

ASSEMBLY, No. 2467

STATE OF NEW JERSEY 213th LEGISLATURE

INTRODUCED MARCH 6, 2008

Sponsored by:

Assemblyman JON M. BRAMNICK

District 21 (Essex, Morris, Somerset and Union)

SYNOPSIS

Requires health insurance coverage for anesthesiology services in connection with outpatient diagnostic screenings, including colonoscopies.

CURRENT VERSION OF TEXT

As introduced.



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

1 AN ACT concerning health benefits coverage for outpatient
2 diagnostic screenings, and supplementing various parts of the
3 statutory law.

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

7
8 1. A hospital service corporation contract that provides hospital
9 and medical expense benefits and is delivered, issued, executed or
10 renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 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
13 date of this act, shall provide coverage for expenses incurred for
14 anesthesiology services that are provided in connection with the
15 performance of outpatient diagnostic screenings, including, but not
16 limited to colonoscopies, with respect to a covered person, when
17 those anesthesiology services are determined to be appropriate by
18 the covered person's treating physician.

19 These benefits shall be provided to the same extent as for any
20 other condition under the contract.

21 This section shall apply to those hospital service corporation
22 contracts in which the hospital service corporation has reserved the
23 right to change the premium.

24
25 2. A medical service corporation contract that provides hospital
26 and medical expense benefits and is delivered, issued, executed or
27 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et
28 seq.), or approved for issuance or renewal in this State by the
29 Commissioner of Banking and Insurance, on or after the effective
30 date of this act, shall provide coverage for expenses incurred for
31 anesthesiology services that are provided in connection with the
32 performance of outpatient diagnostic screenings, including, but not
33 limited to colonoscopies, with respect to a covered person, when
34 those anesthesiology services are determined to be appropriate by
35 the covered person's treating physician.

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

38 This section shall apply to those medical service corporation
39 contracts in which the medical service corporation has reserved the
40 right to change the premium.

41
42 3. A health service corporation contract that provides hospital
43 and medical expense benefits and is delivered, issued, executed or
44 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
45 seq.), or approved for issuance or renewal in this State by the
46 Commissioner of Banking and Insurance, on or after the effective
47 date of this act, shall provide coverage for expenses incurred for
48 anesthesiology services that are provided in connection with the

1 performance of outpatient diagnostic screenings, including, but not
2 limited to colonoscopies, with respect to a covered person, when
3 those anesthesiology services are determined to be appropriate by
4 the covered person's treating physician.

5 These benefits shall be provided to the same extent as for any
6 other condition under the contract.

7 This section shall apply to those health service corporation
8 contracts in which the health service corporation has reserved the
9 right to change the premium.

10

11 4. An individual health insurance policy that provides hospital
12 and medical expense benefits and is delivered, issued, executed or
13 renewed in this State pursuant to N.J.S.17B:26-1 et seq., or
14 approved for issuance or renewal in this State by the Commissioner
15 of Banking and Insurance, on or after the effective date of this act,
16 shall provide coverage for expenses incurred for anesthesiology
17 services that are provided in connection with the performance of
18 outpatient diagnostic screenings, including, but not limited to
19 colonoscopies, with respect to a covered person, when those
20 anesthesiology services are determined to be appropriate by the
21 covered person's treating physician.

22 These benefits shall be provided to the same extent as for any
23 other condition under the policy.

24 This section shall apply to those policies in which the insurer has
25 reserved the right to change the premium.

26

27 5. A group health insurance policy that provides hospital and
28 medical expense benefits and is delivered, issued, executed or
29 renewed in this State pursuant to N.J.S.17B:27-26 et seq., or
30 approved for issuance or renewal in this State by the Commissioner
31 of Banking and Insurance, on or after the effective date of this act,
32 shall provide coverage for expenses incurred for anesthesiology
33 services that are provided in connection with the performance of
34 outpatient diagnostic screenings, including, but not limited to
35 colonoscopies, with respect to a covered person, when those
36 anesthesiology services are determined to be appropriate by the
37 covered person's treating physician.

38 These benefits shall be provided to the same extent as for any
39 other condition under the policy.

40 This section shall apply to those policies in which the insurer has
41 reserved the right to change the premium.

42

43 6. An individual health benefits plan that is delivered, issued,
44 executed or renewed in this State pursuant to P.L.1992, c.161
45 (C.17B:27A-2 et seq.), on or after the effective date of this act, shall
46 provide coverage for expenses incurred for anesthesiology services
47 that are provided in connection with the performance of outpatient
48 diagnostic screenings, including, but not limited to colonoscopies,

1 with respect to a covered person, when those anesthesiology
2 services are determined to be appropriate by the covered person's
3 treating physician.

4 These benefits shall be provided to the same extent as for any
5 other condition under the health benefits plan.

6 This section shall apply to those health benefits plans in which
7 the carrier has reserved the right to change the premium.

8

9 7. A small employer health benefits plan that is delivered,
10 issued, executed or renewed in this State pursuant to P.L.1992,
11 c.162 (C.17B:27A-17 et seq.), on or after the effective date of this
12 act, shall provide coverage for expenses incurred for anesthesiology
13 services that are provided in connection with the performance of
14 outpatient diagnostic screenings, including, but not limited to
15 colonoscopies, with respect to a covered person, when those
16 anesthesiology services are determined to be appropriate by the
17 covered person's treating physician.

18 These benefits shall be provided to the same extent as for any
19 other condition under the health benefits plan.

20 This section shall apply to those health benefits plans in which
21 the carrier has reserved the right to change the premium.

22

23 8. A certificate of authority to establish and operate a health
24 maintenance organization for health care services in this State
25 pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.) shall not be issued
26 or continued by the Commissioner of Banking and Insurance, on or
27 after the effective date of this act, unless it provides health care
28 services for expenses incurred for anesthesiology services that are
29 provided in connection with the performance of outpatient
30 diagnostic screenings, including, but not limited to colonoscopies,
31 with respect to an enrollee, when those anesthesiology services are
32 determined to be appropriate by the enrollee's treating physician.

33 These health care services shall be provided to the same extent as
34 for any other condition under the contract.

35 This section shall apply to those contracts for health care
36 services under which the right to change the schedule of charges for
37 enrollee coverage is reserved.

38

39 9. The State Health Benefits Commission shall ensure that every
40 contract purchased on or after the effective date of this act that
41 provides hospital or medical expense benefits shall provide
42 coverage for expenses incurred for anesthesiology services that are
43 provided in connection with the performance of outpatient
44 diagnostic screenings, including, but not limited to colonoscopies,
45 with respect to a covered person, when those anesthesiology
46 services are determined to be appropriate by the covered person's
47 treating physician.

1 10. This act shall take effect on the 60th day after enactment.
2

3

4

STATEMENT

5

6 This bill requires private health insurance carriers (hospital,
7 medical and health service corporations, individual, small employer
8 and larger group commercial insurers, and health maintenance
9 organizations) and the State Health Benefits Program to provide
10 coverage for anesthesiology services that are provided in
11 connection with the performance of outpatient diagnostic
12 screenings, including, but not limited to colonoscopies, with respect
13 to a covered person, when those anesthesiology services are
14 determined to be appropriate by the covered person's treating
15 physician.

16 The bill takes effect on the 60th day after enactment and applies
17 to all contracts and policies issued on or after the effective date.