

ASSEMBLY, No. 2304

STATE OF NEW JERSEY 213th LEGISLATURE

INTRODUCED FEBRUARY 26, 2008

Sponsored by:

Assemblyman PATRICK J. DIEGNAN, JR.

District 18 (Middlesex)

Assemblywoman LINDA STENDER

District 22 (Middlesex, Somerset and Union)

Assemblyman ALBERT COUTINHO

District 29 (Essex and Union)

SYNOPSIS

Requires health insurers to provide benefits for Pap smears at least annually.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/6/2008)

1 AN ACT concerning health insurance benefits for Pap smears, and
2 amending and supplementing various parts of the statutory law.

3

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

6

7 1. Section 2 of P.L.1995, c.415 (C.17:48-6o) is amended to
8 read as follows:

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

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

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

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

30

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

33 3. No medical service corporation contract providing hospital
34 or medical expense benefits **[for groups with greater than 50**
35 **persons]** shall be delivered, issued, executed or renewed in this
36 State, or approved for issuance or renewal in this State by the
37 Commissioner of Banking and Insurance on or after the effective
38 date of **[this act] P.L. c. (C.) (pending before the**
39 **Legislature as this bill**), unless the contract provides benefits to any
40 named subscriber or other person covered thereunder for expenses
41 incurred in conducting a Pap smear at least annually. The benefits
42 shall be provided to the same extent as for any other medical
43 condition under the contract.

44 As used in this section, and notwithstanding the provisions of
45 this section to the contrary, "Pap smear" means an initial annual Pap

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 smear and any confirmatory test when medically necessary and as
2 ordered by the covered person's physician and includes all
3 laboratory costs associated with the initial Pap smear and any
4 **【such】** confirmatory test.

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

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

9

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

12 1. No health service corporation contract providing hospital or
13 medical expense benefits **【for groups with greater than 50 persons】**
14 shall be delivered, issued, executed or renewed in this State, or
15 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 P.L. c. (C.) (pending before the Legislature as this bill) ,
18 unless the contract provides benefits to any named subscriber or
19 other person covered thereunder for expenses incurred in
20 conducting a Pap smear at least annually. The benefits shall be
21 provided to the same extent as for any other medical condition
22 under the contract.

23 As used in this section, and notwithstanding the provisions of
24 this section to the contrary, "Pap smear" means an initial annual Pap
25 smear and any confirmatory test when medically necessary and as
26 ordered by the covered person's physician and includes all
27 laboratory costs associated with the initial Pap smear and any
28 **【such】** confirmatory test.

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

33

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

36 6. a. Every individual policy that provides hospital and
37 medical expense benefits and is delivered, issued, executed or
38 renewed in this State pursuant to N.J.S.17B:26-1 et seq., or
39 approved for issuance or renewal in this State by the Commissioner
40 of Banking and Insurance on or after the effective date of
41 **【P.L.1999, c.339】** P.L. c. (C.) (pending before the
42 Legislature as this bill) , shall provide benefits to each person
43 covered thereunder for expenses incurred in a health promotion
44 program through health wellness examinations and counselling,
45 which program shall include, but not be limited to, the following
46 tests and services:

- 1 (1) For all persons 20 years of age and older, annual tests to
2 determine blood hemoglobin, blood pressure, blood glucose level,
3 and blood cholesterol level or, alternatively, low-density lipoprotein
4 (LDL) level and blood high-density lipoprotein (HDL) level;
- 5 (2) For all persons 35 years of age or older, a glaucoma eye test
6 every five years;
- 7 (3) For all persons 40 years of age or older, an annual stool
8 examination for presence of blood;
- 9 (4) For all persons 45 years of age or older, a left-sided colon
10 examination of 35 to 60 centimeters every five years;
- 11 (5) For all women 20 years of age or older, a [pap] Pap smear
12 every [two years] year. As used in this paragraph, "Pap smear"
13 means an initial annual Pap smear and any confirmatory test when
14 medically necessary and as ordered by the covered person's
15 physician and includes all laboratory costs associated with the
16 initial Pap smear and confirmatory test;
- 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
22 consultation with a health care provider to discuss lifestyle
23 behaviors that promote health and well-being including, but not
24 limited to, smoking control, nutrition and diet recommendations,
25 exercise plans, lower back protection, weight control, immunization
26 practices, breast self-examination, testicular self-examination and
27 seat belt usage in motor vehicles.
- 28 Notwithstanding the provisions of this subsection to the contrary,
29 if a physician or other health care provider recommends that it
30 would be medically appropriate for a covered person to receive a
31 different schedule of tests and services than that provided for under
32 this subsection, the insurer shall provide payment for the tests or
33 services actually provided, within the limits of the amounts listed in
34 subsection b. of this section.
- 35 b. Every individual health care policy offered for sale in this
36 State by an insurer pursuant to subsection a. of this section shall
37 provide payment for the benefits set forth in subsection a. of this
38 section in an amount which shall not exceed: \$125 a year for each
39 person between the ages of 20 to 39, inclusive; \$145 a year for each
40 man age 40 and over; and \$235 a year for each woman age 40 and
41 over; except that for persons 45 years of age or older, the cost of a
42 left-sided colon examination shall not be included in the above
43 amount; however, no insurer shall be required to provide payment
44 for benefits for a left-sided colon examination in excess of \$150.
- 45 c. The Commissioner of Banking and Insurance, in
46 consultation with the Department of the Treasury, shall annually
47 adjust the threshold amounts provided by subsection b. of this
48 section in direct proportion to the increase or decrease in the

1 consumer price index for all urban consumers in the New York City
2 and Philadelphia areas as reported by the United States Department
3 of Labor. The adjustment shall become effective on July 1 of the
4 year in which the adjustment is made.

5 d. The requirements of this section shall apply only to health
6 insurers which issue or deliver primary health insurance coverage in
7 this State providing hospital or medical expense benefits. Primary
8 health insurance coverage shall not include the following plans,
9 policies, or contracts: accident only, credit, disability, long-term
10 care, Medicare supplement coverage, CHAMPUS supplement
11 coverage, coverage for Medicare services pursuant to a contract
12 with the United States government, coverage for Medicaid services
13 pursuant to a contract with the State, coverage arising out of a
14 workers' compensation or similar law, automobile medical payment
15 insurance, personal injury protection insurance issued pursuant to
16 P.L.1972, c.70 (C.39:6A-1 et seq.), or hospital confinement
17 indemnity coverage.

18 e. This section shall apply to all individual health insurance
19 policies in which the carrier has reserved the right to change the
20 premium.

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

25

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

28 4. No group health insurance policy providing hospital or
29 medical expense benefits **【for groups with greater than 50 persons】**
30 shall be delivered, issued, executed or renewed in this State, or
31 approved for issuance or renewal in this State by the Commissioner
32 of Banking and Insurance on or after the effective date of **【this act】**
33 P.L. ____ c. ____ (C. ____) (pending before the Legislature as this bill),
34 unless the policy provides benefits to any named insured or other
35 person covered thereunder for expenses incurred in conducting a
36 Pap smear at least annually. The benefits shall be provided to the
37 same extent as for any other medical condition under the policy.

38 As used in this section, and notwithstanding the provisions of
39 this section to the contrary, "Pap smear" means an initial annual Pap
40 smear and any confirmatory test when medically necessary and as
41 ordered by the covered person's physician and includes all
42 laboratory costs associated with the initial Pap smear and any
43 **【such】** confirmatory test.

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

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

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

3 5. A certificate of authority to establish and operate a health
4 maintenance organization in this State shall not be issued or
5 continued by the Commissioner of Health and Senior Services on or
6 after the effective date of **[this act]** P.L. c. (C.) (pending
7 before the Legislature as this bill) unless the health maintenance
8 organization offers health care services to any enrollee or other
9 person covered thereunder which include a Pap smear at least
10 annually. The health care services shall be provided to the same
11 extent as for any other medical condition under the contract.

12 As used in this section, and notwithstanding the provisions of
13 this section to the contrary, "Pap smear" means an initial annual Pap
14 smear and any confirmatory test when medically necessary and as
15 ordered by the covered person's physician and includes all
16 laboratory costs associated with the initial Pap smear and any
17 **[such]** confirmatory test.

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

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

23

24 7. (New Section) An individual health benefits plan subject to
25 the provisions of P.L.1992, c.161 (C.17B:27A-2 et seq.), delivered,
26 issued, executed or renewed in this State, or approved for issuance
27 or renewal in this State, on or after the effective date of
28 P.L. c. (C.) (pending before the Legislature as this bill),
29 shall provide benefits to any person covered thereunder for
30 expenses incurred in conducting a Pap smear at least annually. The
31 benefits shall be provided to the same extent as for any other
32 medical condition under the health benefits plan.

33 As used in this section, and notwithstanding the provisions of
34 this section to the contrary, "Pap smear" means an initial annual
35 Pap smear and any confirmatory test when medically necessary and
36 as ordered by the covered person's physician and includes all
37 laboratory costs associated with the initial Pap smear and any
38 confirmatory test.

39 This section shall apply to all health benefits plans in which the
40 carrier has reserved the right to change the premium.

41

42 8. (New Section) A small employer health benefits plan
43 subject to the provisions of P.L.1992, c.162 (C.17B:27A-17 et seq.),
44 delivered, issued, executed or renewed in this State, or approved for
45 issuance or renewal in this State, on or after the effective date of
46 P.L. c. (C.) (pending before the Legislature as this bill),
47 shall provide benefits to any person covered thereunder for
48 expenses incurred in conducting a Pap smear at least annually. The

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

3 As used in this section, and notwithstanding the provisions of
4 this section to the contrary, "Pap smear" means an initial annual
5 Pap smear and any confirmatory test when medically necessary and
6 as ordered by the covered person's physician and includes all
7 laboratory costs associated with the initial Pap smear and any
8 confirmatory test.

9 This section shall apply to all health benefits plan in which the
10 carrier has reserved the right to change the premium.

11

12 9. This act shall take effect on the 90th day after enactment.

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STATEMENT

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17 This bill requires hospital, medical and health service
18 corporations, individual, small employer and large group
19 commercial health insurers and health maintenance organizations to
20 provide benefits for Pap smears at least annually. A Pap smear is an
21 important aspect of preventative health care for women because it
22 allows early detection of cancer of the cervix.