# ASSEMBLY, No. 2431

# STATE OF NEW JERSEY

# 219th LEGISLATURE

INTRODUCED FEBRUARY 3, 2020

Sponsored by: Assemblyman DANIEL R. BENSON District 14 (Mercer and Middlesex)

Co-Sponsored by: Assemblyman Caputo

### **SYNOPSIS**

Requires insurers and SHBP to provide coverage for expenses incurred in screening for ovarian cancer.

## **CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 2/3/2020)

#### A2431 BENSON

AN ACT concerning insurance coverage for diagnosis of ovarian cancer and supplementing Titles 17, 26 and 52 of the Revised Statutes and Title 17B of the New Jersey Statutes.

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

1. A hospital service corporation contract that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer, which coverage shall include, but is not limited to, an annual pelvic examination, an ultrasound and blood testing for cancer markers.

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

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

2. A medical service corporation contract that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer, which coverage shall include, but is not limited to, an annual pelvic examination, an ultrasound and blood testing for cancer markers.

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

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

 3. A health service corporation contract that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer, which coverage shall include, but is not limited to, an annual pelvic examination, an

1 ultrasound and blood testing for cancer markers.

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

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

4. An individual health insurance policy that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to chapter 26 of Title 17B of the New Jersey Statutes, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer, which coverage shall include, but is not limited to, an annual pelvic examination, an ultrasound and blood testing for cancer markers.

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

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

5. A group health insurance policy that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to chapter 27 of Title 17B of the New Jersey Statutes, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer, which coverage shall include, but is not limited to, an annual pelvic examination, an ultrasound and blood testing for cancer markers.

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

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

6. An individual health benefits plan that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.), on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer, which coverage shall include, but is not limited to, an annual pelvic examination, an ultrasound and blood testing for cancer markers.

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

#### A2431 BENSON

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

7. A small employer health benefits plan that provides hospital and medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.), on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer, which coverage shall include, but is not limited to, an annual pelvic examination, an ultrasound and blood testing for cancer markers.

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

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

8. A health maintenance organization contract for health care services that is delivered, issued, executed or renewed in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide health care services for medically necessary screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer, which health care services shall include, but are not limited to, an annual pelvic examination, an ultrasound and blood testing for cancer markers.

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

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

9. The State Health Benefits Commission shall ensure that every contract purchased by the commission, on or after the effective date of this act, that provides hospital or medical expense benefits shall provide coverage for medically necessary expenses incurred in screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer, which coverage shall include, but is not limited to, an annual pelvic examination, an ultrasound and blood testing for cancer markers.

10. This act shall take effect on the 180th day after enactment and shall apply to policies or contracts issued or renewed on or after the effective date.

### A2431 BENSON

This bill requires hospital, medical, and health service corporations, commercial individual, small employer, and larger group insurers, health maintenance organizations, and the State Health Benefits Program to provide coverage for medically necessary expenses incurred in screening for ovarian cancer for symptomatic women or women at risk of ovarian cancer, which coverage shall include, but is not limited to, an annual pelvic examination, an ultrasound and blood testing for cancer markers, such as CA 125 levels.

Ovarian cancer is the fourth leading cause of cancer death in women in the United States. The provisions of this bill will ensure that women who may have symptoms of ovarian cancer, or are at risk of ovarian cancer because of a family history or other health conditions, are able to receive appropriate and necessary diagnostic screening tests for this deadly disease.