

17:48-6y

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2001 **CHAPTER:** 295
NJSA: 17:48-6y (Insurance coverage for Colorectal cancer screening)
BILL NO: A2313 (Substituted for S2104)

SPONSOR(S): Lance and Bateman

DATE INTRODUCED: May 1, 2000

COMMITTEE: **ASSEMBLY:** Health; Banking and Insurance

SENATE: ----

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** December 17, 2001

SENATE: December 6, 2001

DATE OF APPROVAL: December 31, 2001

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (3rd reprint enacted)

(Amendments during passage denoted by superscript numbers)

A2313

SPONSORS STATEMENT: (Begins on page 5 of original bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes 5-3-
2001(Banking)

1-18-2001(Health)

SENATE: No

FLOOR AMENDMENT STATEMENTS: Yes

LEGISLATIVE FISCAL ESTIMATE: No

S2104

SPONSORS STATEMENT: (Begins on page 7 of original bill)	Yes
COMMITTEE STATEMENT:	
ASSEMBLY:	No
SENATE:	Yes
FLOOR AMENDMENT STATEMENTS:	No
LEGISLATIVE FISCAL ESTIMATE:	No
FINAL VERSION (1 st reprint):	Yes
VETO MESSAGE:	No
GOVERNOR'S PRESS RELEASE ON SIGNING:	No

FOLLOWING WERE PRINTED:

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HEARINGS:	No
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ASSEMBLY, No. 2313

STATE OF NEW JERSEY 209th LEGISLATURE

INTRODUCED MAY 1, 2000

Sponsored by:

Assemblyman LEONARD LANCE

District 23 (Warren, Hunterdon and Mercer)

Assemblyman CHRISTOPHER "KIP" BATEMAN

District 16 (Morris and Somerset)

SYNOPSIS

Requires health insurers to provide coverage for colorectal cancer screening.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT requiring health insurance benefits for expenses incurred for
2 colorectal cancer screening and supplementing P.L.1938, c.366
3 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.),
4 P.L.1985, c.236 (C.17:48E-1 et seq.), chapters 26 and 27 of Title
5 17B of the New Jersey Statutes, P.L.1992, c.161 (C.17B:27A-2 et
6 seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.), and P.L.1973,
7 c.337 (C.26:2J-1 et seq.).
8

9 **BE IT ENACTED** *by the Senate and General Assembly of the State*
10 *of New Jersey:*
11

12 1. Every hospital service corporation contract that provides hospital
13 or medical expense benefits and is delivered, issued, executed or
14 renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.),
15 or approved for issuance or renewal in this State by the Commissioner
16 of Banking and Insurance on or after the effective date of this act,
17 shall provide benefits to any named subscriber or other person covered
18 thereunder for expenses incurred in conducting a colonoscopy, or an
19 alternative medically recognized diagnostic examination for colorectal
20 cancer as deemed appropriate by the covered person's physician, for
21 persons age 50 and over who are asymptomatic and for persons of any
22 age with a family history of colorectal cancer or other colorectal
23 cancer risk factors, as determined medically necessary by the covered
24 person's physician.

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

27 The provisions of this section shall apply to all hospital service
28 corporation contracts in which the hospital service corporation has
29 reserved the right to change the premium.
30

31 2. Every medical service corporation contract that provides hospital
32 or medical expense benefits and is delivered, issued, executed or
33 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.),
34 or approved for issuance or renewal in this State by the Commissioner
35 of Banking and Insurance on or after the effective date of this act,
36 shall provide benefits to any named subscriber or other person covered
37 thereunder for expenses incurred in conducting a colonoscopy, or an
38 alternative medically recognized diagnostic examination for colorectal
39 cancer as deemed appropriate by the covered person's physician, for
40 persons age 50 and over who are asymptomatic and for persons of any
41 age with a family history of colorectal cancer or other colorectal
42 cancer risk factors, as determined medically necessary by the covered
43 person's physician.

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

46 The provisions of this section shall apply to all medical service

1 corporation contracts in which the medical service corporation has
2 reserved the right to change the premium.

3

4 3. Every health service corporation contract that provides hospital
5 or medical expense benefits and is delivered, issued, executed or
6 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
7 seq.), or approved for issuance or renewal in this State by the
8 Commissioner of Banking and Insurance on or after the effective date
9 of this act, shall provide benefits to any named subscriber or other
10 person covered thereunder for expenses incurred in conducting a
11 colonoscopy, or an alternative medically recognized diagnostic
12 examination for colorectal cancer as deemed appropriate by the
13 covered person's physician, for persons age 50 and over who are
14 asymptomatic and for persons of any age with a family history of
15 colorectal cancer or other colorectal cancer risk factors, as determined
16 medically necessary by the covered person's physician.

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

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

22

23 4. Every individual policy that provides health insurance coverage
24 and is delivered, issued, executed or renewed in this State pursuant to
25 N.J.S.17B:26-1 et seq., or approved for issuance or renewal in this
26 State by the Commissioner of Banking and Insurance on or after the
27 effective date of this act, shall provide benefits to any named insured
28 or other person covered thereunder for expenses incurred in
29 conducting a colonoscopy, or an alternative medically recognized
30 diagnostic examination for colorectal cancer as deemed appropriate by
31 the covered person's physician, for persons age 50 and over who are
32 asymptomatic and for persons of any age with a family history of
33 colorectal cancer or other colorectal cancer risk factors, as determined
34 medically necessary by the covered person's physician.

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

37 The provisions of this section shall apply to all health insurance
38 policies in which the insurer has reserved the right to change the
39 premium.

40

41 5. Every group policy that provides health insurance coverage and
42 is delivered, issued, executed or renewed in this State pursuant to
43 N.J.S.17B:27-26 et seq., or approved for issuance or renewal in this
44 State by the Commissioner of Banking and Insurance on or after the
45 effective date of this act, shall provide benefits to any named insured
46 or other person covered thereunder for expenses incurred in

1 conducting a colonoscopy, or an alternative medically recognized
2 diagnostic examination for colorectal cancer as deemed appropriate by
3 the covered person's physician, for persons age 50 and over who are
4 asymptomatic and for persons of any age with a family history of
5 colorectal cancer or other colorectal cancer risk factors, as determined
6 medically necessary by the covered person's physician.

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

9 The provisions of this section shall apply to all health insurance
10 policies in which the insurer has reserved the right to change the
11 premium.

12

13 6. Every individual health benefits plan that provides health
14 insurance coverage and is delivered, issued, executed or renewed in
15 this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.), or
16 approved for issuance or renewal in this State by the Commissioner of
17 Banking and Insurance on or after the effective date of this act, shall
18 provide benefits to any named insured or other person covered
19 thereunder for expenses incurred in conducting a colonoscopy, or an
20 alternative medically recognized diagnostic examination for colorectal
21 cancer as deemed appropriate by the covered person's physician, for
22 persons age 50 and over who are asymptomatic and for persons of any
23 age with a family history of colorectal cancer or other colorectal
24 cancer risk factors, as determined medically necessary by the covered
25 person's physician.

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

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

30

31 7. Every small employer health benefits plan that provides health
32 insurance coverage and is delivered, issued, executed or renewed in
33 this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.), or
34 approved for issuance or renewal in this State by the Commissioner of
35 Banking and Insurance on or after the effective date of this act, shall
36 provide benefits to any named insured or other person covered
37 thereunder for expenses incurred in conducting a colonoscopy, or an
38 alternative medically recognized diagnostic examination for colorectal
39 cancer as deemed appropriate by the covered person's physician, for
40 persons age 50 and over who are asymptomatic and for persons of any
41 age with a family history of colorectal cancer or other colorectal
42 cancer risk factors, as determined medically necessary by the covered
43 person's physician.

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

46 The provisions of this section shall apply to all health benefit plans

1 in which the carrier has reserved the right to change the premium.

2

3 8. Every enrollee agreement that provides hospital or medical
4 expense benefits and is delivered, issued, executed or renewed in this
5 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for
6 issuance or renewal in this State by the Commissioner of Health and
7 Senior Services on or after the effective date of this act, shall provide
8 health care services to any enrollee or other person covered thereunder
9 for expenses incurred in conducting a colonoscopy, or an alternative
10 medically recognized diagnostic examination for colorectal cancer as
11 deemed appropriate by the covered person's physician, for persons age
12 50 and over who are asymptomatic and for persons of any age with a
13 family history of colorectal cancer or other colorectal cancer risk
14 factors, as determined medically necessary by the covered person's
15 physician.

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

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

21

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

23

24

25 STATEMENT

26

27 This bill requires hospital, medical and health service corporations,
28 individual and small and large group commercial insurers and health
29 maintenance organizations to provide coverage for a colonoscopy, or
30 an alternative medically recognized diagnostic examination for
31 colorectal cancer as deemed appropriate by the covered person's
32 physician, for persons age 50 and over who are asymptomatic and for
33 persons of any age with a family history of colorectal cancer or other
34 colorectal cancer risk factors, as determined medically necessary by
35 the covered person's physician.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2313

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 18, 2001

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 2313.

As amended by the committee, this bill requires hospital, medical and health service corporations, individual and small and large group commercial insurers and health maintenance organizations to provide coverage for colorectal cancer screening at regular intervals for persons age 50 and over and for persons of any age who are considered to be at high risk for colorectal cancer. The methods of screening for which benefits shall be provided shall include: a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof; or the most reliable, medically recognized screening test available. The method and frequency of screening to be utilized shall be as determined medically necessary by the covered person's physician, in consultation with the covered person.

The committee amendments:

- C substitute the term "colorectal cancer screening" for "a colonoscopy or alternative medically recognized diagnostic examination for colorectal cancer";
- C require health insurers to cover this screening at regular intervals, rather than as deemed appropriate by the covered person's physician;
- C require coverage of colorectal cancer screening for all persons age 50 and over, whether or not they are asymptomatic and for persons of any age who are considered to be at high risk for colorectal cancer;
- C stipulate that the required coverage shall include: a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof; or the most reliable, medically recognized screening test available; and that the method and frequency of screening to be utilized shall be as determined medically necessary by the covered person's physician, in consultation with the covered person;
- C define "high risk for colorectal cancer" to mean that a person has:

- a family history of: familial adenomatous polyposis; hereditary non-polyposis colon cancer; or breast, ovarian, endometrial or colon cancer or polyps;
 - chronic inflammatory bowel disease; or
 - a background, ethnicity or lifestyle that the physician believes puts the person at elevated risk for colorectal cancer; and
- C change the effective date from the 30th day to the 180th day after enactment.

[First Reprint]

ASSEMBLY, No. 2313

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED MAY 1, 2000

Sponsored by:

Assemblyman LEONARD LANCE

District 23 (Warren, Hunterdon and Mercer)

Assemblyman CHRISTOPHER "KIP" BATEMAN

District 16 (Morris and Somerset)

Co-Sponsored by:

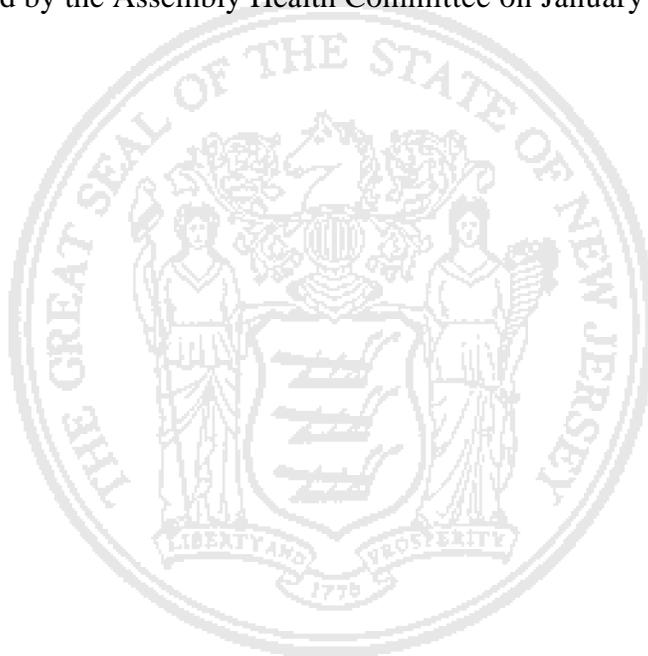
Assemblywoman Weinberg and Assemblyman Bagger

SYNOPSIS

Requires health insurers to provide coverage for colorectal cancer screening.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee on January 18, 2001, with amendments.



(Sponsorship Updated As Of: 4/20/2001)

1 AN ACT requiring health insurance benefits for expenses incurred for
 2 colorectal cancer screening and supplementing P.L.1938, c.366
 3 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.),
 4 P.L.1985, c.236 (C.17:48E-1 et seq.), chapters 26 and 27 of Title
 5 17B of the New Jersey Statutes, P.L.1992, c.161 (C.17B:27A-2 et
 6 seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.), and P.L.1973,
 7 c.337 (C.26:2J-1 et seq.).

8
 9 **BE IT ENACTED** *by the Senate and General Assembly of the State*
 10 *of New Jersey:*

11
 12 1. Every hospital service corporation contract that provides hospital
 13 or medical expense benefits and is delivered, issued, executed or
 14 renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.),
 15 or approved for issuance or renewal in this State by the Commissioner
 16 of Banking and Insurance on or after the effective date of this act,
 17 shall provide benefits to any named subscriber or other person covered
 18 thereunder for expenses incurred in conducting ¹[a colonoscopy, or
 19 an alternative medically recognized diagnostic examination for]¹
 20 colorectal cancer ¹[as deemed appropriate by the covered person's
 21 physician,] screening at regular intervals¹ for persons age 50 and over
 22 ¹[who are asymptomatic]¹ and for persons of any age ¹[with a family
 23 history of colorectal cancer or other colorectal cancer risk factors,]
 24 who are considered to be at high risk for colorectal cancer. The
 25 methods of screening for which benefits shall be provided shall
 26 include: a screening fecal occult blood test, flexible sigmoidoscopy,
 27 colonoscopy, barium enema, or any combination thereof; or the most
 28 reliable, medically recognized screening test available. The method
 29 and frequency of screening to be utilized shall be¹ as determined
 30 medically necessary by the covered person's physician¹, in consultation
 31 with the covered person.

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

34 (1) a family history of: familial adenomatous polyposis; hereditary
 35 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
 36 cancer or polyps;

37 (2) chronic inflammatory bowel disease; or

38 (3) a background, ethnicity or lifestyle that the physician believes
 39 puts the person at elevated risk for colorectal cancer¹.

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

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:

¹ Assembly AHL committee amendments adopted January 18, 2001.

1 The provisions of this section shall apply to all hospital service
2 corporation contracts in which the hospital service corporation has
3 reserved the right to change the premium.

4
5 2. Every medical service corporation contract that provides hospital
6 or medical expense benefits and is delivered, issued, executed or
7 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.),
8 or approved for issuance or renewal in this State by the Commissioner
9 of Banking and Insurance on or after the effective date of this act,
10 shall provide benefits to any named subscriber or other person covered
11 thereunder for expenses incurred in conducting ¹[a colonoscopy, or
12 an alternative medically recognized diagnostic examination for]¹
13 colorectal cancer ¹[as deemed appropriate by the covered person's
14 physician,] screening at regular intervals¹ for persons age 50 and over
15 ¹[who are asymptomatic]¹ and for persons of any age ¹[with a family
16 history of colorectal cancer or other colorectal cancer risk factors,]
17 who are considered to be at high risk for colorectal cancer. The
18 methods of screening for which benefits shall be provided shall
19 include: a screening fecal occult blood test, flexible sigmoidoscopy,
20 colonoscopy, barium enema, or any combination thereof; or the most
21 reliable, medically recognized screening test available. The method
22 and frequency of screening to be utilized shall be¹ as determined
23 medically necessary by the covered person's physician¹, in consultation
24 with the covered person.

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

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

30 (2) chronic inflammatory bowel disease; or

31 (3) a background, ethnicity or lifestyle that the physician believes
32 puts the person at elevated risk for colorectal cancer¹.

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

35 The provisions of this section shall apply to all medical service
36 corporation contracts in which the medical service corporation has
37 reserved the right to change the premium.

38
39 3. Every health service corporation contract that provides hospital
40 or medical expense benefits and is delivered, issued, executed or
41 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
42 seq.), or approved for issuance or renewal in this State by the
43 Commissioner of Banking and Insurance on or after the effective date
44 of this act, shall provide benefits to any named subscriber or other
45 person covered thereunder for expenses incurred in conducting ¹[a
46 colonoscopy, or an alternative medically recognized diagnostic

1 examination for]¹ colorectal cancer ¹[as deemed appropriate by the
2 covered person's physician,] screening at regular intervals¹ for persons
3 age 50 and over ¹[who are asymptomatic]¹ and for persons of any
4 age ¹[with a family history of colorectal cancer or other colorectal
5 cancer risk factors,] who are considered to be at high risk for
6 colorectal cancer. The methods of screening for which benefits shall
7 be provided shall include: a screening fecal occult blood test, flexible
8 sigmoidoscopy, colonoscopy, barium enema, or any combination
9 thereof; or the most reliable, medically recognized screening test
10 available. The method and frequency of screening to be utilized shall
11 be¹ as determined medically necessary by the covered person's
12 physician¹, in consultation with the covered person.

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

15 (1) a family history of: familial adenomatous polyposis; hereditary
16 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
17 cancer or polyps;

18 (2) chronic inflammatory bowel disease; or

19 (3) a background, ethnicity or lifestyle that the physician believes
20 puts the person at elevated risk for colorectal cancer¹.

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

23 The provisions of this section shall apply to all health service
24 corporation contracts in which the health service corporation has
25 reserved the right to change the premium.

26

27 4. Every individual policy that provides health insurance coverage
28 and is delivered, issued, executed or renewed in this State pursuant to
29 N.J.S.17B:26-1 et seq., or approved for issuance or renewal in this
30 State by the Commissioner of Banking and Insurance on or after the
31 effective date of this act, shall provide benefits to any named insured
32 or other person covered thereunder for expenses incurred in
33 conducting ¹[a colonoscopy, or an alternative medically recognized
34 diagnostic examination for]¹ colorectal cancer [as deemed
35 appropriate by the covered person's physician,] screening at regular
36 intervals¹ for persons age 50 and over ¹[who are asymptomatic]¹
37 and for persons of any age ¹[with a family history of colorectal cancer
38 or other colorectal cancer risk factors,] who are considered to be at
39 high risk for colorectal cancer. The methods of screening for which
40 benefits shall be provided shall include: a screening fecal occult blood
41 test, flexible sigmoidoscopy, colonoscopy, barium enema, or any
42 combination thereof; or the most reliable, medically recognized
43 screening test available. The method and frequency of screening to be
44 utilized shall be¹ as determined medically necessary by the covered
45 person's physician¹, in consultation with the covered person.

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

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

6 (2) chronic inflammatory bowel disease; or

7 (3) a background, ethnicity or lifestyle that the physician believes
8 puts the person at elevated risk for colorectal cancer¹.

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

11 The provisions of this section shall apply to all health insurance
12 policies in which the insurer has reserved the right to change the
13 premium.

14

15 5. Every group policy that provides health insurance coverage and
16 is delivered, issued, executed or renewed in this State pursuant to
17 N.J.S.17B:27-26 et seq., or approved for issuance or renewal in this
18 State by the Commissioner of Banking and Insurance on or after the
19 effective date of this act, shall provide benefits to any named insured
20 or other person covered thereunder for expenses incurred in
21 conducting ¹[a colonoscopy, or an alternative medically recognized
22 diagnostic examination for]¹ colorectal cancer [¹ as deemed
23 appropriate by the covered person's physician,] screening at regular
24 intervals¹ for persons age 50 and over ¹[who are asymptomatic]¹
25 and for persons of any age ¹[with a family history of colorectal cancer
26 or other colorectal cancer risk factors,] who are considered to be at
27 high risk for colorectal cancer. The methods of screening for which
28 benefits shall be provided shall include: a screening fecal occult blood
29 test, flexible sigmoidoscopy, colonoscopy, barium enema, or any
30 combination thereof; or the most reliable, medically recognized
31 screening test available. The method and frequency of screening to be
32 utilized shall be¹ as determined medically necessary by the covered
33 person's physician¹, in consultation with the covered person.

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

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

39 (2) chronic inflammatory bowel disease; or

40 (3) a background, ethnicity or lifestyle that the physician believes
41 puts the person at elevated risk for colorectal cancer¹.

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

44 The provisions of this section shall apply to all health insurance
45 policies in which the insurer has reserved the right to change the
46 premium.

1 6. Every individual health benefits plan that provides health
2 insurance coverage and is delivered, issued, executed or renewed in
3 this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.), or
4 approved for issuance or renewal in this State by the Commissioner of
5 Banking and Insurance on or after the effective date of this act, shall
6 provide benefits to any named insured or other person covered
7 thereunder for expenses incurred in conducting ¹[a colonoscopy, or
8 an alternative medically recognized diagnostic examination for]¹
9 colorectal cancer ¹[as deemed appropriate by the covered person's
10 physician,] screening at regular intervals¹ for persons age 50 and over
11 ¹[who are asymptomatic]¹ and for persons of any age ¹[with a family
12 history of colorectal cancer or other colorectal cancer risk factors,]
13 who are considered to be at high risk for colorectal cancer. The
14 methods of screening for which benefits shall be provided shall
15 include: a screening fecal occult blood test, flexible sigmoidoscopy,
16 colonoscopy, barium enema, or any combination thereof; or the most
17 reliable, medically recognized screening test available. The method
18 and frequency of screening to be utilized shall be¹ as determined
19 medically necessary by the covered person's physician¹, in consultation
20 with the covered person.

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

23 (1) a family history of: familial adenomatous polyposis; hereditary
24 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
25 cancer or polyps;

26 (2) chronic inflammatory bowel disease; or

27 (3) a background, ethnicity or lifestyle that the physician believes
28 puts the person at elevated risk for colorectal cancer¹.

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

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

33
34 7. Every small employer health benefits plan that provides health
35 insurance coverage and is delivered, issued, executed or renewed in
36 this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.), or
37 approved for issuance or renewal in this State by the Commissioner of
38 Banking and Insurance on or after the effective date of this act, shall
39 provide benefits to any named insured or other person covered
40 thereunder for expenses incurred in conducting ¹[a colonoscopy, or
41 an alternative medically recognized diagnostic examination for]¹
42 colorectal cancer ¹[as deemed appropriate by the covered person's
43 physician,] screening at regular intervals¹ for persons age 50 and over
44 ¹[who are asymptomatic]¹ and for persons of any age ¹[with a family
45 history of colorectal cancer or other colorectal cancer risk factors,]

1 who are considered to be at high risk for colorectal cancer. The
2 methods of screening for which benefits shall be provided shall
3 include: a screening fecal occult blood test, flexible sigmoidoscopy,
4 colonoscopy, barium enema, or any combination thereof; or the most
5 reliable, medically recognized screening test available. The method
6 and frequency of screening to be utilized shall be¹ as determined
7 medically necessary by the covered person's physician¹, in consultation
8 with the covered person.

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

11 (1) a family history of: familial adenomatous polyposis; hereditary
12 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
13 cancer or polyps;

14 (2) chronic inflammatory bowel disease; or

15 (3) a background, ethnicity or lifestyle that the physician believes
16 puts the person at elevated risk for colorectal cancer¹.

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

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

21

22 8. Every enrollee agreement that provides hospital or medical
23 expense benefits and is delivered, issued, executed or renewed in this
24 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for
25 issuance or renewal in this State by the Commissioner of Health and
26 Senior Services on or after the effective date of this act, shall provide
27 health care services to any enrollee or other person covered thereunder
28 for expenses incurred in conducting ¹[a colonoscopy, or an alternative
29 medically recognized diagnostic examination for]¹ colorectal cancer
30 ¹[as deemed appropriate by the covered person's physician,] screening
31 at regular intervals¹ for persons age 50 and over ¹[who are
32 asymptomatic]¹ and for persons of any age ¹[with a family history of
33 colorectal cancer or other colorectal cancer risk factors,] who are
34 considered to be at high risk for colorectal cancer. The methods of
35 screening for which benefits shall be provided shall include: a
36 screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy,
37 barium enema, or any combination thereof; or the most reliable,
38 medically recognized screening test available. The method and
39 frequency of screening to be utilized shall be¹ as determined medically
40 necessary by the covered person's physician¹, in consultation with the
41 covered person.

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

44 (1) a family history of: familial adenomatous polyposis; hereditary
45 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
46 cancer or polyps;

1 (2) chronic inflammatory bowel disease; or
2 (3) a background, ethnicity or lifestyle that the physician believes
3 puts the person at elevated risk for colorectal cancer¹.

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

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

9

10 9. This act shall take effect on the ¹[30th] 180th¹ day after
11 enactment.

ASSEMBLY BANKING AND INSURANCE COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 2313

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 3, 2001

The Assembly Banking and Insurance Committee reports favorably and with committee amendments, Assembly Bill No. 2313 (1R).

This bill, as amended by the committee, requires health insurers including hospital, medical and health service corporations, commercial individual and group health insurers, health maintenance organizations and health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs to provide coverage for colorectal cancer screening at regular intervals for persons age 50 and over and for persons of any age who are considered to be at high risk for colorectal cancer. Under the bill, the methods of screening for which benefits shall be provided include: a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof; or the most reliable, medically recognized screening test available. The method and frequency of screening to be utilized shall be as determined medically necessary by the covered person's physician, in consultation with the covered person.

The bill defines "high risk for colorectal cancer" to mean that a person has: a family history of familial adenomatous polyposis, hereditary non-polyposis colon cancer, or breast, ovarian, endometrial or colon cancer or polyps; chronic inflammatory bowel disease; or a background, ethnicity or lifestyle that the physician believes puts the person at elevated risk for colorectal cancer

The committee made technical amendments which clarify that the provisions of the bill apply to policies that provide hospital or medical expense benefits.

[Second Reprint]

ASSEMBLY, No. 2313

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED MAY 1, 2000

Sponsored by:

Assemblyman LEONARD LANCE

District 23 (Warren, Hunterdon and Mercer)

Assemblyman CHRISTOPHER "KIP" BATEMAN

District 16 (Morris and Somerset)

Co-Sponsored by:

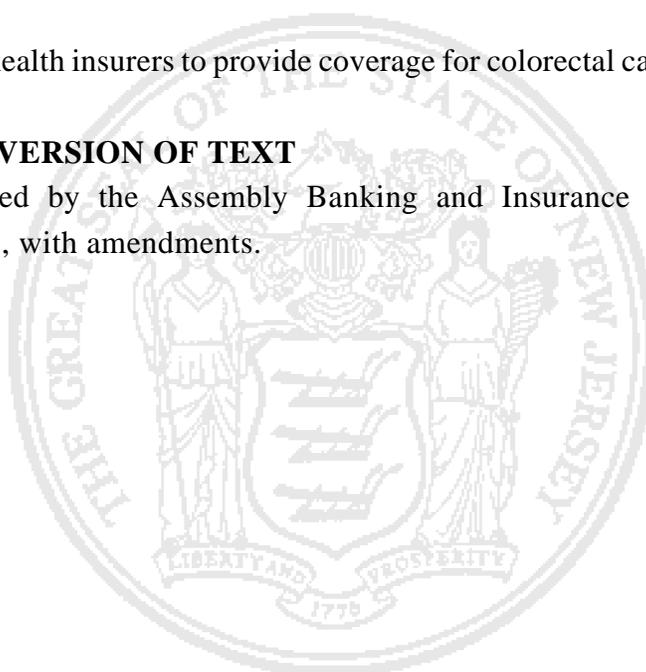
**Assemblywoman Weinberg, Assemblymen Bagger, Conaway, Geist,
Assemblywoman Heck, Assemblyman Malone, Senators Schluter, Sinagra
and Lesniak**

SYNOPSIS

Requires health insurers to provide coverage for colorectal cancer screening.

CURRENT VERSION OF TEXT

As reported by the Assembly Banking and Insurance Committee on
May 3, 2001, with amendments.



(Sponsorship Updated As Of: 12/7/2001)

1 AN ACT requiring health insurance benefits for expenses incurred for
 2 colorectal cancer screening and supplementing P.L.1938, c.366
 3 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.),
 4 P.L.1985, c.236 (C.17:48E-1 et seq.), chapters 26 and 27 of Title
 5 17B of the New Jersey Statutes, P.L.1992, c.161 (C.17B:27A-2 et
 6 seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.), and P.L.1973,
 7 c.337 (C.26:2J-1 et seq.).

8
 9 **BE IT ENACTED** *by the Senate and General Assembly of the State*
 10 *of New Jersey:*

11
 12 1. Every hospital service corporation contract that provides hospital
 13 or medical expense benefits and is delivered, issued, executed or
 14 renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.),
 15 or approved for issuance or renewal in this State by the Commissioner
 16 of Banking and Insurance on or after the effective date of this act,
 17 shall provide benefits to any named subscriber or other person covered
 18 thereunder for expenses incurred in conducting ¹[a colonoscopy, or
 19 an alternative medically recognized diagnostic examination for]¹
 20 colorectal cancer ¹[as deemed appropriate by the covered person's
 21 physician,] screening at regular intervals¹ for persons age 50 and over
 22 ¹[who are asymptomatic]¹ and for persons of any age ¹[with a family
 23 history of colorectal cancer or other colorectal cancer risk factors,]
 24 who are considered to be at high risk for colorectal cancer. The
 25 methods of screening for which benefits shall be provided shall
 26 include: a screening fecal occult blood test, flexible sigmoidoscopy,
 27 colonoscopy, barium enema, or any combination thereof; or the most
 28 reliable, medically recognized screening test available. The method
 29 and frequency of screening to be utilized shall be¹ as determined
 30 medically necessary by the covered person's physician¹, in consultation
 31 with the covered person.

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

34 (1) a family history of: familial adenomatous polyposis; hereditary
 35 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
 36 cancer or polyps;

37 (2) chronic inflammatory bowel disease; or

38 (3) a background, ethnicity or lifestyle that the physician believes
 39 puts the person at elevated risk for colorectal cancer¹.

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

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:

¹ Assembly AHL committee amendments adopted January 18, 2001.

² Assembly ABI committee amendments adopted May 3, 2001.

1 The provisions of this section shall apply to all hospital service
2 corporation contracts in which the hospital service corporation has
3 reserved the right to change the premium.

4
5 2. Every medical service corporation contract that provides hospital
6 or medical expense benefits and is delivered, issued, executed or
7 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.),
8 or approved for issuance or renewal in this State by the Commissioner
9 of Banking and Insurance on or after the effective date of this act,
10 shall provide benefits to any named subscriber or other person covered
11 thereunder for expenses incurred in conducting ¹[a colonoscopy, or
12 an alternative medically recognized diagnostic examination for]¹
13 colorectal cancer ¹[as deemed appropriate by the covered person's
14 physician,] screening at regular intervals¹ for persons age 50 and over
15 ¹[who are asymptomatic]¹ and for persons of any age¹ [with a family
16 history of colorectal cancer or other colorectal cancer risk factors,]
17 who are considered to be at high risk for colorectal cancer. The
18 methods of screening for which benefits shall be provided shall
19 include: a screening fecal occult blood test, flexible sigmoidoscopy,
20 colonoscopy, barium enema, or any combination thereof; or the most
21 reliable, medically recognized screening test available. The method
22 and frequency of screening to be utilized shall be¹ as determined
23 medically necessary by the covered person's physician¹, in consultation
24 with the covered person.

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

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

30 (2) chronic inflammatory bowel disease; or

31 (3) a background, ethnicity or lifestyle that the physician believes
32 puts the person at elevated risk for colorectal cancer¹.

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

35 The provisions of this section shall apply to all medical service
36 corporation contracts in which the medical service corporation has
37 reserved the right to change the premium.

38
39 3. Every health service corporation contract that provides hospital
40 or medical expense benefits and is delivered, issued, executed or
41 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
42 seq.), or approved for issuance or renewal in this State by the
43 Commissioner of Banking and Insurance on or after the effective date
44 of this act, shall provide benefits to any named subscriber or other
45 person covered thereunder for expenses incurred in conducting ¹[a
46 colonoscopy, or an alternative medically recognized diagnostic

1 examination for]¹ colorectal cancer ¹[as deemed appropriate by the
2 covered person's physician,] screening at regular intervals¹ for persons
3 age 50 and over ¹[who are asymptomatic]¹ and for persons of any
4 age ¹[with a family history of colorectal cancer or other colorectal
5 cancer risk factors,] who are considered to be at high risk for
6 colorectal cancer. The methods of screening for which benefits shall
7 be provided shall include: a screening fecal occult blood test, flexible
8 sigmoidoscopy, colonoscopy, barium enema, or any combination
9 thereof; or the most reliable, medically recognized screening test
10 available. The method and frequency of screening to be utilized shall
11 be¹ as determined medically necessary by the covered person's
12 physician¹, in consultation with the covered person.

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

15 (1) a family history of: familial adenomatous polyposis; hereditary
16 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
17 cancer or polyps;

18 (2) chronic inflammatory bowel disease; or

19 (3) a background, ethnicity or lifestyle that the physician believes
20 puts the person at elevated risk for colorectal cancer¹.

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

23 The provisions of this section shall apply to all health service
24 corporation contracts in which the health service corporation has
25 reserved the right to change the premium.

26

27 4. Every individual policy that provides ²[health insurance
28 coverage] hospital or medical expense benefits² and is delivered,
29 issued, executed or renewed in this State pursuant to N.J.S.17B:26-1
30 et seq., or approved for issuance or renewal in this State by the
31 Commissioner of Banking and Insurance on or after the effective date
32 of this act, shall provide benefits to any named insured or other person
33 covered thereunder for expenses incurred in conducting ¹[a
34 colonoscopy, or an alternative medically recognized diagnostic
35 examination for]¹ colorectal cancer ¹[as deemed appropriate by the
36 covered person's physician,] screening at regular intervals¹ for persons
37 age 50 and over ¹[who are asymptomatic]¹ and for persons of any
38 age ¹[with a family history of colorectal cancer or other colorectal
39 cancer risk factors,] who are considered to be at high risk for
40 colorectal cancer. The methods of screening for which benefits shall
41 be provided shall include: a screening fecal occult blood test, flexible
42 sigmoidoscopy, colonoscopy, barium enema, or any combination
43 thereof; or the most reliable, medically recognized screening test
44 available. The method and frequency of screening to be utilized shall
45 be¹ as determined medically necessary by the covered person's

1 physician¹, in consultation with the covered person.

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

4 (1) a family history of: familial adenomatous polyposis; hereditary
5 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
6 cancer or polyps;

7 (2) chronic inflammatory bowel disease; or

8 (3) a background, ethnicity or lifestyle that the physician believes
9 puts the person at elevated risk for colorectal cancer¹.

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

12 The provisions of this section shall apply to all health insurance
13 policies in which the insurer has reserved the right to change the
14 premium.

15
16 5. Every group policy that provides ²[health insurance coverage]
17 hospital or medical expense benefits² and is delivered, issued, executed
18 or renewed in this State pursuant to N.J.S.17B:27-26 et seq., or
19 approved for issuance or renewal in this State by the Commissioner of
20 Banking and Insurance on or after the effective date of this act, shall
21 provide benefits to any named insured or other person covered
22 thereunder for expenses incurred in conducting ¹[a colonoscopy, or
23 an alternative medically recognized diagnostic examination for]¹
24 colorectal cancer ¹[as deemed appropriate by the covered person's
25 physician,] screening at regular intervals¹ for persons age 50 and over
26 ¹[who are asymptomatic]¹ and for persons of any age ¹[with a family
27 history of colorectal cancer or other colorectal cancer risk factors,]
28 who are considered to be at high risk for colorectal cancer. The
29 methods of screening for which benefits shall be provided shall
30 include: a screening fecal occult blood test, flexible sigmoidoscopy,
31 colonoscopy, barium enema, or any combination thereof; or the most
32 reliable, medically recognized screening test available. The method
33 and frequency of screening to be utilized shall be¹ as determined
34 medically necessary by the covered person's physician¹, in consultation
35 with the covered person.

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

38 (1) a family history of: familial adenomatous polyposis; hereditary
39 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
40 cancer or polyps;

41 (2) chronic inflammatory bowel disease; or

42 (3) a background, ethnicity or lifestyle that the physician believes
43 puts the person at elevated risk for colorectal cancer¹.

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

46 The provisions of this section shall apply to all health insurance

1 policies in which the insurer has reserved the right to change the
2 premium.

3
4 6. Every individual health benefits plan that provides ²[health
5 insurance coverage] hospital or medical expense benefits² and is
6 delivered, issued, executed or renewed in this State pursuant to
7 P.L.1992, c.161 (C.17B:27A-2 et seq.), or approved for issuance or
8 renewal in this State by the Commissioner of Banking and Insurance
9 on or after the effective date of this act, shall provide benefits to any
10 named insured or other person covered thereunder for expenses
11 incurred in conducting ¹[a colonoscopy, or an alternative medically
12 recognized diagnostic examination for]¹ colorectal cancer ¹[as
13 deemed appropriate by the covered person's physician,] screening at
14 regular intervals¹ for persons age 50 and over ¹[who are
15 asymptomatic]¹ and for persons of any age ¹[with a family history of
16 colorectal cancer or other colorectal cancer risk factors,] who are
17 considered to be at high risk for colorectal cancer. The methods of
18 screening for which benefits shall be provided shall include: a
19 screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy,
20 barium enema, or any combination thereof; or the most reliable,
21 medically recognized screening test available. The method and
22 frequency of screening to be utilized shall be¹ as determined medically
23 necessary by the covered person's physician¹, in consultation with the
24 covered person.

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

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

30 (2) chronic inflammatory bowel disease; or

31 (3) a background, ethnicity or lifestyle that the physician believes
32 puts the person at elevated risk for colorectal cancer¹.

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

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

37
38 7. Every small employer health benefits plan that provides ²[health
39 insurance coverage] hospital or medical expense benefits² and is
40 delivered, issued, executed or renewed in this State pursuant to
41 P.L.1992, c.162 (C.17B:27A-17 et seq.), or approved for issuance or
42 renewal in this State by the Commissioner of Banking and Insurance
43 on or after the effective date of this act, shall provide benefits to any
44 named insured or other person covered thereunder for expenses
45 incurred in conducting ¹[a colonoscopy, or an alternative medically

1 recognized diagnostic examination for]¹ colorectal cancer ¹[as
2 deemed appropriate by the covered person's physician,] screening at
3 regular intervals¹ for persons age 50 and over [who are
4 asymptomatic]¹ and for persons of any age ¹[with a family history of
5 colorectal cancer or other colorectal cancer risk factors,] who are
6 considered to be at high risk for colorectal cancer. The methods of
7 screening for which benefits shall be provided shall include: a
8 screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy,
9 barium enema, or any combination thereof; or the most reliable,
10 medically recognized screening test available. The method and
11 frequency of screening to be utilized shall be¹ as determined medically
12 necessary by the covered person's physician¹, in consultation with the
13 covered person.

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

16 (1) a family history of: familial adenomatous polyposis; hereditary
17 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
18 cancer or polyps;

19 (2) chronic inflammatory bowel disease; or

20 (3) a background, ethnicity or lifestyle that the physician believes
21 puts the person at elevated risk for colorectal cancer¹.

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

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

26

27 8. Every enrollee agreement that provides hospital or medical
28 expense benefits and is delivered, issued, executed or renewed in this
29 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for
30 issuance or renewal in this State by the Commissioner of Health and
31 Senior Services on or after the effective date of this act, shall provide
32 health care services to any enrollee or other person covered thereunder
33 for expenses incurred in conducting ¹[a colonoscopy, or an alternative
34 medically recognized diagnostic examination for]¹ colorectal cancer
35 ¹[as deemed appropriate by the covered person's physician,] screening
36 at regular intervals¹ for persons age 50 and over [who are
37 asymptomatic]¹ and for persons of any age ¹[with a family history of
38 colorectal cancer or other colorectal cancer risk factors,] who are
39 considered to be at high risk for colorectal cancer. The methods of
40 screening for which benefits shall be provided shall include: a
41 screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy,
42 barium enema, or any combination thereof; or the most reliable,
43 medically recognized screening test available. The method and
44 frequency of screening to be utilized shall be¹ as determined medically
45 necessary by the covered person's physician¹, in consultation with the

1 covered person.

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

4 (1) a family history of: familial adenomatous polyposis; hereditary
5 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
6 cancer or polyps;

7 (2) chronic inflammatory bowel disease; or

8 (3) a background, ethnicity or lifestyle that the physician believes
9 puts the person at elevated risk for colorectal cancer¹.

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

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

15

16 9. This act shall take effect on the ¹[30th] 180th¹ day after
17 enactment.

STATEMENT TO
[Second Reprint]
ASSEMBLY, No. 2313

with Senate Floor Amendments
(Proposed By Senator SCHLUTER)

ADOPTED: DECEMBER 6, 2001

The amendments provide that the method and frequency of the colorectal cancer screening, required under this bill, shall be in accordance with the most recent published guidelines of the American Cancer Society.

These amendments make this bill identical to Senate Bill No. 2104 (1R) (Schluter).

[Third Reprint]

ASSEMBLY, No. 2313

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED MAY 1, 2000

Sponsored by:

Assemblyman LEONARD LANCE

District 23 (Warren, Hunterdon and Mercer)

Assemblyman CHRISTOPHER "KIP" BATEMAN

District 16 (Morris and Somerset)

Co-Sponsored by:

Assemblywoman Weinberg, Assemblymen Bagger, Conaway, Geist,

Assemblywoman Heck, Assemblyman Malone, Senators Schluter, Sinagra,

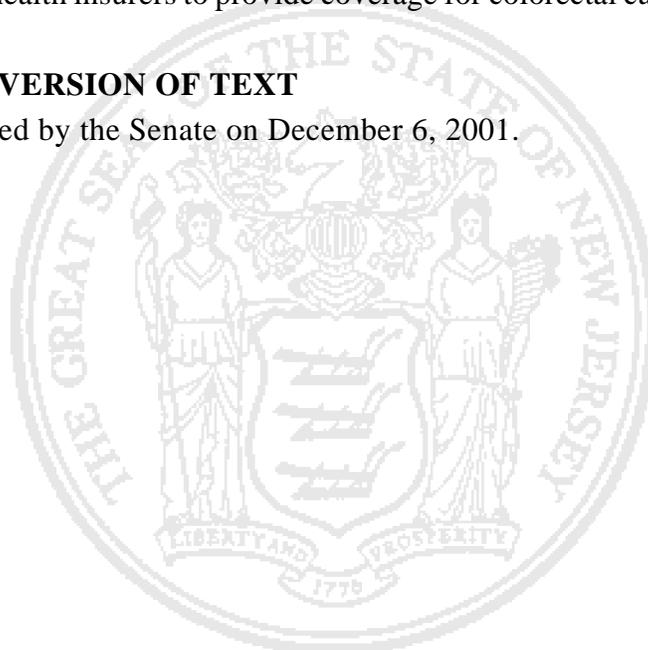
Lesniak and Assemblyman Corodemus

SYNOPSIS

Requires health insurers to provide coverage for colorectal cancer screening.

CURRENT VERSION OF TEXT

As amended by the Senate on December 6, 2001.



(Sponsorship Updated As Of: 12/18/2001)

1 AN ACT requiring health insurance benefits for expenses incurred for
 2 colorectal cancer screening and supplementing P.L.1938, c.366
 3 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.),
 4 P.L.1985, c.236 (C.17:48E-1 et seq.), chapters 26 and 27 of Title
 5 17B of the New Jersey Statutes, P.L.1992, c.161 (C.17B:27A-2 et
 6 seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.), and P.L.1973,
 7 c.337 (C.26:2J-1 et seq.).

8
 9 **BE IT ENACTED** *by the Senate and General Assembly of the State*
 10 *of New Jersey:*

11
 12 1. Every hospital service corporation contract that provides
 13 hospital or medical expense benefits and is delivered, issued, executed
 14 or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et
 15 seq.), or approved for issuance or renewal in this State by the
 16 Commissioner of Banking and Insurance on or after the effective date
 17 of this act, shall provide benefits to any named subscriber or other
 18 person covered thereunder for expenses incurred in conducting ¹[a
 19 colonoscopy, or an alternative medically recognized diagnostic
 20 examination for]¹ colorectal cancer ¹[as deemed appropriate by the
 21 covered person's physician,] screening at regular intervals¹ for persons
 22 age 50 and over ¹[who are asymptomatic]¹ and for persons of any age
 23 ¹[with a family history of colorectal cancer or other colorectal cancer
 24 risk factors,] who are considered to be at high risk for colorectal
 25 cancer. The methods of screening for which benefits shall be provided
 26 shall include: a screening fecal occult blood test, flexible
 27 sigmoidoscopy, colonoscopy, barium enema, or any combination
 28 thereof; or the most reliable, medically recognized screening test
 29 available. The method and frequency of screening to be utilized shall
 30 be¹ ³in accordance with the most recent published guidelines of the
 31 American Cancer Society and³ as determined medically necessary by
 32 the covered person's physician¹, in consultation with the covered
 33 person.

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

36 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
 37 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
 38 or colon cancer or polyps;

39 ³[(2)] b.³ chronic inflammatory bowel disease; or

40 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician

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:

¹ Assembly AHL committee amendments adopted January 18, 2001.

² Assembly ABI committee amendments adopted May 3, 2001.

³ Senate floor amendments adopted December 6, 2001.

1 believes puts the person at elevated risk for colorectal cancer¹.

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

4 The provisions of this section shall apply to all hospital service
5 corporation contracts in which the hospital service corporation has
6 reserved the right to change the premium.

7

8 2. Every medical service corporation contract that provides
9 hospital or medical expense benefits and is delivered, issued, executed
10 or renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et
11 seq.), or approved for issuance or renewal in this State by the
12 Commissioner of Banking and Insurance on or after the effective date
13 of this act, shall provide benefits to any named subscriber or other
14 person covered thereunder for expenses incurred in conducting ¹[a
15 colonoscopy, or an alternative medically recognized diagnostic
16 examination for]¹ colorectal cancer ¹[as deemed appropriate by the
17 covered person's physician,] screening at regular intervals¹ for persons
18 age 50 and over ¹[who are asymptomatic]¹ and for persons of any age
19 ¹[with a family history of colorectal cancer or other colorectal cancer
20 risk factors,] who are considered to be at high risk for colorectal
21 cancer. The methods of screening for which benefits shall be provided
22 shall include: a screening fecal occult blood test, flexible
23 sigmoidoscopy, colonoscopy, barium enema, or any combination
24 thereof; or the most reliable, medically recognized screening test
25 available. The method and frequency of screening to be utilized shall
26 be^{1 3}in accordance with the most recent published guidelines of the
27 American Cancer Society and³ as determined medically necessary by
28 the covered person's physician¹, in consultation with the covered
29 person.

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

32 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
33 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
34 or colon cancer or polyps;

35 ³[(2)] b.³ chronic inflammatory bowel disease; or

36 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
37 believes puts the person at elevated risk for colorectal cancer¹.

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

40 The provisions of this section shall apply to all medical service
41 corporation contracts in which the medical service corporation has
42 reserved the right to change the premium.

43

44 3. Every health service corporation contract that provides hospital
45 or medical expense benefits and is delivered, issued, executed or

1 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
 2 seq.), or approved for issuance or renewal in this State by the
 3 Commissioner of Banking and Insurance on or after the effective date
 4 of this act, shall provide benefits to any named subscriber or other
 5 person covered thereunder for expenses incurred in conducting ¹[a
 6 colonoscopy, or an alternative medically recognized diagnostic
 7 examination for]¹ colorectal cancer ¹[as deemed appropriate by the
 8 covered person's physician,] screening at regular intervals¹ for persons
 9 age 50 and over ¹[who are asymptomatic]¹ and for persons of any
 10 age ¹[with a family history of colorectal cancer or other colorectal
 11 cancer risk factors,] who are considered to be at high risk for
 12 colorectal cancer. The methods of screening for which benefits shall
 13 be provided shall include: a screening fecal occult blood test, flexible
 14 sigmoidoscopy, colonoscopy, barium enema, or any combination
 15 thereof; or the most reliable, medically recognized screening test
 16 available. The method and frequency of screening to be utilized shall
 17 be^{1 3}in accordance with the most recent published guidelines of the
 18 American Cancer Society and³ as determined medically necessary by
 19 the covered person's physician¹, in consultation with the covered
 20 person.

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

23 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
 24 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
 25 or colon cancer or polyps;

26 ³[(2)] b.³ chronic inflammatory bowel disease; or

27 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
 28 believes puts the person at elevated risk for colorectal cancer¹.

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

31 The provisions of this section shall apply to all health service
 32 corporation contracts in which the health service corporation has
 33 reserved the right to change the premium.

34
 35 4. Every individual policy that provides ²[health insurance
 36 coverage] hospital or medical expense benefits² and is delivered,
 37 issued, executed or renewed in this State pursuant to N.J.S.17B:26-1
 38 et seq., or approved for issuance or renewal in this State by the
 39 Commissioner of Banking and Insurance on or after the effective date
 40 of this act, shall provide benefits to any named insured or other person
 41 covered thereunder for expenses incurred in conducting ¹[a
 42 colonoscopy, or an alternative medically recognized diagnostic
 43 examination for]¹ colorectal cancer ¹[as deemed appropriate by the
 44 covered person's physician,] screening at regular intervals¹ for persons
 45 age 50 and over ¹[who are asymptomatic]¹ and for persons of any age

1 ¹[with a family history of colorectal cancer or other colorectal cancer
2 risk factors,] who are considered to be at high risk for colorectal
3 cancer. The methods of screening for which benefits shall be provided
4 shall include: a screening fecal occult blood test, flexible
5 sigmoidoscopy, colonoscopy, barium enema, or any combination
6 thereof; or the most reliable, medically recognized screening test
7 available. The method and frequency of screening to be utilized shall
8 be^{1 3}in accordance with the most recent published guidelines of the
9 American Cancer Society and³ as determined medically necessary by
10 the covered person's physician¹, in consultation with the covered
11 person.

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

14 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
15 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
16 or colon cancer or polyps;

17 ³[(2)] b.³ chronic inflammatory bowel disease; or

18 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
19 believes puts the person at elevated risk for colorectal cancer¹.

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

22 The provisions of this section shall apply to all health insurance
23 policies in which the insurer has reserved the right to change the
24 premium.

25
26 5. Every group policy that provides ²[health insurance coverage]
27 hospital or medical expense benefits² and is delivered, issued, executed
28 or renewed in this State pursuant to N.J.S.17B:27-26 et seq., or
29 approved for issuance or renewal in this State by the Commissioner of
30 Banking and Insurance on or after the effective date of this act, shall
31 provide benefits to any named insured or other person covered
32 thereunder for expenses incurred in conducting ¹[a colonoscopy, or
33 an alternative medically recognized diagnostic examination for]¹
34 colorectal cancer ¹[as deemed appropriate by the covered person's
35 physician,] screening at regular intervals¹ for persons age 50 and over
36 ¹[who are asymptomatic]¹ and for persons of any age ¹[with a family
37 history of colorectal cancer or other colorectal cancer risk factors,]
38 who are considered to be at high risk for colorectal cancer. The
39 methods of screening for which benefits shall be provided shall
40 include: a screening fecal occult blood test, flexible sigmoidoscopy,
41 colonoscopy, barium enema, or any combination thereof; or the most
42 reliable, medically recognized screening test available. The method
43 and frequency of screening to be utilized shall be^{1 3}in accordance with
44 the most recent published guidelines of the American Cancer Society
45 and³ as determined medically necessary by the covered person's

1 physician¹, in consultation with the covered person.

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

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

7 ³[(2)] b.³ chronic inflammatory bowel disease; or

8 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
9 believes puts the person at elevated risk for colorectal cancer¹.

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

12 The provisions of this section shall apply to all health insurance
13 policies in which the insurer has reserved the right to change the
14 premium.

15

16 6. Every individual health benefits plan that provides ²[health
17 insurance coverage] hospital or medical expense benefits² and is
18 delivered, issued, executed or renewed in this State pursuant to
19 P.L.1992, c.161 (C.17B:27A-2 et seq.), or approved for issuance or
20 renewal in this State ³[by the Commissioner of Banking and
21 Insurance]³ on or after the effective date of this act, shall provide
22 benefits to any ³[named insured or other]³ person covered thereunder
23 for expenses incurred in conducting ¹[a colonoscopy, or an alternative
24 medically recognized diagnostic examination for]¹ colorectal cancer
25 ¹[as deemed appropriate by the covered person's physician,]
26 screening at regular intervals¹ for persons age 50 and over ¹[who are
27 asymptomatic]¹ and for persons of any age ¹[with a family history of
28 colorectal cancer or other colorectal cancer risk factors,] who are
29 considered to be at high risk for colorectal cancer. The methods of
30 screening for which benefits shall be provided shall include: a
31 screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy,
32 barium enema, or any combination thereof; or the most reliable,
33 medically recognized screening test available. The method and
34 frequency of screening to be utilized shall be^{1 3}in accordance with the
35 most recent published guidelines of the American Cancer Society and³
36 as determined medically necessary by the covered person's physician¹,
37 in consultation with the covered person.

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

40 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
41 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
42 or colon cancer or polyps;

43 ³[(2)] b.³ chronic inflammatory bowel disease; or

44 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
45 believes puts the person at elevated risk for colorectal cancer¹.

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

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

5
6 7. Every small employer health benefits plan that provides ²[health
7 insurance coverage] hospital or medical expense benefits² and is
8 delivered, issued, executed or renewed in this State pursuant to
9 P.L.1992, c.162 (C.17B:27A-17 et seq.), or approved for issuance or
10 renewal in this State ³[by the Commissioner of Banking and
11 Insurance]³ on or after the effective date of this act, shall provide
12 benefits to any ³[named insured or other]³ person covered thereunder
13 for expenses incurred in conducting ¹[a colonoscopy, or an alternative
14 medically recognized diagnostic examination for]¹ colorectal cancer
15 ¹[as deemed appropriate by the covered person's physician,]
16 screening at regular intervals¹ for persons age 50 and over ¹[who are
17 asymptomatic]¹ and for persons of any age ¹[with a family history of
18 colorectal cancer or other colorectal cancer risk factors,] who are
19 considered to be at high risk for colorectal cancer. The methods of
20 screening for which benefits shall be provided shall include: a
21 screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy,
22 barium enema, or any combination thereof; or the most reliable,
23 medically recognized screening test available. The method and
24 frequency of screening to be utilized shall be^{1 3}in accordance with the
25 most recent published guidelines of the American Cancer Society and³
26 as determined medically necessary by the covered person's physician¹,
27 in consultation with the covered person.

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

30 ³[(1)] a. ³ a family history of: familial adenomatous polyposis;
31 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
32 or colon cancer or polyps;

33 ³[(2)] b. ³ chronic inflammatory bowel disease; or

34 ³[(3)] c. ³ a background, ethnicity or lifestyle that the physician
35 believes puts the person at elevated risk for colorectal cancer¹.

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

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

40
41 8. Every enrollee agreement that provides hospital or medical
42 expense benefits and is delivered, issued, executed or renewed in this
43 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for
44 issuance or renewal in this State by the Commissioner of Health and
45 Senior Services on or after the effective date of this act, shall provide

1 health care services to any enrollee or other person covered thereunder
2 for expenses incurred in conducting ¹[a colonoscopy, or an alternative
3 medically recognized diagnostic examination for]¹ colorectal cancer
4 ¹[as deemed appropriate by the covered person's physician,] screening
5 at regular intervals¹ for persons age 50 and over ¹[who are
6 asymptomatic]¹ and for persons of any age ¹[with a family history of
7 colorectal cancer or other colorectal cancer risk factors,] who are
8 considered to be at high risk for colorectal cancer. The methods of
9 screening for which benefits shall be provided shall include: a
10 screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy,
11 barium enema, or any combination thereof; or the most reliable,
12 medically recognized screening test available. The method and
13 frequency of screening to be utilized shall be^{1 3}in accordance with the
14 most recent published guidelines of the American Cancer Society and³
15 as determined medically necessary by the covered person's physician¹,
16 in consultation with the covered person.

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

19 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
20 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
21 or colon cancer or polyps;

22 ³[(2)] b.³ chronic inflammatory bowel disease; or

23 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
24 believes puts the person at elevated risk for colorectal cancer¹.

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

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

30

31 9. This act shall take effect on the ¹[30th] 180th¹ day after
32 enactment.

SENATE, No. 2104

STATE OF NEW JERSEY 209th LEGISLATURE

INTRODUCED FEBRUARY 15, 2001

Sponsored by:

Senator WILLIAM E. SCHLUTER
District 23 (Warren, Hunterdon and Mercer)
Senator JACK SINAGRA
District 18 (Middlesex)

Co-Sponsored by:

Senator Lesniak

SYNOPSIS

Requires health insurers to provide coverage for colorectal cancer screening.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/15/2001)

1 AN ACT requiring health insurance benefits for expenses incurred for
2 colorectal cancer screening and supplementing P.L.1938, c.366
3 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.),
4 P.L.1985, c.236 (C.17:48E-1 et seq.), chapters 26 and 27 of Title
5 17B of the New Jersey Statutes, P.L.1992, c.161 (C.17B:27A-2 et
6 seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.), and P.L.1973,
7 c.337 (C.26:2J-1 et seq.).
8

9 **BE IT ENACTED** by the Senate and General Assembly of the State
10 of New Jersey:
11

12 1. Every hospital service corporation contract that provides
13 hospital or medical expense benefits and is delivered, issued, executed
14 or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et
15 seq.), or approved for issuance or renewal in this State by the
16 Commissioner of Banking and Insurance on or after the effective date
17 of this act, shall provide benefits to any named subscriber or other
18 person covered thereunder for expenses incurred in conducting
19 colorectal cancer screening at regular intervals for persons age 50 and
20 over and for persons of any age who are considered to be at high risk
21 for colorectal cancer. The methods of screening for which benefits
22 shall be provided shall include: a screening fecal occult blood test,
23 flexible sigmoidoscopy, colonoscopy, barium enema, or any
24 combination thereof; or the most reliable, medically recognized
25 screening test available. The method and frequency of screening to be
26 utilized shall be as determined medically necessary by the covered
27 person's physician, in consultation with the covered person.

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

30 (1) a family history of: familial adenomatous polyposis; hereditary
31 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
32 cancer or polyps;

33 (2) chronic inflammatory bowel disease; or

34 (3) a background, ethnicity or lifestyle that the physician believes
35 puts the person at elevated risk for colorectal cancer.

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

38 The provisions of this section shall apply to all hospital service
39 corporation contracts in which the hospital service corporation has
40 reserved the right to change the premium.

41

42 2. Every medical service corporation contract that provides hospital
43 or medical expense benefits and is delivered, issued, executed or
44 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.),
45 or approved for issuance or renewal in this State by the Commissioner
46 of Banking and Insurance on or after the effective date of this act,

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

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

14 (1) a family history of: familial adenomatous polyposis; hereditary
15 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
16 cancer or polyps;

17 (2) chronic inflammatory bowel disease; or

18 (3) a background, ethnicity or lifestyle that the physician believes
19 puts the person at elevated risk for colorectal cancer.

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

22 The provisions of this section shall apply to all medical service
23 corporation contracts in which the medical service corporation has
24 reserved the right to change the premium.

25

26 3. Every health service corporation contract that provides hospital
27 or medical expense benefits and is delivered, issued, executed or
28 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
29 seq.), or approved for issuance or renewal in this State by the
30 Commissioner of Banking and Insurance on or after the effective date
31 of this act, shall provide benefits to any named subscriber or other
32 person covered thereunder for expenses incurred in conducting
33 colorectal cancer screening at regular intervals for persons age 50 and
34 over and for persons of any age who are considered to be at high risk
35 for colorectal cancer. The methods of screening for which benefits
36 shall be provided shall include: a screening fecal occult blood test,
37 flexible sigmoidoscopy, colonoscopy, barium enema, or any
38 combination thereof; or the most reliable, medically recognized
39 screening test available. The method and frequency of screening to be
40 utilized shall be as determined medically necessary by the covered
41 person's physician, in consultation with the covered person.

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

44 (1) a family history of: familial adenomatous polyposis; hereditary
45 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
46 cancer or polyps;

1 (2) chronic inflammatory bowel disease; or

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

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

6 The provisions of this section shall apply to all health service
7 corporation contracts in which the health service corporation has
8 reserved the right to change the premium.

9

10 4. Every individual policy that provides health insurance coverage
11 and is delivered, issued, executed or renewed in this State pursuant to
12 N.J.S.17B:26-1 et seq., or approved for issuance or renewal in this
13 State by the Commissioner of Banking and Insurance on or after the
14 effective date of this act, shall provide benefits to any named insured
15 or other person covered thereunder for expenses incurred in
16 conducting colorectal cancer screening at regular intervals for persons
17 age 50 and over and for persons of any age who are considered to be
18 at high risk for colorectal cancer. The methods of screening for which
19 benefits shall be provided shall include: a screening fecal occult blood
20 test, flexible sigmoidoscopy, colonoscopy, barium enema, or any
21 combination thereof; or the most reliable, medically recognized
22 screening test available. The method and frequency of screening to be
23 utilized shall be as determined medically necessary by the covered
24 person's physician, in consultation with the covered person.

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

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

30 (2) chronic inflammatory bowel disease; or

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

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

35 The provisions of this section shall apply to all health insurance
36 policies in which the insurer has reserved the right to change the
37 premium.

38

39 5. Every group policy that provides health insurance coverage and
40 is delivered, issued, executed or renewed in this State pursuant to
41 N.J.S.17B:27-26 et seq., or approved for issuance or renewal in this
42 State by the Commissioner of Banking and Insurance on or after the
43 effective date of this act, shall provide benefits to any named insured
44 or other person covered thereunder for expenses incurred in
45 conducting colorectal cancer screening at regular intervals for persons
46 age 50 and over and for persons of any age who are considered to be

1 at high risk for colorectal cancer. The methods of screening for which
2 benefits shall be provided shall include: a screening fecal occult blood
3 test, flexible sigmoidoscopy, colonoscopy, barium enema, or any
4 combination thereof; or the most reliable, medically recognized
5 screening test available. The method and frequency of screening to be
6 utilized shall be as determined medically necessary by the covered
7 person's physician, in consultation with the covered person.

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

10 (1) a family history of: familial adenomatous polyposis; hereditary
11 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
12 cancer or polyps;

13 (2) chronic inflammatory bowel disease; or

14 (3) a background, ethnicity or lifestyle that the physician believes
15 puts the person at elevated risk for colorectal cancer.

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

18 The provisions of this section shall apply to all health insurance
19 policies in which the insurer has reserved the right to change the
20 premium.

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

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

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

43 (2) chronic inflammatory bowel disease; or

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

46 The benefits shall be provided to the same extent as for any other

1 medical condition under the health benefits plan.

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

4

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

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

23 (1) a family history of: familial adenomatous polyposis; hereditary
24 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
25 cancer or polyps;

26 (2) chronic inflammatory bowel disease; or

27 (3) a background, ethnicity or lifestyle that the physician believes
28 puts the person at elevated risk for colorectal cancer.

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

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

33

34 8. Every enrollee agreement that provides hospital or medical
35 expense benefits and is delivered, issued, executed or renewed in this
36 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for
37 issuance or renewal in this State by the Commissioner of Health and
38 Senior Services on or after the effective date of this act, shall provide
39 health care services to any enrollee or other person covered thereunder
40 for expenses incurred in conducting colorectal cancer screening at
41 regular intervals for persons age 50 and over and for persons of any
42 age who are considered to be at high risk for colorectal cancer. The
43 methods of screening for which benefits shall be provided shall
44 include: a screening fecal occult blood test, flexible sigmoidoscopy,
45 colonoscopy, barium enema, or any combination thereof; or the most
46 reliable, medically recognized screening test available. The method and

1 frequency of screening to be utilized shall be as determined medically
2 necessary by the covered person's physician, in consultation with the
3 covered person.

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

6 (1) a family history of: familial adenomatous polyposis; hereditary
7 non-polyposis colon cancer; or breast, ovarian, endometrial or colon
8 cancer or polyps;

9 (2) chronic inflammatory bowel disease; or

10 (3) a background, ethnicity or lifestyle that the physician believes
11 puts the person at elevated risk for colorectal cancer.

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

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

17

18 9. This act shall take effect on the 180th day after enactment.

19

20

21

STATEMENT

22

23 This bill requires hospital, medical and health service corporations,
24 individual and small and large group commercial insurers and health
25 maintenance organizations to provide coverage for colorectal cancer
26 screening at regular intervals for persons age 50 and over and for
27 persons of any age who are considered to be at high risk for colorectal
28 cancer. The methods of screening for which benefits shall be provided
29 shall include: a screening fecal occult blood test, flexible
30 sigmoidoscopy, colonoscopy, barium enema, or any combination
31 thereof; or the most reliable, medically recognized screening test
32 available. The method and frequency of screening to be utilized shall
33 be as determined medically necessary by the covered person's
34 physician, in consultation with the covered person.

SENATE HEALTH COMMITTEE

STATEMENT TO

SENATE, No. 2104

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 14, 2001

The Senate Health Committee reports favorably and with committee amendments Senate Bill No. 2104.

As amended by committee, this bill requires hospital, medical and health service corporations, individual, small employer and large group commercial insurers and health maintenance organizations to provide coverage for colorectal cancer screening at regular intervals for persons age 50 and over and for persons of any age who are considered to be at high risk for colorectal cancer. The methods of screening for which benefits shall be provided shall include: a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof; or the most reliable, medically recognized screening test available. The method and frequency of screening to be utilized shall be in accordance with the most recent published guidelines of the American Cancer Society and as determined medically necessary by the covered person's physician, in consultation with the covered person.

The committee amended the bill to specify that the method and frequency of screening shall be in accordance with the most recent published guidelines of the American Cancer Society and as determined medically necessary by the covered person's physician, in consultation with the covered person.

This bill is similar to Assembly Bill No. 2313 (2R) (Lance/Bateman), which is on second reading in the General Assembly.

[First Reprint]

SENATE, No. 2104

STATE OF NEW JERSEY
209th LEGISLATURE

INTRODUCED FEBRUARY 15, 2001

Sponsored by:

Senator WILLIAM E. SCHLUTER

District 23 (Warren, Hunterdon and Mercer)

Senator JACK SINAGRA

District 18 (Middlesex)

Co-Sponsored by:

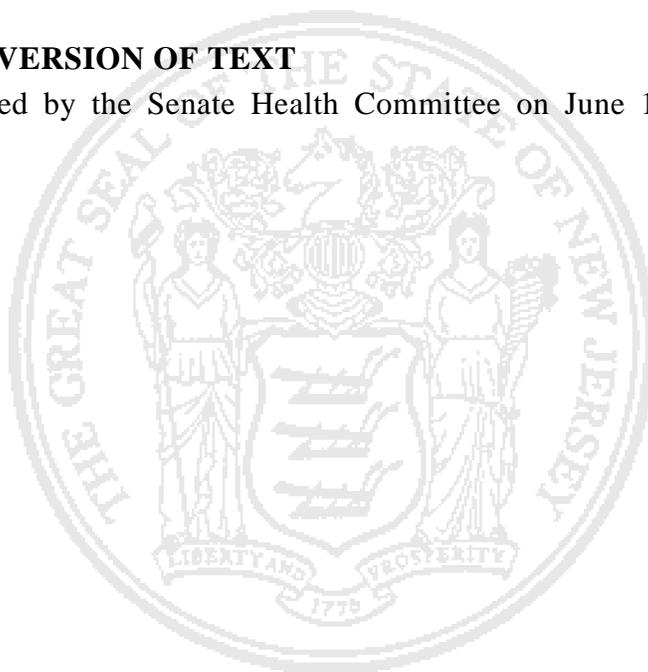
Senator Lesniak

SYNOPSIS

Requires health insurers to provide coverage for colorectal cancer screening.

CURRENT VERSION OF TEXT

As reported by the Senate Health Committee on June 14, 2001, with amendments.



(Sponsorship Updated As Of: 5/15/2001)

1 AN ACT requiring health insurance benefits for expenses incurred for
 2 colorectal cancer screening and supplementing P.L.1938, c.366
 3 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.),
 4 P.L.1985, c.236 (C.17:48E-1 et seq.), chapters 26 and 27 of Title
 5 17B of the New Jersey Statutes, P.L.1992, c.161 (C.17B:27A-2 et
 6 seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.), and P.L.1973,
 7 c.337 (C.26:2J-1 et seq.).

8
 9 **BE IT ENACTED** *by the Senate and General Assembly of the State*
 10 *of New Jersey:*

11
 12 1. Every hospital service corporation contract that provides
 13 hospital or medical expense benefits and is delivered, issued, executed
 14 or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et
 15 seq.), or approved for issuance or renewal in this State by the
 16 Commissioner of Banking and Insurance on or after the effective date
 17 of this act, shall provide benefits to any named subscriber or other
 18 person covered thereunder for expenses incurred in conducting
 19 colorectal cancer screening at regular intervals for persons age 50 and
 20 over and for persons of any age who are considered to be at high risk
 21 for colorectal cancer. The methods of screening for which benefits
 22 shall be provided shall include: a screening fecal occult blood test,
 23 flexible sigmoidoscopy, colonoscopy, barium enema, or any
 24 combination thereof; or the most reliable, medically recognized
 25 screening test available. The method and frequency of screening to be
 26 utilized shall be ¹in accordance with the most recent published
 27 guidelines of the American Cancer Society and¹ as determined
 28 medically necessary by the covered person's physician, in consultation
 29 with the covered person.

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

32 ¹[(1)] a.¹ a family history of: familial adenomatous polyposis;
 33 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
 34 or colon cancer or polyps;

35 ¹[(2)] b.¹ chronic inflammatory bowel disease; or

36 ¹[(3)] c.¹ a background, ethnicity or lifestyle that the physician
 37 believes puts the person at elevated risk for colorectal cancer.

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

40 The provisions of this section shall apply to all hospital service
 41 corporation contracts in which the hospital service corporation has

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:

¹ Senate SHH committee amendments adopted June 14, 2001.

1 reserved the right to change the premium.

2

3 2. Every medical service corporation contract that provides hospital
4 or medical expense benefits and is delivered, issued, executed or
5 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.),
6 or approved for issuance or renewal in this State by the Commissioner
7 of Banking and Insurance on or after the effective date of this act,
8 shall provide benefits to any named subscriber or other person covered
9 thereunder for expenses incurred in conducting colorectal cancer
10 screening at regular intervals for persons age 50 and over and for
11 persons of any age who are considered to be at high risk for colorectal
12 cancer. The methods of screening for which benefits shall be provided
13 shall include: a screening fecal occult blood test, flexible
14 sigmoidoscopy, colonoscopy, barium enema, or any combination
15 thereof; or the most reliable, medically recognized screening test
16 available. The method and frequency of screening to be utilized shall
17 be ¹in accordance with the most recent published guidelines of the
18 American Cancer Society and¹ as determined medically necessary by
19 the covered person's physician, in consultation with the covered
20 person.

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

23 ¹[(1)] a.¹ a family history of: familial adenomatous polyposis;
24 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
25 or colon cancer or polyps;

26 ¹[(2)] b.¹ chronic inflammatory bowel disease; or

27 ¹[(3)] c.¹ a background, ethnicity or lifestyle that the physician
28 believes puts the person at elevated risk for colorectal cancer.

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

31 The provisions of this section shall apply to all medical service
32 corporation contracts in which the medical service corporation has
33 reserved the right to change the premium.

34

35 3. Every health service corporation contract that provides hospital
36 or medical expense benefits and is delivered, issued, executed or
37 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
38 seq.), or approved for issuance or renewal in this State by the
39 Commissioner of Banking and Insurance on or after the effective date
40 of this act, shall provide benefits to any named subscriber or other
41 person covered thereunder for expenses incurred in conducting
42 colorectal cancer screening at regular intervals for persons age 50 and
43 over and for persons of any age who are considered to be at high risk
44 for colorectal cancer. The methods of screening for which benefits
45 shall be provided shall include: a screening fecal occult blood test,
46 flexible sigmoidoscopy, colonoscopy, barium enema, or any

1 combination thereof; or the most reliable, medically recognized
2 screening test available. The method and frequency of screening to be
3 utilized shall be ¹in accordance with the most recent published
4 guidelines of the American Cancer Society and¹ as determined
5 medically necessary by the covered person's physician, in consultation
6 with the covered person.

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

9 ¹[(1)] a.¹ a family history of: familial adenomatous polyposis;
10 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
11 or colon cancer or polyps;

12 ¹[(2)] b.¹ chronic inflammatory bowel disease; or

13 ¹[(3)] c.¹ a background, ethnicity or lifestyle that the physician
14 believes puts the person at elevated risk for colorectal cancer.

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

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

20

21 4. Every individual policy that provides health insurance coverage
22 and is delivered, issued, executed or renewed in this State pursuant to
23 N.J.S.17B:26-1 et seq., or approved for issuance or renewal in this
24 State by the Commissioner of Banking and Insurance on or after the
25 effective date of this act, shall provide benefits to any named insured
26 or other person covered thereunder for expenses incurred in
27 conducting colorectal cancer screening at regular intervals for persons
28 age 50 and over and for persons of any age who are considered to be
29 at high risk for colorectal cancer. The methods of screening for which
30 benefits shall be provided shall include: a screening fecal occult blood
31 test, flexible sigmoidoscopy, colonoscopy, barium enema, or any
32 combination thereof; or the most reliable, medically recognized
33 screening test available. The method and frequency of screening to be
34 utilized shall be ¹in accordance with the most recent published
35 guidelines of the American Cancer Society and¹ as determined
36 medically necessary by the covered person's physician, in consultation
37 with the covered person.

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

40 ¹[(1)] a.¹ a family history of: familial adenomatous polyposis;
41 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
42 or colon cancer or polyps;

43 ¹[(2)] b.¹ chronic inflammatory bowel disease; or

44 ¹[(3)] c.¹ a background, ethnicity or lifestyle that the physician
45 believes puts the person at elevated risk for colorectal cancer.

46 The benefits shall be provided to the same extent as for any other

1 medical condition under the policy.

2 The provisions of this section shall apply to all health insurance
3 policies in which the insurer has reserved the right to change the
4 premium.

5

6 5. Every group policy that provides health insurance coverage and
7 is delivered, issued, executed or renewed in this State pursuant to
8 N.J.S.17B:27-26 et seq., or approved for issuance or renewal in this
9 State by the Commissioner of Banking and Insurance on or after the
10 effective date of this act, shall provide benefits to any named insured
11 or other person covered thereunder for expenses incurred in
12 conducting colorectal cancer screening at regular intervals for persons
13 age 50 and over and for persons of any age who are considered to be
14 at high risk for colorectal cancer. The methods of screening for which
15 benefits shall be provided shall include: a screening fecal occult blood
16 test, flexible sigmoidoscopy, colonoscopy, barium enema, or any
17 combination thereof; or the most reliable, medically recognized
18 screening test available. The method and frequency of screening to be
19 utilized shall be ¹in accordance with the most recent published
20 guidelines of the American Cancer Society and¹ as determined
21 medically necessary by the covered person's physician, in consultation
22 with the covered person.

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

25 ¹[(1)] a.¹ a family history of: familial adenomatous polyposis;
26 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
27 or colon cancer or polyps;

28 ¹[(2)] b.¹ chronic inflammatory bowel disease; or

29 ¹[(3)] c.¹ a background, ethnicity or lifestyle that the physician
30 believes puts the person at elevated risk for colorectal cancer.

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

33 The provisions of this section shall apply to all health insurance
34 policies in which the insurer has reserved the right to change the
35 premium.

36

37 6. Every individual health benefits plan that provides ¹[health
38 insurance coverage] hospital or medical expense benefits¹ and is
39 delivered, issued, executed or renewed in this State pursuant to
40 P.L.1992, c.161 (C.17B:27A-2 et seq.), or approved for issuance or
41 renewal in this State ¹[by the Commissioner of Banking and
42 Insurance]¹ on or after the effective date of this act, shall provide
43 benefits to any ¹[named insured or other]¹ person covered thereunder
44 for expenses incurred in conducting colorectal cancer ¹screening at
45 regular intervals¹ for persons age 50 and over and for persons of any
46 age who are considered to be at high risk for colorectal cancer. The

1 methods of screening for which benefits shall be provided shall
2 include: a screening fecal occult blood test, flexible sigmoidoscopy,
3 colonoscopy, barium enema, or any combination thereof; or the most
4 reliable, medically recognized screening test available. The method and
5 frequency of screening to be utilized shall be ¹in accordance with the
6 most recent published guidelines of the American Cancer Society and¹
7 as determined medically necessary by the covered person's physician,
8 in consultation with the covered person.

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

11 ¹[(1)] a.¹ a family history of: familial adenomatous polyposis;
12 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
13 or colon cancer or polyps;

14 ¹[(2)] b.¹ chronic inflammatory bowel disease; or

15 ¹[(3)] c.¹ a background, ethnicity or lifestyle that the physician
16 believes puts the person at elevated risk for colorectal cancer.

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

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

21
22 7. Every small employer health benefits plan that provides ¹[health
23 insurance coverage] hospital or medical expense benefits¹ and is
24 delivered, issued, executed or renewed in this State pursuant to
25 P.L.1992, c.162 (C.17B:27A-17 et seq.), or approved for issuance or
26 renewal in this State ¹[by the Commissioner of Banking and
27 Insurance]¹ on or after the effective date of this act, shall provide
28 benefits to any ¹[named insured or other]¹ person covered thereunder
29 for expenses incurred in conducting colorectal cancer ¹screening at
30 regular intervals¹ for persons age 50 and over and for persons of any
31 age who are considered to be at high risk for colorectal cancer. The
32 methods of screening for which benefits shall be provided shall
33 include: a screening fecal occult blood test, flexible sigmoidoscopy,
34 colonoscopy, barium enema, or any combination thereof; or the most
35 reliable, medically recognized screening test available. The method and
36 frequency of screening to be utilized shall be ¹in accordance with the
37 most recent published guidelines of the American Cancer Society and¹
38 as determined medically necessary by the covered person's physician,
39 in consultation with the covered person.

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

42 ¹[(1)] a.¹ a family history of: familial adenomatous polyposis;
43 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
44 or colon cancer or polyps;

45 ¹[(2)] b.¹ chronic inflammatory bowel disease; or

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

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

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

7

8 8. Every enrollee agreement that provides hospital or medical
9 expense benefits and is delivered, issued, executed or renewed in this
10 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for
11 issuance or renewal in this State by the Commissioner of Health and
12 Senior Services on or after the effective date of this act, shall provide
13 health care services to any enrollee or other person covered thereunder
14 for expenses incurred in conducting colorectal cancer screening at
15 regular intervals for persons age 50 and over and for persons of any
16 age who are considered to be at high risk for colorectal cancer. The
17 methods of screening for which benefits shall be provided shall
18 include: a screening fecal occult blood test, flexible sigmoidoscopy,
19 colonoscopy, barium enema, or any combination thereof; or the most
20 reliable, medically recognized screening test available. The method and
21 frequency of screening to be utilized shall be ¹in accordance with the
22 most recent published guidelines of the American Cancer Society and¹
23 as determined medically necessary by the covered person's physician,
24 in consultation with the covered person.

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

27 ¹[(1)] a.¹ a family history of: familial adenomatous polyposis;
28 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
29 or colon cancer or polyps;

30 ¹[(2)] b.¹ chronic inflammatory bowel disease; or

31 ¹[(3)] c.¹ a background, ethnicity or lifestyle that the physician
32 believes puts the person at elevated risk for colorectal cancer.

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

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

38

39 9. This act shall take effect on the 180th day after enactment.

§1 - C.17:48-6y
§2 - C.17:48A-7x
§3 - C.17:48E-35.23
§4 - C.17B:26-2.1u
§5 - C.17B:27-46.1y
§6 - C.17B:27A-7.7
§7 - C.17B:27A-19.9
§8 - C.26:2J-4.24
§9 - Note

P.L. 2001, CHAPTER 295, *approved December 31, 2001*
Assembly, No. 2313 (*Third Reprint*)

1 AN ACT requiring health insurance benefits for expenses incurred for
2 colorectal cancer screening and supplementing P.L.1938, c.366
3 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.),
4 P.L.1985, c.236 (C.17:48E-1 et seq.), chapters 26 and 27 of Title
5 17B of the New Jersey Statutes, P.L.1992, c.161 (C.17B:27A-2 et
6 seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.), and P.L.1973,
7 c.337 (C.26:2J-1 et seq.).
8

9 **BE IT ENACTED** by the Senate and General Assembly of the State
10 of New Jersey:
11

12 1. Every hospital service corporation contract that provides
13 hospital or medical expense benefits and is delivered, issued, executed
14 or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et
15 seq.), or approved for issuance or renewal in this State by the
16 Commissioner of Banking and Insurance on or after the effective date
17 of this act, shall provide benefits to any named subscriber or other
18 person covered thereunder for expenses incurred in conducting ¹[a
19 colonoscopy, or an alternative medically recognized diagnostic
20 examination for]¹ colorectal cancer ¹[as deemed appropriate by the
21 covered person's physician,] screening at regular intervals¹ for persons
22 age 50 and over ¹[who are asymptomatic]¹ and for persons of any age
23 ¹[with a family history of colorectal cancer or other colorectal cancer
24 risk factors,] who are considered to be at high risk for colorectal
25 cancer. The methods of screening for which benefits shall be provided
26 shall include: a screening fecal occult blood test, flexible
27 sigmoidoscopy, colonoscopy, barium enema, or any combination
28 thereof; or the most reliable, medically recognized screening test
29 available. The method and frequency of screening to be utilized shall
30 be^{1 3}in accordance with the most recent published guidelines of the
31 American Cancer Society and³ as determined medically necessary by
32 the covered person's physician¹, in consultation with the covered

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:

¹ Assembly AHL committee amendments adopted January 18, 2001.

² Assembly ABI committee amendments adopted May 3, 2001.

³ Senate floor amendments adopted December 6, 2001.

1 person.

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

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

7 ³[(2)] b.³ chronic inflammatory bowel disease; or

8 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
9 believes puts the person at elevated risk for colorectal cancer¹.

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

12 The provisions of this section shall apply to all hospital service
13 corporation contracts in which the hospital service corporation has
14 reserved the right to change the premium.

15

16 2. Every medical service corporation contract that provides
17 hospital or medical expense benefits and is delivered, issued, executed
18 or renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et
19 seq.), or approved for issuance or renewal in this State by the
20 Commissioner of Banking and Insurance on or after the effective date
21 of this act, shall provide benefits to any named subscriber or other
22 person covered thereunder for expenses incurred in conducting ¹[a
23 colonoscopy, or an alternative medically recognized diagnostic
24 examination for]¹ colorectal cancer ¹[as deemed appropriate by the
25 covered person's physician,] screening at regular intervals¹ for persons
26 age 50 and over ¹[who are asymptomatic]¹ and for persons of any age
27 ¹[with a family history of colorectal cancer or other colorectal cancer
28 risk factors,] who are considered to be at high risk for colorectal
29 cancer. The methods of screening for which benefits shall be provided
30 shall include: a screening fecal occult blood test, flexible
31 sigmoidoscopy, colonoscopy, barium enema, or any combination
32 thereof; or the most reliable, medically recognized screening test
33 available. The method and frequency of screening to be utilized shall
34 be^{1 3}in accordance with the most recent published guidelines of the
35 American Cancer Society and³ as determined medically necessary by
36 the covered person's physician¹, in consultation with the covered
37 person.

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

40 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
41 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
42 or colon cancer or polyps;

43 ³[(2)] b.³ chronic inflammatory bowel disease; or

44 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
45 believes puts the person at elevated risk for colorectal cancer¹.

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

3 The provisions of this section shall apply to all medical service
4 corporation contracts in which the medical service corporation has
5 reserved the right to change the premium.

6
7 3. Every health service corporation contract that provides hospital
8 or medical expense benefits and is delivered, issued, executed or
9 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
10 seq.), or approved for issuance or renewal in this State by the
11 Commissioner of Banking and Insurance on or after the effective date
12 of this act, shall provide benefits to any named subscriber or other
13 person covered thereunder for expenses incurred in conducting ¹[a
14 colonoscopy, or an alternative medically recognized diagnostic
15 examination for]¹ colorectal cancer ¹[as deemed appropriate by the
16 covered person's physician,] screening at regular intervals¹ for persons
17 age 50 and over ¹[who are asymptomatic]¹ and for persons of any
18 age ¹[with a family history of colorectal cancer or other colorectal
19 cancer risk factors,] who are considered to be at high risk for
20 colorectal cancer. The methods of screening for which benefits shall
21 be provided shall include: a screening fecal occult blood test, flexible
22 sigmoidoscopy, colonoscopy, barium enema, or any combination
23 thereof; or the most reliable, medically recognized screening test
24 available. The method and frequency of screening to be utilized shall
25 be^{1 3}in accordance with the most recent published guidelines of the
26 American Cancer Society and³ as determined medically necessary by
27 the covered person's physician¹, in consultation with the covered
28 person.

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

31 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
32 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
33 or colon cancer or polyps;

34 ³[(2)] b.³ chronic inflammatory bowel disease; or

35 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
36 believes puts the person at elevated risk for colorectal cancer¹.

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

39 The provisions of this section shall apply to all health service
40 corporation contracts in which the health service corporation has
41 reserved the right to change the premium.

42
43 4. Every individual policy that provides ²[health insurance
44 coverage] hospital or medical expense benefits² and is delivered,
45 issued, executed or renewed in this State pursuant to N.J.S.17B:26-1

1 et seq., or approved for issuance or renewal in this State by the
 2 Commissioner of Banking and Insurance on or after the effective date
 3 of this act, shall provide benefits to any named insured or other person
 4 covered thereunder for expenses incurred in conducting ¹[a
 5 colonoscopy, or an alternative medically recognized diagnostic
 6 examination for]¹ colorectal cancer ¹[as deemed appropriate by the
 7 covered person's physician,] screening at regular intervals¹ for persons
 8 age 50 and over ¹[who are asymptomatic]¹ and for persons of any age
 9 ¹[with a family history of colorectal cancer or other colorectal cancer
 10 risk factors,] who are considered to be at high risk for colorectal
 11 cancer. The methods of screening for which benefits shall be provided
 12 shall include: a screening fecal occult blood test, flexible
 13 sigmoidoscopy, colonoscopy, barium enema, or any combination
 14 thereof; or the most reliable, medically recognized screening test
 15 available. The method and frequency of screening to be utilized shall
 16 be^{1 3}in accordance with the most recent published guidelines of the
 17 American Cancer Society and³ as determined medically necessary by
 18 the covered person's physician¹, in consultation with the covered
 19 person.

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

22 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
 23 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
 24 or colon cancer or polyps;

25 ³[(2)] b.³ chronic inflammatory bowel disease; or

26 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
 27 believes puts the person at elevated risk for colorectal cancer¹.

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

30 The provisions of this section shall apply to all health insurance
 31 policies in which the insurer has reserved the right to change the
 32 premium.

33

34 5. Every group policy that provides ²[health insurance coverage]
 35 hospital or medical expense benefits² and is delivered, issued, executed
 36 or renewed in this State pursuant to N.J.S.17B:27-26 et seq., or
 37 approved for issuance or renewal in this State by the Commissioner of
 38 Banking and Insurance on or after the effective date of this act, shall
 39 provide benefits to any named insured or other person covered
 40 thereunder for expenses incurred in conducting ¹[a colonoscopy, or
 41 an alternative medically recognized diagnostic examination for]¹
 42 colorectal cancer ¹[as deemed appropriate by the covered person's
 43 physician,] screening at regular intervals¹ for persons age 50 and over
 44 ¹[who are asymptomatic]¹ and for persons of any age ¹[with a family
 45 history of colorectal cancer or other colorectal cancer risk factors,]

1 who are considered to be at high risk for colorectal cancer. The
2 methods of screening for which benefits shall be provided shall
3 include: a screening fecal occult blood test, flexible sigmoidoscopy,
4 colonoscopy, barium enema, or any combination thereof; or the most
5 reliable, medically recognized screening test available. The method
6 and frequency of screening to be utilized shall be^{1 3}in accordance with
7 the most recent published guidelines of the American Cancer Society
8 and³ as determined medically necessary by the covered person's
9 physician¹, in consultation with the covered person.

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

12 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
13 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
14 or colon cancer or polyps;

15 ³[(2)] b.³ chronic inflammatory bowel disease; or

16 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
17 believes puts the person at elevated risk for colorectal cancer¹.

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

20 The provisions of this section shall apply to all health insurance
21 policies in which the insurer has reserved the right to change the
22 premium.

23
24 6. Every individual health benefits plan that provides ²[health
25 insurance coverage] hospital or medical expense benefits² and is
26 delivered, issued, executed or renewed in this State pursuant to
27 P.L.1992, c.161 (C.17B:27A-2 et seq.), or approved for issuance or
28 renewal in this State ³[by the Commissioner of Banking and
29 Insurance]³ on or after the effective date of this act, shall provide
30 benefits to any ³[named insured or other]³ person covered thereunder
31 for expenses incurred in conducting ¹[a colonoscopy, or an alternative
32 medically recognized diagnostic examination for]¹ colorectal cancer
33 ¹[as deemed appropriate by the covered person's physician,]
34 screening at regular intervals¹ for persons age 50 and over ¹[who are
35 asymptomatic]¹ and for persons of any age ¹[with a family history of
36 colorectal cancer or other colorectal cancer risk factors,] who are
37 considered to be at high risk for colorectal cancer. The methods of
38 screening for which benefits shall be provided shall include: a
39 screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy,
40 barium enema, or any combination thereof; or the most reliable,
41 medically recognized screening test available. The method and
42 frequency of screening to be utilized shall be^{1 3}in accordance with the
43 most recent published guidelines of the American Cancer Society and³
44 as determined medically necessary by the covered person's physician¹,
45 in consultation with the covered person.

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

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

6 ³[(2)] b.³ chronic inflammatory bowel disease; or

7 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
8 believes puts the person at elevated risk for colorectal cancer¹.

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

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

13

14 7. Every small employer health benefits plan that provides ²[health
15 insurance coverage] hospital or medical expense benefits² and is
16 delivered, issued, executed or renewed in this State pursuant to
17 P.L.1992, c.162 (C.17B:27A-17 et seq.), or approved for issuance or
18 renewal in this State ³[by the Commissioner of Banking and
19 Insurance]³ on or after the effective date of this act, shall provide
20 benefits to any ³[named insured or other]³ person covered thereunder
21 for expenses incurred in conducting ¹[a colonoscopy, or an alternative
22 medically recognized diagnostic examination for]¹ colorectal cancer
23 ¹[as deemed appropriate by the covered person's physician,]
24 screening at regular intervals¹ for persons age 50 and over ¹[who are
25 asymptomatic]¹ and for persons of any age ¹[with a family history of
26 colorectal cancer or other colorectal cancer risk factors,] who are
27 considered to be at high risk for colorectal cancer. The methods of
28 screening for which benefits shall be provided shall include: a
29 screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy,
30 barium enema, or any combination thereof; or the most reliable,
31 medically recognized screening test available. The method and
32 frequency of screening to be utilized shall be^{1 3}in accordance with the
33 most recent published guidelines of the American Cancer Society and³
34 as determined medically necessary by the covered person's physician¹,
35 in consultation with the covered person.

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

38 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
39 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
40 or colon cancer or polyps;

41 ³[(2)] b.³ chronic inflammatory bowel disease; or

42 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
43 believes puts the person at elevated risk for colorectal cancer¹.

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

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

3
4 8. Every enrollee agreement that provides hospital or medical
5 expense benefits and is delivered, issued, executed or renewed in this
6 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for
7 issuance or renewal in this State by the Commissioner of Health and
8 Senior Services on or after the effective date of this act, shall provide
9 health care services to any enrollee or other person covered thereunder
10 for expenses incurred in conducting ¹[a colonoscopy, or an alternative
11 medically recognized diagnostic examination for]¹ colorectal cancer
12 ¹[as deemed appropriate by the covered person's physician,] screening
13 at regular intervals¹ for persons age 50 and over ¹[who are
14 asymptomatic]¹ and for persons of any age ¹[with a family history of
15 colorectal cancer or other colorectal cancer risk factors,] who are
16 considered to be at high risk for colorectal cancer. The methods of
17 screening for which benefits shall be provided shall include: a
18 screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy,
19 barium enema, or any combination thereof; or the most reliable,
20 medically recognized screening test available. The method and
21 frequency of screening to be utilized shall be^{1 3}in accordance with the
22 most recent published guidelines of the American Cancer Society and³
23 as determined medically necessary by the covered person's physician¹,
24 in consultation with the covered person.

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

27 ³[(1)] a.³ a family history of: familial adenomatous polyposis;
28 hereditary non-polyposis colon cancer; or breast, ovarian, endometrial
29 or colon cancer or polyps;

30 ³[(2)] b.³ chronic inflammatory bowel disease; or

31 ³[(3)] c.³ a background, ethnicity or lifestyle that the physician
32 believes puts the person at elevated risk for colorectal cancer¹.

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

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

38
39 9. This act shall take effect on the ¹[30th] 180th¹ day after
40 enactment.

41
42 _____
43
44 Requires health insurers to provide coverage for colorectal cancer
45 screening.

CHAPTER 295

AN ACT requiring health insurance benefits for expenses incurred for colorectal cancer screening and supplementing P.L.1938, c.366 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.), P.L.1985, c.236 (C.17:48E-1 et seq.), chapters 26 and 27 of Title 17B of the New Jersey Statutes, P.L.1992, c.161 (C.17B:27A-2 et seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.), and P.L.1973, c.337 (C.26:2J-1 et seq.).

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

C.17:48-6y Hospital service corporation to provide coverage for colorectal cancer screening.

1. Every hospital service corporation contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting colorectal cancer screening at regular intervals for persons age 50 and over and for persons of any age who are considered to be at high risk for colorectal cancer. The methods of screening for which benefits shall be provided shall include: a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof; or the most reliable, medically recognized screening test available. The method and frequency of screening to be utilized shall be in accordance with the most recent published guidelines of the American Cancer Society and as determined medically necessary by the covered person's physician, in consultation with the covered person.

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

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

b. chronic inflammatory bowel disease; or

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

The benefits 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 hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

C.17:48A-7x Medical service corporation to provide coverage for colorectal cancer screening.

2. Every medical service corporation contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting colorectal cancer screening at regular intervals for persons age 50 and over and for persons of any age who are considered to be at high risk for colorectal cancer. The methods of screening for which benefits shall be provided shall include: a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof; or the most reliable, medically recognized screening test available. The method and frequency of screening to be utilized shall be in accordance with the most recent published guidelines of the American Cancer Society and as determined medically necessary by the covered person's physician, in consultation with the covered person.

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

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

b. chronic inflammatory bowel disease; or

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

The benefits 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 medical service corporation contracts in which the medical service corporation has reserved the right to change the premium.

C.17:48E-35.23 Health service corporation to provide coverage for colorectal cancer screening.

3. Every health service corporation contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting colorectal cancer screening at regular intervals for persons age 50 and over and for persons of any age who are considered to be at high risk for colorectal cancer. The methods of screening for which benefits shall be provided shall include: a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof; or the most reliable, medically recognized screening test available. The method and frequency of screening to be utilized shall be in accordance with the most recent published guidelines of the American Cancer Society and as determined medically necessary by the covered person's physician, in consultation with the covered person.

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

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

The benefits 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 health service corporation contracts in which the health service corporation has reserved the right to change the premium.

C.17B:26-2.1u Individual policy to provide coverage for colorectal cancer screening.

4. Every individual policy that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to N.J.S.17B:26-1 et seq., or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide benefits to any named insured or other person covered thereunder for expenses incurred in conducting colorectal cancer screening at regular intervals for persons age 50 and over and for persons of any age who are considered to be at high risk for colorectal cancer. The methods of screening for which benefits shall be provided shall include: a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof; or the most reliable, medically recognized screening test available. The method and frequency of screening to be utilized shall be in accordance with the most recent published guidelines of the American Cancer Society and as determined medically necessary by the covered person's physician, in consultation with the covered person.

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

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

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

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

C.17B:27-46.1y Group policy to provide coverage for colorectal cancer screening.

5. Every group policy that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to N.J.S.17B:27-26 et seq., or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, shall provide benefits to any named insured or other person covered

thereunder for expenses incurred in conducting colorectal cancer screening at regular intervals for persons age 50 and over and for persons of any age who are considered to be at high risk for colorectal cancer. The methods of screening for which benefits shall be provided shall include: a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof; or the most reliable, medically recognized screening test available. The method and frequency of screening to be utilized shall be in accordance with the most recent published guidelines of the American Cancer Society and as determined medically necessary by the covered person's physician, in consultation with the covered person.

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

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

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

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

C.17B:27A-7.7 Individual health benefits plan to provide coverage for colorectal cancer screening.

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

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

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

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

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

C.17B:27A-19.9 Small employer health benefits plan to provide coverage for colorectal cancer screening.

7. Every small employer health benefits plan that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal in this State on or after the effective date of this act, shall provide benefits to any person covered thereunder for expenses incurred in conducting colorectal cancer screening at regular intervals for persons age 50 and over and for persons of any age who are considered to be at high risk for colorectal cancer. The methods of screening for which benefits shall be provided shall include: a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof; or the most reliable, medically recognized screening test available. The method and frequency of

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

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

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

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

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

C.26:2J-4.24 HMO agreement to provide coverage for colorectal cancer screening.

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

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

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

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

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

9. This act shall take effect on the 180th day after enactment.

Approved December 31, 2001.