

# ASSEMBLY, No. 130

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## STATE OF NEW JERSEY 213th LEGISLATURE

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PRE-FILED FOR INTRODUCTION IN THE 2008 SESSION

**Sponsored by:**

**Assemblywoman VALERIE VAINIERI HUTTLE**  
**District 37 (Bergen)**

**Co-Sponsored by:**

**Assemblywoman Oliver**

**SYNOPSIS**

Requires health insurers and SHBP to provide coverage for screening for cervical cancer, including testing for HPV.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel



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2

1 AN ACT concerning insurance coverage for testing for cervical  
2 cancer, amending P.L.1995, c.415 and P.L.2001, c.227 and  
3 supplementing P.L.1992, c.161 and P.L.1992, c.162.  
4

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

7  
8 1. Section 1 of P.L.1995, c.415 (C.17:48E-35.12) is amended to  
9 read as follows:

10 1. No health service corporation contract providing hospital or  
11 medical expense benefits for groups with greater than 50 persons  
12 shall be delivered, issued, executed or renewed in this State[, ] or  
13 approved for issuance or renewal in this State by the Commissioner  
14 of Banking and Insurance, on or after the effective date of this act,  
15 unless the contract provides benefits to any named subscriber or  
16 other person covered thereunder for expenses incurred in  
17 conducting [a Pap smear. The benefits shall be provided to the  
18 same extent as for any other medical condition under the contract.

19 As used in this section, and notwithstanding the provisions of  
20 this section to the contrary, "Pap smear" means an initial Pap smear  
21 and any confirmatory test when medically necessary and as ordered  
22 by the covered person's physician and includes all laboratory costs  
23 associated with the initial Pap smear and any such confirmatory  
24 test. ]cervical cytology screening for the early detection of cervical  
25 cancer.

26 As used in this section, "cervical cytology screening" includes,  
27 as determined medically necessary by the covered person's licensed  
28 health care provider: a Pap test, including liquid-based cytology,  
29 HPV test and any confirmatory test; and all laboratory costs  
30 associated with the tests.

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

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

36 (cf: P.L.2001, c.227, s.1)  
37

38 2. Section 2 of P.L.1995, c.415 (C.17:48-60) is amended to read  
39 as follows:

40 2. No hospital service corporation contract providing hospital  
41 or medical expense benefits for groups with greater than 50 persons  
42 shall be delivered, issued, executed or renewed in this State[, ] or  
43 approved for issuance or renewal in this State by the Commissioner  
44 of Banking and Insurance, on or after the effective date of this act,  
45 unless the contract provides benefits to any named subscriber or

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

**Matter underlined thus is new matter.**

1 other person covered thereunder for expenses incurred in  
2 conducting [a Pap smear. The benefits shall be provided to the  
3 same extent as for any other medical condition under the contract.

4 As used in this section, and notwithstanding the provisions of  
5 this section to the contrary, "Pap smear" means an initial Pap smear  
6 and any confirmatory test when medically necessary and as ordered  
7 by the covered person's physician and includes all laboratory costs  
8 associated with the initial Pap smear and any such confirmatory  
9 test. ]cervical cytology screening for the early detection of cervical  
10 cancer.

11 As used in this section, "cervical cytology screening" includes,  
12 as determined medically necessary by the covered person's licensed  
13 health care provider: a Pap test, including liquid-based cytology,  
14 HPV test and any confirmatory test; and all laboratory costs  
15 associated with the tests.

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

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

21 (cf: P.L.2001, c.227, s.2)

22

23 3. Section 3 of P.L.1995, c.415 (C.17:48A-7m) is amended to  
24 read as follows:

25 3. No medical service corporation contract providing hospital  
26 or medical expense benefits for groups with greater than 50 persons  
27 shall be delivered, issued, executed or renewed in this State[, ] or  
28 approved for issuance or renewal in this State by the Commissioner  
29 of Banking and Insurance, on or after the effective date of this act,  
30 unless the contract provides benefits to any named subscriber or  
31 other person covered thereunder for expenses incurred in  
32 conducting [a Pap smear. The benefits shall be provided to the  
33 same extent as for any other medical condition under the contract.

34 As used in this section, and notwithstanding the provisions of  
35 this section to the contrary, "Pap smear" means an initial Pap smear  
36 and any confirmatory test when medically necessary and as ordered  
37 by the covered person's physician and includes all laboratory costs  
38 associated with the initial Pap smear and any such confirmatory  
39 test. ] cervical cytology screening for the early detection of cervical  
40 cancer.

41 As used in this section, "cervical cytology screening" includes,  
42 as determined medically necessary by the covered person's licensed  
43 health care provider: a Pap test, including liquid-based cytology,  
44 HPV test and any confirmatory test; and all laboratory costs  
45 associated with the tests.

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

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

4 (cf: P.L.2001, c.227, s.3)

5  
6 4. Section 4 of P.L.1995, c.415 (C.17B:27-46.1n) is amended to  
7 read as follows:

8 4. No group health insurance policy providing hospital or  
9 medical expense benefits for groups with greater than 50 persons  
10 shall be delivered, issued, executed or renewed in this State[,] or  
11 approved for issuance or renewal in this State by the Commissioner  
12 of Banking and Insurance, on or after the effective date of this act,  
13 unless the policy provides benefits to any named insured or other  
14 person covered thereunder for expenses incurred in conducting [a  
15 Pap smear. The benefits shall be provided to the same extent as for  
16 any other medical condition under the policy.

17 As used in this section, and notwithstanding the provisions of  
18 this section to the contrary, "Pap smear" means an initial Pap smear  
19 and any confirmatory test when medically necessary and as ordered  
20 by the covered person's physician and includes all laboratory costs  
21 associated with the initial Pap smear and any such confirmatory  
22 test.] cervical cytology screening for the early detection of cervical  
23 cancer.

24 As used in this section, "cervical cytology screening"includes, as  
25 determined medically necessary by the covered person's licensed  
26 health care provider: a Pap test, including liquid-based cytology,  
27 HPV test and any confirmatory test; and all laboratory costs  
28 associated with the tests.

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

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

34 (cf: P.L.2001, c.227, s.4)

35  
36 5. Section 5 of P.L.1995, c.415 (C.26:2J-4.12) is amended to  
37 read as follows:

38 5. A certificate of authority to establish and operate a health  
39 maintenance organization in this State shall not be issued or  
40 continued [by the Commissioner of Health and Senior Services] on  
41 or after the effective date of this act unless the health maintenance  
42 organization offers health care services to any enrollee or other  
43 person covered thereunder which include [a Pap smear. The health  
44 care services shall be provided to the same extent as for any other  
45 medical condition under the contract.

46 As used in this section, and notwithstanding the provisions of  
47 this section to the contrary, "Pap smear" means an initial Pap smear

1 and any confirmatory test when medically necessary and as ordered  
2 by the covered person's physician and includes all laboratory costs  
3 associated with the initial Pap smear and any such confirmatory  
4 test. ] cervical cytology screening for the early detection of cervical  
5 cancer.

6 As used in this section, "cervical cytology screening" includes,  
7 as determined medically necessary by the covered person's licensed  
8 health care provider: a Pap test, including liquid-based cytology,  
9 HPV test and any confirmatory test; and all laboratory costs  
10 associated with the tests.

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

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

17 (cf: P.L.2001, c.227, s.5)

18

19 6. Section 6 of P.L.2001, c.227 (C.52:14-17.29f) is amended to  
20 read as follows:

21 6. The State Health Benefits Commission shall provide benefits  
22 to each person covered under the State Health Benefits Program for  
23 expenses incurred in conducting [a Pap smear. The benefits shall  
24 be provided to the same extent as for any other medical condition  
25 under the contract.

26 As used in this section, and notwithstanding the provisions of  
27 this section to the contrary, "Pap smear" means an initial Pap smear  
28 and any confirmatory test when medically necessary and as ordered  
29 by the covered person's physician and includes all laboratory costs  
30 associated with the initial Pap smear and any such confirmatory  
31 test. ] cervical cytology screening for the early detection of cervical  
32 cancer.

33 As used in this section, "cervical cytology screening" includes,  
34 as determined medically necessary by the covered person's licensed  
35 health care provider: a Pap test, including liquid-based cytology,  
36 HPV test and any confirmatory test; and all laboratory costs  
37 associated with the tests.

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

40 (cf: P.L.2001, c.227, s.6)

41

42 7. (New section) Every individual health benefits plan that is  
43 delivered, issued, executed or renewed in this State pursuant to  
44 P.L.1992, c.161 (C.17B:27A-2 et seq.) or approved for issuance or  
45 renewal in this State, on or after the effective date of this act, shall  
46 provide benefits to a covered person for expenses incurred in  
47 conducting cervical cytology screening for the early detection of

1 cervical cancer.

2 As used in this section, "cervical cytology screening" includes,  
3 as determined medically necessary by the covered person's licensed  
4 health care provider: a Pap test, including liquid-based cytology,  
5 HPV test and any confirmatory test; and all laboratory costs  
6 associated with the tests.

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

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

12

13 8. (New section) Every small employer health benefits plan that  
14 is delivered, issued, executed or renewed in this State pursuant to  
15 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or  
16 renewal in this State, on or after the effective date of this act, shall  
17 provide benefits to a covered person for expenses incurred in  
18 conducting cervical cytology screening for the early detection of  
19 cervical cancer.

20 As used in this section, "cervical cytology screening" includes,  
21 as determined medically necessary by the covered person's licensed  
22 health care provider: a Pap test, including liquid-based cytology,  
23 HPV test and any confirmatory test; and all laboratory costs  
24 associated with the tests.

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

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

30

31 9. This act shall take effect on the 60th day following enactment  
32 and shall apply to all contracts and policies delivered, issued or  
33 renewed on or after that date.

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STATEMENT

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38 This bill requires health, hospital and medical service  
39 corporations, individual, small employer and larger group health  
40 insurers, health maintenance organizations and the State Health  
41 Benefits Program (SHBP) to provide coverage for cervical  
42 cytology screening for the early detection of cervical cancer. The  
43 bill defines "cervical cytology screening" to include, as determined  
44 medically necessary by the covered person's licensed health care  
45 provider: a Pap test, including liquid-based cytology, HPV test and  
46 any confirmatory test; and all laboratory costs associated with the  
47 tests.

48 The State currently requires larger group health insurers (groups

1 greater than 50 persons), health maintenance organizations and  
2 SHBP to provide coverage for expenses incurred in conducting a  
3 Pap test and any confirmatory test, which coverage includes all  
4 laboratory costs associated with the Pap test and any confirmatory  
5 test.

6 This bill broadens the requirement to include individual and  
7 small employer health benefits plans, and to specify that the  
8 coverage is for cervical cytology screening for the early detection of  
9 cervical cancer, which would include testing for HPV, as well as a  
10 Pap test.

11 HPV (human papilloma virus) infections are now recognized as  
12 the major cause of cervical cancer. HPVs are a group of more than  
13 100 viruses, some of which are sexually transmitted. HPVs  
14 classified as "low risk" seldom are associated with cervical cancer;  
15 however, HPVs classified as "high risk" have been linked with  
16 genital or anal cancers in both men and women. Most HPV  
17 infections do not last very long because the body is able to fight the  
18 infection, and most people with HPV do not know they have the  
19 virus because they may not have any symptoms. If the HPV does  
20 not go away, however, the virus may cause cells in the cervix to  
21 change and become precancer cells, which changes can be detected  
22 by the Pap test. Further HPV testing can determine the exact type  
23 of HPV causing the infection and whether additional testing or  
24 treatment is required to prevent the development of cervical cancer.