SENATE, No. 3060

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED APRIL 8, 2024

Sponsored by:
Senator TROY SINGLETON
District 7 (Burlington)
Senator BRIAN P. STACK
District 33 (Hudson)

Co-Sponsored by:
Senators Gopal, Greenstein, A.M.Bucco, Amato, Lagana, Burgess, Beach, Turner, Ruiz, Johnson and Zwicker

SYNOPSIS

Expands requirements for health insurance carriers concerning prostate cancer screening and requires coverage be provided without cost sharing.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 10/20/2025)

AN ACT concerning health insurance coverage for prostate cancer screening and amending P.L.1996, c.125 and supplementing various parts of the statutory law.

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

1. Section 1 of P.L.1996, c.125 (C.17:48E-35.13) is amended to read as follows:.

1. a. No health service corporation contract providing hospital or medical expense benefits **[**for groups with greater than 49 persons**]** shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of **[**this act**]** P.L.1996, c.125 (C.17:48E-35.13 et al.), unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting an annual **[**medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors**]** prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the benefits shall be imposed for men who are between 40 and 75 years of age.

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

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

(cf: P.L.1996, c.125, s.1)

2. Section 2 of P.L.1996, c.125 (C.17:48-6p) is amended to read as follows:

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.

2. a. No hospital service corporation contract providing hospital or medical expense benefits [for groups with greater than 49 persons] shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of [this act] P.L.1996, c.125 (C.17:48E-35.13 et al.), unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting an annual [medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors] prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the benefits shall be imposed for men who are between 40 and 75 years of age.

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

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

(cf: P.L.1996, c.125, s.2)

3. Section 3 of P.L.1996, c.125 (C.17:48A-7n) is amended to read as follows:

3. a. No medical service corporation contract providing hospital or medical expense benefits [for groups with greater than 49 persons] shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of [this act] P.L.1996, c.125 (C.17:48E-35.13 et al.), unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting an annual [medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific anitgen test for men age 50 and over who are asymptomatic and for

men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors**]** prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the benefits shall be imposed for men who are between 40 and 75 years of age.

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

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

(cf: P.L.1996, c.125, s.3)

4. Section 4 of P.L.1996, c.125 (C.17B:27-46.1o) is amended to read as follows:

4. a. No group health insurance policy providing hospital or medical expense benefits **[**for groups with greater than 49 persons**]** shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of **[**this act**]** P.L.1996, c.125 (C.17:48E-35.13 et al.), unless the policy provides benefits to any named insured or other person covered thereunder for expenses incurred in conducting an annual **[**medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors**]** prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the policy except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the benefits shall be imposed for men who are between 40 and 75 years of age.

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

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

(cf: P.L.1996, c.125, s.4)

5. Section 5 of P.L.1996, c.125 (C.26:2J-4.13) is amended to read as follows:

5. a. A certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued by the Commissioner of Health on or after the effective date of **[**this act**]** P.L.1996, c.125 (C.17:48E-35.13 et al.) unless the health maintenance organization provides health care services to any enrollee which include an annual **[**medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors**]** prostate cancer screening.

The health care services shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

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

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as directed by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

(cf: P.L.1996, c.125, s.5)

6. (New section) a. Every individual health insurance policy that provides hospital or 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 an annual prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

7. (New section) a. Every individual health benefits plan that provides hospital or 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.) or approved for issuance or renewal in this State on or after the effective date of this act shall provide benefits for an annual prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

The provisions of this section shall apply to all health benefits plans in which the carrier has reserved the right to change the premium.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

8. (New section) a. Every small employer health benefits plan that provides hospital or 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.) or approved for issuance or renewal in this State on or after the effective date of this act shall provide benefits for an annual prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

The provisions of this section shall apply to all health benefits plans in which the carrier has reserved the right to change the premium.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a physician, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

9. (New section) a. 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 an annual prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

10. (New section) a. The School Employees' 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 an annual prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

11. This act shall take effect on the 90th day next following the date of enactment and shall apply to all contracts and policies delivered, issued, executed, or renewed on or after that date.

STATEMENT

As amended, this bill requires health, hospital, and medical service corporations, health maintenance organizations, and commercial group health insurers to provide coverage for an annual prostate cancer screening without cost sharing for men who are between 40 and 75 years of age. Under current law, these health insurance carriers are required only to provide coverage for an annual medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors. The bill expands the definition of "prostate cancer screening" to mean medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and

associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a physician, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

The bill also extends the prostate cancer screening requirements to commercial individual health insurers, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program, which are not required to provide this coverage under current law.