

# ASSEMBLY, No. 4093

## STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED MAY 26, 2022

**Sponsored by:**

**Assemblyman REGINALD W. ATKINS**

**District 20 (Union)**

**Assemblywoman VERLINA REYNOLDS-JACKSON**

**District 15 (Hunterdon and Mercer)**

**Assemblywoman BRITNEE N. TIMBERLAKE**

**District 34 (Essex and Passaic)**

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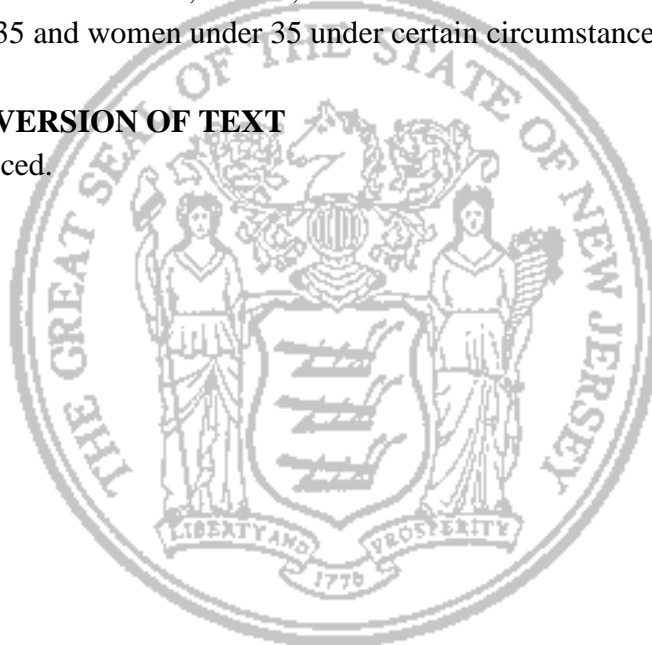
**Assemblymen Sampson, Spearman, Assemblywomen Sumter, Chaparro, Assemblyman Stanley, Assemblywoman Jaffer, Assemblymen McClellan, Simonsen, Assemblywomen Carter, Murphy, Flynn, Lampitt, Jasey, Speight, McKnight, Assemblymen Coughlin, McKeon, Tully and Assemblywoman Swain**

**SYNOPSIS**

Requires health insurers, SHBP, and SEHBP to cover mammograms for women over 35 and women under 35 under certain circumstances.

**CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 6/30/2023)

1 AN ACT concerning health insurance coverage of mammograms 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 1 of P.L.1991, c.279 (C.17:48-6g) is amended to  
8 read as follows:

9 1. a. No group or individual hospital service corporation  
10 contract providing hospital or medical expense benefits shall be  
11 delivered, issued, executed, or renewed in this State or approved for  
12 issuance or renewal in this State by the Commissioner of Banking  
13 and Insurance, on or after the effective date of this act, unless the  
14 contract provides benefits to any subscriber or other person covered  
15 thereunder for expenses incurred in conducting:

16 (1) one baseline mammogram examination for women who are  
17 **[40]** 35 years of age; a mammogram examination every year for  
18 women age **[40]** 35 and over; and, in the case of a woman who is  
19 under **[40]** 35 years of age and has a family history of breast cancer  
20 or other breast cancer risk factors, a mammogram examination at  
21 such age and intervals as deemed medically necessary by the  
22 woman's health care provider; and

23 (2) an ultrasound evaluation, a magnetic resonance imaging  
24 scan, a three-dimensional mammography, or other additional testing  
25 of an entire breast or breasts, after a baseline mammogram  
26 examination, if the mammogram demonstrates extremely dense  
27 breast tissue, if the mammogram is abnormal within any degree of  
28 breast density including not dense, moderately dense,  
29 heterogeneously dense, or extremely dense breast tissue, or if the  
30 patient has additional risk factors for breast cancer including but not  
31 limited to family history of breast cancer, prior personal history of  
32 breast cancer, positive genetic testing, extremely dense breast tissue  
33 based on the Breast Imaging Reporting and Data System established  
34 by the American College of Radiology, or other indications as  
35 determined by the patient's health care provider. The coverage  
36 required under this paragraph may be subject to utilization review,  
37 including periodic review, by the hospital service corporation of the  
38 medical necessity of the additional screening and diagnostic testing.

39 b. These benefits shall be provided to the same extent as for  
40 any other sickness under the contract.

41 c. The provisions of this section shall apply to all contracts in  
42 which the hospital service corporation has reserved the right to  
43 change the premium.

44 (cf: P.L.2013, c.196, s.1)

**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       2. Section 2 of P.L.1991, c.279 (C.17:48A-7f) is amended to  
2 read as follows:

3       2. a. No group or individual medical service corporation  
4 contract providing hospital or medical expense benefits shall be  
5 delivered, issued, executed, or renewed in this State or approved for  
6 issuance or renewal in this State by the Commissioner of Banking  
7 and Insurance, on or after the effective date of this act, unless the  
8 contract provides benefits to any subscriber or other person covered  
9 thereunder for expenses incurred in conducting:

10       (1) one baseline mammogram examination for women who are  
11 ~~40~~ 35 years of age; a mammogram examination every year for  
12 women age ~~40~~ 35 and over; and, in the case of a woman who is  
13 under ~~40~~ 35 years of age and has a family history of breast cancer  
14 or other breast cancer risk factors, a mammogram examination at  
15 such age and intervals as deemed medically necessary by the  
16 woman's health care provider; and

17       (2) an ultrasound evaluation, a magnetic resonance imaging  
18 scan, a three-dimensional mammography, or other additional testing  
19 of an entire breast or breasts, after a baseline mammogram  
20 examination, if the mammogram demonstrates extremely dense  
21 breast tissue, if the mammogram is abnormal within any degree of  
22 breast density including not dense, moderately dense,  
23 heterogeneously dense, or extremely dense breast tissue, or if the  
24 patient has additional risk factors for breast cancer including but not  
25 limited to family history of breast cancer, prior personal history of  
26 breast cancer, positive genetic testing, extremely dense breast tissue  
27 based on the Breast Imaging Reporting and Data System established  
28 by the American College of Radiology, or other indications as  
29 determined by the patient's health care provider. The coverage  
30 required under this paragraph may be subject to utilization review,  
31 including periodic review, by the medical service corporation of the  
32 medical necessity of the additional screening and diagnostic testing.

33       b. These benefits shall be provided to the same extent as for  
34 any other sickness under the contract.

35       c. The provisions of this section shall apply to all contracts in  
36 which the medical service corporation has reserved the right to  
37 change the premium.

38 (cf: P.L.2013, c.196, s.2)

39

40       3. Section 3 of P.L.1991, c.279 (C.17:48E-35.4) is amended to  
41 read as follows:

42       3. a. No group or individual health service corporation  
43 contract providing hospital or medical expense benefits shall be  
44 delivered, issued, executed, or renewed in this State or approved for  
45 issuance or renewal in this State by the Commissioner of Banking  
46 and Insurance, on or after the effective date of this act, unless the  
47 contract provides benefits to any subscriber or other person covered  
48 thereunder for expenses incurred in conducting:

1 (1) one baseline mammogram examination for women who are  
2 **【40】 35** years of age; a mammogram examination every year for  
3 women age **【40】 35** and over; and, in the case of a woman who is  
4 under **【40】 35** years of age and has a family history of breast cancer  
5 or other breast cancer risk factors, a mammogram examination at  
6 such age and intervals as deemed medically necessary by the  
7 woman's health care provider; and

8 (2) an ultrasound evaluation, a magnetic resonance imaging  
9 scan, a three-dimensional mammography, or other additional testing  
10 of an entire breast or breasts, after a baseline mammogram  
11 examination, if the mammogram demonstrates extremely dense  
12 breast tissue, if the mammogram is abnormal within any degree of  
13 breast density including not dense, moderately dense,  
14 heterogeneously dense, or extremely dense breast tissue, or if the  
15 patient has additional risk factors for breast cancer including but not  
16 limited to family history of breast cancer, prior personal history of  
17 breast cancer, positive genetic testing, extremely dense breast tissue  
18 based on the Breast Imaging Reporting and Data System established  
19 by the American College of Radiology, or other indications as  
20 determined by the patient's health care provider. The coverage  
21 required under this paragraph may be subject to utilization review,  
22 including periodic review, by the health service corporation of the  
23 medical necessity of the additional screening and diagnostic testing.

24 b. These benefits shall be provided to the same extent as for  
25 any other sickness under the contract.

26 c. The provisions of this section shall apply to all contracts in  
27 which the health service corporation has reserved the right to  
28 change the premium.

29 (cf: P.L.2013, c.196, s.3)

30  
31 4. Section 4 of P.L.1991, c.279 (C.17B:26-2.1e) is amended to  
32 read as follows:

33 4. a. No individual health insurance policy providing hospital  
34 or medical expense benefits shall be delivered, issued, executed, or  
35 renewed in this State or approved for issuance or renewal in this  
36 State by the Commissioner of Banking and Insurance, on or after  
37 the effective date of this act, unless the policy provides benefits to  
38 any named insured or other person covered thereunder for expenses  
39 incurred in conducting:

40 (1) one baseline mammogram examination for women who are  
41 **【40】 35** years of age; a mammogram examination every year for  
42 women age **【40】 35** and over; and, in the case of a woman who is  
43 under **【40】 35** years of age and has a family history of breast cancer  
44 or other breast cancer risk factors, a mammogram examination at  
45 such age and intervals as deemed medically necessary by the  
46 woman's health care provider; and

1 (2) an ultrasound evaluation, a magnetic resonance imaging  
2 scan, a three-dimensional mammography, or other additional testing  
3 of an entire breast or breasts, after a baseline mammogram  
4 examination, if the mammogram demonstrates extremely dense  
5 breast tissue, if the mammogram is abnormal within any degree of  
6 breast density including not dense, moderately dense,  
7 heterogeneously dense, or extremely dense breast tissue, or if the  
8 patient has additional risk factors for breast cancer including but not  
9 limited to family history of breast cancer, prior personal history of  
10 breast cancer, positive genetic testing, extremely dense breast tissue  
11 based on the Breast Imaging Reporting and Data System established  
12 by the American College of Radiology, or other indications as  
13 determined by the patient's health care provider. The coverage  
14 required under this paragraph may be subject to utilization review,  
15 including periodic review, by the insurer of the medical necessity of  
16 the additional screening and diagnostic testing.

17 b. These benefits shall be provided to the same extent as for  
18 any other sickness under the policy.

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

21 (cf: P.L.2013, c.196, s.4)

22

23 5. Section 5 of P.L.1991, c.279 (C.17B:27-46.1f) is amended to  
24 read as follows:

25 5. a. No group health insurance policy providing hospital or  
26 medical expense benefits shall be delivered, issued, executed, or  
27 renewed in this State or approved for issuance or renewal in this  
28 State by the Commissioner of Banking and Insurance, on or after  
29 the effective date of this act, unless the policy provides benefits to  
30 any named insured or other person covered thereunder for expenses  
31 incurred in conducting:

32 (1) one baseline mammogram examination for women who are  
33 **【40】 35** years of age; a mammogram examination every year for  
34 women age **【40】 35** and over; and, in the case of a woman who is  
35 under **【40】 35** years of age and has a family history of breast cancer  
36 or other breast cancer risk factors, a mammogram examination at  
37 such age and intervals as deemed medically necessary by the  
38 woman's health care provider; and

39 (2) an ultrasound evaluation, a magnetic resonance imaging  
40 scan, a three-dimensional mammography, or other additional testing  
41 of an entire breast or breasts, after a baseline mammogram  
42 examination, if the mammogram demonstrates extremely dense  
43 breast tissue, if the mammogram is abnormal within any degree of  
44 breast density including not dense, moderately dense,  
45 heterogeneously dense, or extremely dense breast tissue, or if the  
46 patient has additional risk factors for breast cancer including but not  
47 limited to family history of breast cancer, prior personal history of  
48 breast cancer, positive genetic testing, extremely dense breast tissue

1 based on the Breast Imaging Reporting and Data System established  
2 by the American College of Radiology, or other indications as  
3 determined by the patient's health care provider. The coverage  
4 required under this paragraph may be subject to utilization review,  
5 including periodic review, by the insurer of the medical necessity of  
6 the additional screening and diagnostic testing.

7 b. These benefits shall be provided to the same extent as for  
8 any other sickness under the policy.

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

11 (cf: P.L.2013, c.196, s.5)

12

13 6. Section 6 of P.L.1991, c.279 (C.26:2J-4.4) is amended to  
14 read as follows:

15 6. a. Notwithstanding any provision of law to the contrary, a  
16 certificate of authority to establish and operate a health maintenance  
17 organization in this State shall not be issued or continued by the  
18 Commissioner of Banking and Insurance on or after the effective  
19 date of this act unless the health maintenance organization provides  
20 health care services to any enrollee for the conduct of:

21 (1) one baseline mammogram examination for women who are  
22 **[40]** 35 years of age; a mammogram examination every year for  
23 women age **[40]** 35 and over; and, in the case of a woman who is  
24 under **[40]** 35 years of age and has a family history of breast cancer  
25 or other breast cancer risk factors, a mammogram examination at  
26 such age and intervals as deemed medically necessary by the  
27 woman's health care provider; and

28 (2) an ultrasound evaluation, a magnetic resonance imaging  
29 scan, a three-dimensional mammography, or other additional testing  
30 of an entire breast or breasts, after a baseline mammogram  
31 examination, if the mammogram demonstrates extremely dense  
32 breast tissue, if the mammogram is abnormal within any degree of  
33 breast density including not dense, moderately dense,  
34 heterogeneously dense, or extremely dense breast tissue, or if the  
35 patient has additional risk factors for breast cancer including but not  
36 limited to family history of breast cancer, prior personal history of  
37 breast cancer, positive genetic testing, extremely dense breast tissue  
38 based on the Breast Imaging Reporting and Data System established  
39 by the American College of Radiology, or other indications as  
40 determined by the patient's health care provider. The coverage  
41 required under this paragraph may be subject to utilization review,  
42 including periodic review, by the health maintenance organization  
43 of the medical necessity of the additional screening and diagnostic  
44 testing.

45 b. These health care services shall be provided to the same  
46 extent as for any other sickness under the enrollee agreement.

1 c. The provisions of this section shall apply to all enrollee  
2 agreements in which the health maintenance organization has  
3 reserved the right to change the schedule of charges.

4 (cf: P.L.2013, c.196, s.8)

5  
6 7. Section 7 of P.L.2004, c.86 (C.17B:27A-7.10) is amended to  
7 read as follows:

8 7. a. Every individual health benefits plan that is delivered,  
9 issued, executed, or renewed in this State pursuant to P.L.1992,  
10 c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in  
11 this State, on or after the effective date of this act, shall provide  
12 benefits to any person covered thereunder for expenses incurred in  
13 conducting:

14 (1) one baseline mammogram examination for women who are  
15 **[40]** 35 years of age; a mammogram examination every year for  
16 women age **[40]** 35 and over; and, in the case of a woman who is  
17 under **[40]** 35 years of age and has a family history of breast cancer  
18 or other breast cancer risk factors, a mammogram examination at  
19 such age and intervals as deemed medically necessary by the  
20 woman's health care provider; and

21 (2) an ultrasound evaluation, a magnetic resonance imaging  
22 scan, a three-dimensional mammography, or other additional testing  
23 of an entire breast or breasts, after a baseline mammogram  
24 examination, if the mammogram demonstrates extremely dense  
25 breast tissue, if the mammogram is abnormal within any degree of  
26 breast density including not dense, moderately dense,  
27 heterogeneously dense, or extremely dense breast tissue, or if the  
28 patient has additional risk factors for breast cancer including but not  
29 limited to family history of breast cancer, prior personal history of  
30 breast cancer, positive genetic testing, extremely dense breast tissue  
31 based on the Breast Imaging Reporting and Data System established  
32 by the American College of Radiology, or other indications as  
33 determined by the patient's health care provider. The coverage  
34 required under this paragraph may be subject to utilization review,  
35 including periodic review, by the carrier of the medical necessity of  
36 the additional screening and diagnostic testing.

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

39 c. The provisions of this section shall apply to all health  
40 benefit plans in which the carrier has reserved the right to change  
41 the premium.

42 (cf: P.L.2013, c.196, s.6)

43  
44 8. Section 8 of P.L.2004, c.86 (C.17B:27A-19.13) is amended  
45 to read as follows:

46 8. a. Every small employer health benefits plan that is  
47 delivered, issued, executed, or renewed in this State pursuant to  
48 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or

1 renewal in this State, on or after the effective date of this act, shall  
2 provide benefits to any person covered thereunder for expenses  
3 incurred in conducting:

4 (1) one baseline mammogram examination for women who are  
5 **【40】 35** years of age; a mammogram examination every year for  
6 women age **【40】 35** and over; and, in the case of a woman who is  
7 under **【40】 35** years of age and has a family history of breast cancer  
8 or other breast cancer risk factors, a mammogram examination at  
9 such age and intervals as deemed medically necessary by the  
10 woman's health care provider; and

11 (2) an ultrasound evaluation, a magnetic resonance imaging  
12 scan, a three-dimensional mammography, or other additional testing  
13 of an entire breast or breasts, after a baseline mammogram  
14 examination, if the mammogram demonstrates extremely dense  
15 breast tissue, if the mammogram is abnormal within any degree of  
16 breast density including not dense, moderately dense,  
17 heterogeneously dense, or extremely dense breast tissue, or if the  
18 patient has additional risk factors for breast cancer including but not  
19 limited to family history of breast cancer, prior personal history of  
20 breast cancer, positive genetic testing, extremely dense breast tissue  
21 based on the Breast Imaging Reporting and Data System established  
22 by the American College of Radiology, or other indications as  
23 determined by the patient's health care provider. The coverage  
24 required under this paragraph may be subject to utilization review,  
25 including periodic review, by the carrier of the medical necessity of  
26 the additional screening and diagnostic testing.

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

29 c. The provisions of this section shall apply to all health  
30 benefit plans in which the carrier has reserved the right to change  
31 the premium.

32 (cf: P.L.2013, c.196, s.7)

33

34 9. Section 3 of P.L.2004, c.86 (C.52:14-17.29i) is amended to  
35 read as follows:

36 9. a. The State Health Benefits Commission shall provide  
37 benefits to each person covered under the State Health Benefits  
38 Program for expenses incurred in conducting:

39 (1) one baseline mammogram examination for women who are  
40 **【40】 35** years of age; a mammogram examination every year for  
41 women age **【40】 35** and over; and, in the case of a woman who is  
42 under **【40】 35** years of age and has a family history of breast cancer  
43 or other breast cancer risk factors, a mammogram examination at  
44 such age and intervals as deemed medically necessary by the  
45 woman's health care provider; and

46 (2) an ultrasound evaluation, a magnetic resonance imaging  
47 scan, a three-dimensional mammography, or other additional testing



1 of an entire breast or breasts, after a baseline mammogram  
2 examination, if the mammogram demonstrates extremely dense  
3 breast tissue, if the mammogram is abnormal within any degree of  
4 breast density including not dense, moderately dense,  
5 heterogeneously dense, or extremely dense breast tissue, or if the  
6 patient has additional risk factors for breast cancer including but not  
7 limited to family history of breast cancer, prior personal history of  
8 breast cancer, positive genetic testing, extremely dense breast tissue  
9 based on the Breast Imaging Reporting and Data System established  
10 by the American College of Radiology, or other indications as  
11 determined by the patient's health care provider. The coverage  
12 required under this paragraph may be subject to utilization review,  
13 including periodic review, by the carrier of the medical necessity of  
14 the additional screening and diagnostic testing.

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

17 (cf: P.L.2013, c.196, s.9)

18

19 10. (New section) a. The School Employees' Health Benefits  
20 Commission shall ensure that every contract purchased by the  
21 commission on or after the effective date of this act that provides  
22 hospital or medical expense benefits, shall provide coverage for  
23 expenses incurred in conducting:

24 (1) one baseline mammogram examination for women who are  
25 35 years of age; a mammogram examination every year for women  
26 age 35 and over; and, in the case of a woman who is under 35 years  
27 of age and has a family history of breast cancer or other breast  
28 cancer risk factors, a mammogram examination at such age and  
29 intervals as deemed medically necessary by the woman's health care  
30 provider; and

31 (2) an ultrasound evaluation, a magnetic resonance imaging  
32 scan, a three-dimensional mammography, or other additional testing  
33 of an entire breast or breasts, after a baseline mammogram  
34 examination, if the mammogram demonstrates extremely dense  
35 breast tissue, if the mammogram is abnormal within any degree of  
36 breast density including not dense, moderately dense,  
37 heterogeneously dense, or extremely dense breast tissue, or if the  
38 patient has additional risk factors for breast cancer including but not  
39 limited to family history of breast cancer, prior personal history of  
40 breast cancer, positive genetic testing, extremely dense breast tissue  
41 based on the Breast Imaging Reporting and Data System established  
42 by the American College of Radiology, or other indications as  
43 determined by the patient's health care provider. The coverage  
44 required under this paragraph may be subject to utilization review,  
45 including periodic review, by the carrier of the medical necessity of  
46 the additional screening and diagnostic testing.

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

1       11. This act shall take effect immediately and shall apply to all  
2 health benefits plans currently in effect in the State, or that are  
3 delivered, issued, executed or renewed in this State, or approved for  
4 issuance or renewal in this State by the Commissioner of Banking  
5 and Insurance, on or after the effective date of this act.

6

7

8

STATEMENT

9

10       This bill requires health insurers (health, hospital and medical  
11 service corporations, commercial individual and group health  
12 insurers, health maintenance organizations, health benefits plans  
13 issued pursuant to the New Jersey Individual Health Coverage and  
14 Small Employer Health Benefits Programs, and the State Health  
15 Benefits Program) to provide coverage for mammograms for  
16 women age 35 or older, rather than age 40 and older as is required  
17 under current law. In addition, the bill also adds a new requirement  
18 for health benefits plans issued pursuant to the School Employees'  
19 Health Benefits Program to provide mammogram coverage under  
20 the same circumstances.