

ASSEMBLY, No. 251

STATE OF NEW JERSEY

213th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2008 SESSION

Sponsored by:

Assemblywoman CHARLOTTE VANDERVALK

District 39 (Bergen)

Assemblywoman JOAN M. QUIGLEY

District 32 (Bergen and Hudson)

Co-Sponsored by:

Assemblyman Munoz

SYNOPSIS

Revises health wellness insurance benefits.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel



(Sponsorship Updated As Of: 9/23/2008)

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

3

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

6

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

9 3. a. Every hospital service corporation contract that provides
10 hospital and medical expense benefits and is delivered, issued,
11 executed or renewed in this State pursuant to P.L.1938, c.366
12 (C.17:48-1 et seq.), or approved for issuance or renewal in this State
13 by the Commissioner of Banking and Insurance on or after the
14 effective date of P.L.1999, c.339, shall provide benefits, as set forth
15 in this section, to any subscriber or other person covered thereunder
16 for expenses incurred in a health promotion program through health
17 wellness examinations and counselling, **[which]** and shall annually
18 notify each subscriber in writing of the availability of these
19 benefits. The health promotion program shall include, but not be
20 limited to, the following tests and services:

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

26 (2) For all persons **[35]** 40 years of age or older, a glaucoma
27 eye test every five years;

28 (3) For all persons **[40]** 45 years of age or older, an annual stool
29 examination for presence of blood;

30 (4) For all persons 45 years of age or older, a left-sided colon
31 examination of 35 to 60 centimeters every five years or a full
32 colonoscopy every 10 years;

33 (5) For all women 20 years of age or older, a pap smear pursuant
34 to the provisions of section 2 of P.L.1995, c.415 (C.17:48-6o);

35 (6) For all women 40 years of age or older, a mammogram
36 examination pursuant to the provisions of section 1 of P.L.1991,
37 c.279 (C.17:48-6g);

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

39 (8) For all persons 20 years of age or older**[, an annual];** a
40 biennial comprehensive prevention examination, which shall
41 include consultation with a health care provider to discuss lifestyle
42 behaviors that promote health and well-being including, but not
43 limited to, smoking control, nutrition and diet recommendations,
44 exercise plans, lower back protection, weight control, immunization

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 practices, breast self-examination, testicular self-examination and
2 seat belt usage in motor vehicles; and, in alternate years, a biennial
3 counseling and risk-factor intervention session that also includes the
4 measurement of blood pressure and the calculation of body mass
5 index;

6 (9) For post-menopausal women, screening of the hip and spine
7 for osteopenia or osteoporosis every 10 years if the initial test is
8 normal and more often as medically appropriate if the woman is
9 found to be osteopenic or osteoporotic; and

10 (10) For all persons 20 years of age or older annual screening for
11 depression using a standard depression scale.

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

19 b. Every individual or group health care contract offered for sale
20 in this State by a hospital service corporation pursuant to subsection
21 a. of this section shall provide payment for the benefits set forth in
22 subsection a. of this section in an amount which shall not exceed:
23 \$125 a year for each person between the ages of 20 to 39, inclusive;
24 \$145 a year for each man age 40 and over; and \$235 a year for each
25 woman age 40 and over; except that:

26 (1) for persons 45 years of age or older, the cost of a left-sided
27 colon examination or a full colonoscopy shall not be included in the
28 above amount; [however, no hospital service corporation shall be
29 required to provide payment for benefits for a left-sided colon
30 examination in excess of \$150] and

31 (2) for post-menopausal women, the cost of a screening of the
32 hip and spine for osteopenia or osteoporosis with dual-energy
33 absorptiometry shall not be included in the above amount.

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

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

45 e. The provisions of this section shall not apply to a health
46 benefits plan subject to the provisions of P.L.1992, c.161

- 1 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).
2 (cf: P.L.1999, c.339, s.1)
3
- 4 2. Section 4 of P.L.1993, c.327 (C.17:48A-7h) is amended to
5 read as follows:
- 6 4. a. Every medical service corporation contract that provides
7 hospital and medical expense benefits and is delivered, issued,
8 executed or renewed in this State pursuant to P.L.1940, c.74
9 (C.17:48A-1 et seq.), or approved for issuance or renewal in this
10 State by the Commissioner of Banking and Insurance on or after the
11 effective date of P.L.1999, c.339, shall provide benefits, as set forth
12 in this section, to any subscriber or other person covered thereunder
13 for expenses incurred in a health promotion program through health
14 wellness examinations and counselling, **[which]** and shall annually
15 notify each subscriber in writing of the availability of these
16 benefits. The health promotion program shall include, but not be
17 limited to, the following tests and services:
- 18 (1) For all persons 20 years of age and older, **[annual]** biennial
19 tests to determine [blood hemoglobin,] blood pressure, blood
20 glucose level, and blood cholesterol level or, alternatively, low-
21 density lipoprotein (LDL) level and blood high-density lipoprotein
22 (HDL) level;
- 23 (2) For all persons **[35]** 40 years of age or older, a glaucoma
24 eye test every five years;
- 25 (3) For all persons **[40]** 45 years of age or older, an annual stool
26 examination for presence of blood;
- 27 (4) For all persons 45 years of age or older, a left-sided colon
28 examination of 35 to 60 centimeters every five years or a full
29 colonoscopy every 10 years;
- 30 (5) For all women 20 years of age or older, a pap smear pursuant
31 to the provisions of section 3 of P.L.1995, c.415 (C.17:48A-7m);
- 32 (6) For all women 40 years of age or older, a mammogram
33 examination pursuant to the provisions of section 2 of P.L.1991,
34 c.279 (C.17:48A-7f);
- 35 (7) For all adults, recommended immunizations; **[and]**
- 36 (8) For all persons 20 years of age or older**[, an annual]**: a
37 biennial comprehensive prevention examination, which shall
38 include consultation with a health care provider to discuss lifestyle
39 behaviors that promote health and well-being including, but not
40 limited to, smoking control, nutrition and diet recommendations,
41 exercise plans, lower back protection, weight control, immunization
42 practices, breast self-examination, testicular self-examination and
43 seat belt usage in motor vehicles; and, in alternate years, a biennial
44 counseling and risk-factor intervention session that also includes the
45 measurement of blood pressure and the calculation of body mass
46 index;
- 47 (9) For post-menopausal women, screening of the hip and spine

1 for osteopenia or osteoporosis every 10 years if the initial test is
2 normal and more often as medically appropriate if the woman is
3 found to be osteopenic or osteoporotic; and

4 (10) For all persons 20 years of age or older annual screening for
5 depression using a standard depression scale.

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

13 b. Every individual or group basic health care contract offered
14 for sale in this State by a medical service corporation pursuant to
15 subsection a. of this section shall provide payment for the benefits
16 set forth in subsection a. of this section in an amount which shall
17 not exceed: \$125 a year for each person between the ages of 20 to
18 39, inclusive; \$145 a year for each man age 40 and over; and \$235 a
19 year for each woman age 40 and over; except that:

20 (1) for persons 45 years of age or older, the cost of a left-sided
21 colon examination or a full colonoscopy shall not be included in the
22 above amount; [however, no medical service corporation shall be
23 required to provide payment for benefits for a left-sided colon
24 examination in excess of \$150] and

25 (2) for post-menopausal women, the cost of a screening of the
26 hip and spine for osteopenia or osteoporosis with dual-energy
27 absorptiometry shall not be included in the above amount.

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

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

39 e. The provisions of this section shall not apply to a health
40 benefits plan subject to the provisions of P.L.1992, c.161
41 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).
42 (cf: P.L.1999, c.339, s.2)

43
44 3. Section 5 of P.L.1993, c.327 (C.17:48E-35.6) is amended to
45 read as follows:

46 5. a. Every health service corporation contract that provides
47 hospital and medical expense benefits and is delivered, issued,

1 executed or renewed in this State pursuant to P.L.1985, c.236
2 (C.17:48E-1 et seq.), or approved for issuance or renewal in this
3 State by the Commissioner of Banking and Insurance on or after the
4 effective date of P.L.1999, c.339, shall provide benefits, as set forth
5 in this section, to any subscriber or other person covered thereunder
6 for expenses incurred in a health promotion program through health
7 wellness examinations and counselling, **[which]** and shall annually
8 notify each subscriber in writing of the availability of these
9 benefits. The health promotion program shall include, but not be
10 limited to, the following tests and services:

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

16 (2) For all persons **[35]** 40 years of age or older, a glaucoma
17 eye test every five years;

18 (3) For all persons **[40]** 45 years of age or older, an annual stool
19 examination for presence of blood;

20 (4) For all persons 45 years of age or older, a left-sided colon
21 examination of 35 to 60 centimeters every five years or a full
22 colonoscopy every 10 years;

23 (5) For all women 20 years of age or older, a pap smear pursuant
24 to the provisions of section 1 of P.L.1995, c.415 (C.17:48E-35.12);

25 (6) For all women 40 years of age or older, a mammogram
26 examination pursuant to the provisions of section 3 of P.L.1991,
27 c.279 (C.17:48E-35.4);

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

29 (8) For all persons 20 years of age or older**[, an annual]**: a
30 biennial comprehensive prevention examination, which shall
31 include consultation with a health care provider to discuss lifestyle
32 behaviors that promote health and well-being including, but not
33 limited to, smoking control, nutrition and diet recommendations,
34 exercise plans, lower back protection, weight control, immunization
35 practices, breast self-examination, testicular self-examination and
36 seat belt usage in motor vehicles; and, in alternate years, a biennial
37 counseling and risk-factor intervention session that also includes the
38 measurement of blood pressure and the calculation of body mass
39 index;

40 (9) For post-menopausal women, screening of the hip and spine
41 for osteopenia or osteoporosis every 10 years if the initial test is
42 normal and more often as medically appropriate if the woman is
43 found to be osteopenic or osteoporotic; and

44 (10) For all persons 20 years of age or older annual screening for
45 depression using a standard depression scale.

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

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

6 b. Every individual or group health care contract offered for sale
7 in this State by a health service corporation pursuant to subsection
8 a. of this section shall provide payment for the benefits set forth in
9 subsection a. of this section in an amount which shall not exceed:
10 \$125 a year for each person between the ages of 20 to 39, inclusive;
11 \$145 a year for each man age 40 and over; and \$235 a year for each
12 woman age 40 and over; except that:

13 (1) for persons 45 years of age or older, the cost of a left-sided
14 colon examination or a full colonoscopy shall not be included in the
15 above amount; **[however, no health service corporation shall be**
16 **required to provide payment for benefits for a left-sided colon**
17 **examination in excess of \$150]** and

18 (2) for post-menopausal women, the cost of a screening of the
19 hip and spine for osteopenia or osteoporosis with dual-energy
20 absorptiometry shall not be included in the above amount.

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

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

32 e. The provisions of this section shall not apply to a health
33 benefits plan subject to the provisions of P.L.1992, c.161
34 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).
35 (cf: P.L.1999, c.339, s.3)

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

39 6. a. Every individual policy that provides hospital and medical
40 expense benefits and is delivered, issued, executed or renewed in
41 this State pursuant to N.J.S.17B:26-1 et seq., or approved for
42 issuance or renewal in this State by the Commissioner of Banking
43 and Insurance on or after the effective date of P.L.1999, c.339, shall
44 provide benefits, as set forth in this section, to each person covered
45 thereunder for expenses incurred in a health promotion program
46 through health wellness examinations and counselling, **[which]** and
47 shall annually notify each covered person in writing of the

1 availability of these benefits. The health promotion program shall
2 include, but not be limited to, the following tests and services:

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

8 (2) For all persons **[35]** 40 years of age or older, a glaucoma
9 eye test every five years;

10 (3) For all persons **[40]** 45 years of age or older, an annual stool
11 examination for presence of blood;

12 (4) For all persons 45 years of age or older, a left-sided colon
13 examination of 35 to 60 centimeters every five years or a full
14 colonoscopy every 10 years;

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

17 (6) For all women 40 years of age or older, a mammogram
18 examination pursuant to the provisions of section 4 of P.L.1991,
19 c.279 (C.17B:26-2.1e);

20 (7) For all adults, recommended immunizations; **[and]**

21 (8) For all persons 20 years of age or older**[, an annual]**: a
22 biennial comprehensive prevention examination, which shall
23 include consultation with a health care provider to discuss lifestyle
24 behaviors that promote health and well-being including, but not
25 limited to, smoking control, nutrition and diet recommendations,
26 exercise plans, lower back protection, weight control, immunization
27 practices, breast self-examination, testicular self-examination and
28 seat belt usage in motor vehicles; and, in alternate years, a biennial
29 counseling and risk-factor intervention session that also includes the
30 measurement of blood pressure and the calculation of body mass
31 index ;

32 (9) For post-menopausal women, screening of the hip and spine
33 for osteopenia or osteoporosis every 10 years if the initial test is
34 normal and more often as medically appropriate if the woman is
35 found to be osteopenic or osteoporatic; and

36 (10) For all persons 20 years of age or older annual screening for
37 depression using a standard depression scale.

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

45 b. Every individual health care policy offered for sale in this
46 State by an insurer pursuant to subsection a. of this section shall
47 provide payment for the benefits set forth in subsection a. of this

1 section in an amount which shall not exceed: \$125 a year for each
2 person between the ages of 20 to 39, inclusive; \$145 a year for each
3 man age 40 and over; and \$235 a year for each woman age 40 and
4 over; except that:

5 (1) for persons 45 years of age or older, the cost of a left-sided
6 colon examination or a full colonoscopy shall not be included in the
7 above amount; [however, no insurer shall be required to provide
8 payment for benefits for a left-sided colon examination in excess of
9 \$150] and

10 (2) for post-menopausal women, the cost of a screening of the
11 hip and spine for osteopenia or osteoporosis with dual-energy
12 absorptiometry shall not be included in the above amount.

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

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

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

37 f. The provisions of this section shall not apply to a health
38 benefits plan subject to the provisions of P.L.1992, c.161
39 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).
40 (cf: P.L.1999, c.339, s.4)

41
42 5. Section 7 of P.L.1993, c.327 (C.17B:27-46.1h) is amended to
43 read as follows:

44 7. a. Every group policy that provides hospital and medical
45 expense benefits and is delivered, issued, executed or renewed in
46 this State pursuant to N.J.S.17B:27-26 et seq., or approved for
47 issuance or renewal in this State by the Commissioner of Banking

1 and Insurance on or after the effective date of P.L.1999, c.339, shall
2 provide benefits, as set forth in this section, to each person covered
3 thereunder for expenses incurred in a health promotion program
4 through health wellness examinations and counselling, **[which]** and
5 shall annually notify each covered person in writing of the
6 availability of these benefits. The health promotion program shall
7 include, but not be limited to, the following tests and services:

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

13 (2) For all persons **[35]** 40 years of age or older, a glaucoma
14 eye test every five years;

15 (3) For all persons **[40]** 45 years of age or older, an annual stool
16 examination for presence of blood;

17 (4) For all persons 45 years of age or older, a left-sided colon
18 examination of 35 to 60 centimeters every five years or a full
19 colonoscopy every 10 years;

20 (5) For all women 20 years of age or older, a pap smear pursuant
21 to the provisions of section 4 of P.L.1995, c.415 (C.17B:27-46.1n);

22 (6) For all women 40 years of age or older, a mammogram
23 examination pursuant to the provisions of section 5 of P.L.1991,
24 c.279 (C.17B:27-46.1f);

25 (7) For all adults, recommended immunizations; **[and]**

26 (8) For all persons 20 years of age or older**[, an annual]**: a
27 biennial comprehensive prevention examination, which shall
28 include consultation with a health care provider to discuss lifestyle
29 behaviors that promote health and well-being including, but not
30 limited to, smoking control, nutrition and diet recommendations,
31 exercise plans, lower back protection, weight control, immunization
32 practices, breast self-examination, testicular self-examination and
33 seat belt usage in motor vehicles; and, in alternate years, a biennial
34 counseling and risk-factor intervention session that also includes the
35 measurement of blood pressure and the calculation of body mass
36 index;

37 (9) For post-menopausal women, screening of the hip and spine
38 for osteopenia or osteoporosis every 10 years if the initial test is
39 normal and more often as medically appropriate if the woman is
40 found to be osteopenic or osteoporatic; and

41 (10) For all persons 20 years of age or older annual screening for
42 depression using a standard depression scale.

43 Notwithstanding the provisions of this subsection to the contrary,
44 if a physician or other health care provider recommends that it
45 would be medically appropriate for a covered person to receive a
46 different schedule of tests and services than that provided for under
47 this subsection, the insurer shall provide payment for the tests or

1 services actually provided, within the limits of the amounts listed in
2 subsection b. of this section.

3 b. Every group health care policy offered for sale in this State by
4 an insurer pursuant to subsection a. of this section shall provide
5 payment for the benefits set forth in subsection a. in an amount
6 which shall not exceed: \$125 a year for each person between the
7 ages of 20 to 39, inclusive; \$145 a year for each man age 40 and
8 over; and \$235 a year for each woman age 40 and over; except that:

9 (1) for persons 45 years of age or older, the cost of a left-sided
10 colon examination or a full colonoscopy shall not be included in the
11 above amount; [however, no insurer shall be required to provide
12 payment for benefits for a left-sided colon examination in excess of
13 \$150] and

14 (2) for post-menopausal women, the cost of a screening of the
15 hip and spine for osteopenia or osteoporosis with dual-energy
16 absorptiometry shall not be included in the above amount.

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

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

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

40 f. The provisions of this section shall not apply to a health
41 benefits plan subject to the provisions of P.L.1992, c.161
42 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).
43 (cf: P.L.1999, c.339, s.5)

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

1 8. a. Notwithstanding any provision of this act or any other law
2 to the contrary, a certificate of authority to establish and operate a
3 health maintenance organization in this State shall not be issued or
4 continued by the Commissioner of Health and Senior Services on or
5 after the effective date of this act unless the health maintenance
6 organization provides health care services, as set forth in this
7 section, to any enrollee which include a health promotion program
8 providing health wellness examinations and counselling, **[which]**
9 and shall annually notify each enrollee in writing of the availability
10 of these health care services. The health promotion program shall
11 include, but not be limited to, the following tests and services:

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

17 (2) For all persons **[35]** 40 years of age or older, a glaucoma
18 eye test every five years;

19 (3) For all persons **[40]** 45 years of age or older, an annual stool
20 examination for presence of blood;

21 (4) For all persons 45 years of age or older, a left-sided colon
22 examination of 35 to 60 centimeters every five years or a full
23 colonoscopy every 10 years;

24 (5) For all women 20 years of age or older, a pap smear pursuant
25 to the provisions of section 5 of P.L.1995, c.415 (C.26:2j-4.12);

26 (6) For all women 40 years of age or older, a mammogram
27 examination pursuant to the provisions of section 6 of P.L.1991,
28 c.279 (C.26:2j-4.4);

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

30 (8) For all persons 20 years of age or older**[, an annual]**: a
31 biennial comprehensive prevention examination, which shall
32 include consultation with a health care provider to discuss lifestyle
33 behaviors that promote health and well-being including, but not
34 limited to, smoking control, nutrition and diet recommendations,
35 exercise plans, lower back protection, weight control, immunization
36 practices, breast self-examination, testicular self-examination and
37 seat belt usage in motor vehicles; and, in alternate years, a biennial
38 counseling and risk-factor intervention session that also includes the
39 measurement of blood pressure and the calculation of body mass
40 index;

41 (9) For post-menopausal women, screening of the hip and spine
42 for osteopenia or osteoporosis every 10 years if the initial test is
43 normal and more often as medically appropriate if the woman is
44 found to be osteopenic or osteoporotic; and

45 (10) For all persons 20 years of age or older annual screening for
46 depression using a standard depression scale.

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

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

13 (1) for persons 45 years of age or older, the value of a left-sided
14 colon examination or a full colonoscopy shall not be included in the
15 above amount; [however, no health maintenance organization shall
16 be required to provide services to enrollees for a left-sided colon
17 examination with a value in excess of \$150] and

18 (2) for post-menopausal women, the value of a screening of the
19 hip and spine for osteopenia or osteoporosis with dual-energy
20 absorptiometry shall not be included in the above amount.

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

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

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

37 f. The provisions of this section shall not apply to a health
38 benefits
39 plan subject to the provisions of P.L.1992, c.161 (C.17B:27A-2 et
40 seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).

41 (cf: P.L.1999, c.339, s.6)

42
43 7. This act shall take effect on the 90th day after enactment and
44 shall apply to policies or contracts issued or renewed on or after the
45 effective date.

STATEMENT

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This bill makes several revisions in the benefits for health wellness examinations and counseling that health insurers are required to provide under the “Health Wellness Promotion Act,” P.L.1993, c.327 (as amended by P.L.1999, c.339).

These revisions are based on recommendations included in the report to the Governor and the Legislature of the Health Wellness Promotion Advisory Board established pursuant to the “Health Wellness Promotion Act,” and are derived from new scientific data and experiences related to implementation of this statute.

The bill makes the following specific revisions in the required health wellness benefits:

- a new requirement that insurers annually notify covered persons in writing of the availability of the covered health wellness benefits;
- for all covered persons 20 years of age and older, a change from annual to biennial tests to determine blood pressure; blood glucose level; and blood cholesterol level or, alternatively, low-density lipoprotein (LDL) level and blood high-density lipoprotein (HDL) level; and deletion of the requirement for blood hemoglobin tests;
- an increase from 35 to 40 years in the age at which covered persons would be covered for a glaucoma eye test every five years;
- an increase from 40 to 45 years in the age at which covered persons would be covered for an annual stool examination for presence of blood;
- a new requirement that insurers cover a full colonoscopy every 10 years for covered persons 45 years of age or older as an alternative to a left-sided colon examination of 35 to 60 centimeters every five years and deletion of the cap on the cost of the procedure for which insurers would be responsible;
- a new requirement that insurers cover a biennial comprehensive prevention examination for covered persons 20 years of age or older, including consultation with a health care provider to discuss lifestyle behaviors that promote health and well-being (a consultation that insurers must now cover on an annual basis), and, in alternate years, a biennial counseling and risk-factor intervention session that also includes the measurement of blood pressure and the calculation of body mass index;
- a new requirement that insurers cover, for post-menopausal women, screening of the hip and spine for osteopenia or osteoporosis every 10 years if the initial test is normal and more often as medically appropriate if the woman is found to

- 1 be osteopenic or osteoporotic and a new provision that the
2 cost of this screening shall not be included in the annual
3 amount allowed for the health wellness benefits; and
4 • a new requirement that insurers cover for all persons 20
5 years of age or older annual screening for depression using a
6 standard depression scale; and
7 • deletion of the specific dollar cap on an insurer's payment
8 for a left-sided colon examination.
9 • The bill takes effect on the 90th day after enactment and
10 applies to policies or contracts issued or renewed on or after
11 the effective date.