

ASSEMBLY, No. 2657

STATE OF NEW JERSEY 213th LEGISLATURE

INTRODUCED MAY 12, 2008

Sponsored by:

Assemblyman JOHN J. BURZICHELLI
District 3 (Salem, Cumberland and Gloucester)

Co-Sponsored by:

Assemblymen L.Smith and Giblin

SYNOPSIS

Requires health insurers, SHBP, Medicaid, and NJ FamilyCare to provide coverage for anesthesiology services in connection with outpatient colorectal cancer screening

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/17/2008)

1 AN ACT concerning health benefits coverage for anesthesiology
2 services 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. A hospital service corporation contract that provides hospital
8 and medical expense benefits and is delivered, issued, executed or
9 renewed in this State pursuant to P.L.1938, c.368 (C.17:48-1 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
12 date of this act, shall provide coverage for expenses incurred for
13 anesthesiology services provided in connection with the
14 performance of outpatient colorectal cancer screening with respect
15 to a covered person, when the anesthesiology services are
16 determined medically necessary by the covered person's treating
17 physician.

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

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

23

24 2. A medical service corporation contract that provides hospital
25 and medical expense benefits and is delivered, issued, executed or
26 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et
27 seq.), or approved for issuance or renewal in this State by the
28 Commissioner of Banking and Insurance, on or after the effective
29 date of this act, shall provide coverage for expenses incurred for
30 anesthesiology services provided in connection with the
31 performance of outpatient colorectal cancer screening with respect
32 to a covered person, when the anesthesiology services are
33 determined medically necessary by the covered person's treating
34 physician.

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

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

40

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

1 to a covered person, when the anesthesiology services are
2 determined medically necessary by the covered person's treating
3 physician.

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

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

9
10 4. An individual health insurance policy that provides hospital
11 and medical expense benefits and is delivered, issued, executed or
12 renewed in this State pursuant to N.J.S.17B:26-1 et seq., 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 shall provide coverage for expenses incurred for anesthesiology
16 services provided in connection with the performance of outpatient
17 colorectal cancer screening with respect to a covered person, when
18 the anesthesiology services are determined medically necessary by
19 the covered person's treating physician.

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

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

24
25 5. A group health insurance policy that provides hospital and
26 medical expense benefits and is delivered, issued, executed or
27 renewed in this State pursuant to N.J.S.17B:27-26 et seq., 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 shall provide coverage for expenses incurred for anesthesiology
31 services provided in connection with the performance of outpatient
32 colorectal cancer screening with respect to a covered person, when
33 the anesthesiology services are determined medically necessary by
34 the covered person's treating physician.

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

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

39
40 6. An individual health benefits plan that is delivered, issued,
41 executed or renewed in this State pursuant to P.L.1992, c.161
42 (C.17B:27A-2 et seq.), on or after the effective date of this act, shall
43 provide coverage for expenses incurred for anesthesiology services
44 provided in connection with the performance of outpatient
45 colorectal cancer screening with respect to a covered person, when
46 the anesthesiology services are determined medically necessary by
47 the covered person's treating physician.

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

1 condition under the health benefits plan.

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

4

5 7. A small employer health benefits plan that is delivered,
6 issued, executed or renewed in this State pursuant to P.L.1992,
7 c.162 (C.17B:27A-17 et seq.), on or after the effective date of this
8 act, shall provide coverage for expenses incurred for anesthesiology
9 services provided in connection with the performance of outpatient
10 colorectal cancer screening with respect to a covered person, when
11 the anesthesiology services are determined medically necessary by
12 the covered person's treating physician.

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

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

17

18 8. A health maintenance organization contract for health care
19 services that is delivered, issued, executed or renewed in this State
20 pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.) shall not be issued
21 or continued by the Commissioner of Health and Senior Services or
22 approved for issuance or renewal in this State by the Commissioner
23 of Banking and Insurance, on or after the effective date of this act,
24 shall provide health care services for expenses incurred for
25 anesthesiology services provided in connection with the
26 performance of outpatient colorectal cancer screening with respect
27 to an enrollee, when the anesthesiology services are determined
28 medically necessary by the enrollee's treating physician.

29 The health care services shall be provided to the same extent as
30 for any other condition under the contract.

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

34

35 9. The State Health Benefits Commission shall ensure that every
36 contract purchased on or after the effective date of this act that
37 provides hospital or medical expense benefits shall provide
38 coverage for expenses incurred for anesthesiology services provided
39 in connection with the performance of outpatient colorectal cancer
40 screening with respect to a covered person, when the anesthesiology
41 services are determined medically necessary by the covered
42 person's treating physician.

43

44 10. The Commissioner of Human Services shall ensure that
45 every contract for health care services under the Medicaid program
46 pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.) and the NJ
47 FamilyCare Program pursuant to P.L.2005, c.156 (C.30:4J-8 et
48 seq.), entered into on or after the effective date of this act, and the

1 fee-for-service Medicaid program on or after the effective date of
2 this act, provide benefits for expenses incurred for anesthesiology
3 services provided in connection with the performance of outpatient
4 colorectal cancer screening with respect to a recipient or enrollee,
5 when the anesthesiology services are determined medically
6 necessary by the treating physician.

7
8 11. This act shall take effect on the 60th day after enactment and
9 shall apply to all contracts and policies issued on or after the
10 effective date.

11
12
13 STATEMENT
14

15 This bill requires private health insurance carriers (hospital,
16 medical and health service corporations, individual, small employer
17 and larger group commercial insurers, and health maintenance
18 organizations), the State Health Benefits Program, and the Medicaid
19 and NJ FamilyCare programs to provide coverage for
20 anesthesiology services provided in connection with the
21 performance of outpatient colorectal cancer screening with respect
22 to a covered person, when the anesthesiology services are
23 determined medically necessary by the covered person's treating
24 physician.

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