develop and offer certified health wellness plans, approved by the Commissioners of Insurance and Health, as a part of their group contracts or policies. These plans are to be designed to encourage health care consumers to engage in healthy lifestyle behavior to reduce the long term costs of providing health care. Minimum standards for the operation of certified health wellness programs are to be established by the Health Wellness Certification Plan Council which is created under the substitute. These are to include: a list of qualifying preventive medical and dental services (including, at a minimum, periodic medical, dental and rehabilitation services); qualifying lifestyle behaviors (including, at a minimum, non-smoking, regular exercise, weight maintenance, stress control, non-abuse of drugs, moderate alcohol consumption, nutritional risk management and use of seat belts); and standards for the certification of participation by insureds.

The twelve-member Health Wellness Certification Plan Council established under the substitute is to adopt and modify minimum standards for the implementation of health wellness plans. The council is to consist of the Commissioners of Health and Insurance, or their designees, an expert in preventive medicine and an expert in preventive dentistry from the University of Medicine and Dentistry of New Jersey, and eight additional members appointed by the Governor, with the advice and consent of the Senate, including a physician, a dietitian, a representative of health service corporations, a representative of commercial group insurers, two representatives of business and two representatives of labor.

The committee adopted a technical amendment to correct the reference to the "Health Wellness Promotion Council" in section 4 of the bill to the "Health Wellness Certification Plan Council."

SENATE COMMERCE COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR

SENATE, Nos. 330 and 141

STATE OF NEW JERSEY

DATED: MARCH 12, 1992

The Senate Commerce Committee reports favorably Senate Committee Substitute for Senate, Nos. 330 and 141.

This bill, a Senate Committee Substitute which is entitled the "Health Wellness Certification Plan Act," is designed to promote healthy lifestyle behavior by requiring that hospital service corporations, medical service corporations, health service corporations and commercial insurers develop and offer certified health wellness plans, approved by the Commissioners of Insurance and Health, as a part of their group contracts or policies. These plans are to be designed to encourage health care consumers to engage in healthy lifestyle behavior to reduce the long term costs of providing health care. Minimum standards for the operation of certified health wellness programs are to be established by the Health Wellness Promotion Council which is created under the bill. These are to include: a list of qualifying preventive medical and dental services (including, at a minimum, periodic medical, dental and rehabilitation services); qualifying lifestyle behaviors (including, at a minimum, non-smoking, regular exercise, weight maintenance, stress control, non-abuse of drugs, moderate alcohol consumption, nutritional risk management and use of seat belts); and standards for the certification of participation by insureds.

The twelve-member Health Wellness Promotion Council established under the bill is to adopt and modify minimum standards for the implementation of health wellness plans. The council is to consist of the Commissioners of Health and Insurance, or their designees, and an expert in preventive medicine and an expert in preventive dentistry from the University of Medicine and Dentistry of New Jersey and eight additional members appointed by the Governor, with the advice and consent of the Senate, including a physician, a dietitian, a representative of health service corporations, a representative of commercial group insurers, two representatives of business and two representatives of labor.