

ASSEMBLY, No. 4550

STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED SEPTEMBER 22, 2022

Sponsored by:

Assemblywoman ELIANA PINTOR MARIN

District 29 (Essex)

Assemblywoman SADAF F. JAFFER

District 16 (Hunterdon, Mercer, Middlesex and Somerset)

Assemblywoman ANGELA V. MCKNIGHT

District 31 (Hudson)

Co-Sponsored by:

Assemblyman Benson

SYNOPSIS

Requires health insurers to provide coverage for certain imaging related to breast cancer detection.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 9/22/2022)

1 AN ACT concerning mammograms and amending P.L.1991, c.279
2 and P.L.2004, c.86.

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]** 18 years of age; a mammogram examination every year for
18 women age **[40]** 18 and over; and, in the case of a woman who is
19 under **[40]** 18 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) physician-directed imaging, including, but not limited to, an
24 ultrasound evaluation, a magnetic resonance imaging scan, a three-
25 dimensional mammography, or other additional testing of an entire
26 breast or breasts, after a baseline mammogram examination or high
27 risk assessment, if the mammogram or high risk assessment
28 demonstrates extremely dense breast tissue, if the mammogram or
29 high risk assessment is abnormal within any degree of breast
30 density including not dense, moderately dense, heterogeneously
31 dense, or extremely dense breast tissue, or if the patient has
32 additional risk factors for breast cancer including but not limited to
33 family history of breast cancer, prior personal history of breast
34 cancer, positive genetic testing, extremely dense breast tissue based
35 on the Breast Imaging Reporting and Data System established by
36 the American College of Radiology, or other indications as
37 determined by the patient's health care provider. The coverage
38 required under this paragraph may be subject to utilization review,
39 including periodic review, by the hospital service corporation of the
40 medical necessity of the additional screening and diagnostic testing.

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

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

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 d. As used in this section, “high risk assessment” means an
2 annual assessment consisting of both a mammogram examination
3 and a magnetic resonance imaging scan provided to a woman that is
4 determined by the woman’s physician to be at high risk of breast
5 cancer.

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

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

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

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

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

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

44 c. The provisions of this section shall apply to all contracts in
45 which the medical service corporation has reserved the right to
46 change the premium.

47 d. As used in this section, “high risk assessment” means an
48 annual assessment consisting of both a mammogram examination

1 and a magnetic resonance imaging scan provided to a woman that is
2 determined by the woman's physician to be at high risk of breast
3 cancer.

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

5

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

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

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

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

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

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

45 d. As used in this section, "high risk assessment" means an
46 annual assessment consisting of both a mammogram examination
47 and a magnetic resonance imaging scan provided to a woman that is

1 determined by the woman's physician to be at high risk of breast
2 cancer.

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

4

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

7 4. a. No individual health insurance policy providing hospital or
8 medical expense benefits shall be delivered, issued, executed, or
9 renewed in this State or approved for issuance or renewal in this
10 State by the Commissioner of Banking and Insurance, on or after
11 the effective date of this act, unless the policy provides benefits to
12 any named insured or other person covered thereunder for expenses
13 incurred in conducting:

14 (1) one baseline mammogram examination for women who are
15 **[40]** 18 years of age; a mammogram examination every year for
16 women age **[40]** 18 and over; and, in the case of a woman who is
17 under **[40]** 18 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) physician-directed imaging, including, but not limited to, an
22 ultrasound evaluation, a magnetic resonance imaging scan, a three-
23 dimensional mammography, or other additional testing of an entire
24 breast or breasts, after a baseline mammogram examination or high
25 risk assessment, if the mammogram or high risk assessment
26 demonstrates extremely dense breast tissue, if the mammogram or
27 high risk assessment is abnormal within any degree of breast
28 density including not dense, moderately dense, heterogeneously
29 dense, or extremely dense breast tissue, or if the patient has
30 additional risk factors for breast cancer including but not limited to
31 family history of breast cancer, prior personal history of breast
32 cancer, positive genetic testing, extremely dense breast tissue based
33 on the Breast Imaging Reporting and Data System established by
34 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 insurer of the medical necessity of
38 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 policy.

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

43 d. As used in this section, "high risk assessment" means an
44 annual assessment consisting of both a mammogram examination
45 and a magnetic resonance imaging scan provided to a woman that is
46 determined by the woman's physician to be at high risk of breast
47 cancer.

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

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

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

10 (1) one baseline mammogram examination for women who are
11 **[40]** 18 years of age; a mammogram examination every year for
12 women age **[40]** 18 and over; and, in the case of a woman who is
13 under **[40]** 18 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) physician-directed imaging, including, but not limited to, an
18 ultrasound evaluation, a magnetic resonance imaging scan, a three-
19 dimensional mammography, or other additional testing of an entire
20 breast or breasts, after a baseline mammogram examination or high
21 risk assessment, if the mammogram or high risk assessment
22 demonstrates extremely dense breast tissue, if the mammogram or
23 high risk assessment is abnormal within any degree of breast
24 density including not dense, moderately dense, heterogeneously
25 dense, or extremely dense breast tissue, or if the patient has
26 additional risk factors for breast cancer including but not limited to
27 family history of breast cancer, prior personal history of breast
28 cancer, positive genetic testing, extremely dense breast tissue based
29 on the Breast Imaging Reporting and Data System established by
30 the American College of Radiology, or other indications as
31 determined by the patient's health care provider. The coverage
32 required under this paragraph may be subject to utilization review,
33 including periodic review, by the insurer of the medical necessity of
34 the additional screening and diagnostic testing.

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

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

39 d. As used in this section, "high risk assessment" means an
40 annual assessment consisting of both a mammogram examination
41 and a magnetic resonance imaging scan provided to a woman that is
42 determined by the woman's physician to be at high risk of breast
43 cancer.

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

45
46 6. Section 7 of P.L.2004, c.86 (C.17B:27A-7.10) is amended to
47 read as follows:

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

7 (1) one baseline mammogram examination for women who are
8 **[40]** 18 years of age; a mammogram examination every year for
9 women age **[40]** 18 and over; and, in the case of a woman who is
10 under **[40]** 18 years of age and has a family history of breast cancer
11 or other breast cancer risk factors, a mammogram examination at
12 such age and intervals as deemed medically necessary by the
13 woman's health care provider; and

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

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

34 c. The provisions of this section shall apply to all health
35 benefit plans in which the carrier has reserved the right to change
36 the premium.

37 d. As used in this section, "high risk assessment" means an
38 annual assessment consisting of both a mammogram examination
39 and a magnetic resonance imaging scan provided to a woman that is
40 determined by the woman's physician to be at high risk of breast
41 cancer.

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

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

45 8. a. Every small employer health benefits plan that is
46 delivered, issued, executed, or renewed in this State pursuant to
47 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]** 18 years of age; a mammogram examination every year for
6 women age **[40]** 18 and over; and, in the case of a woman who is
7 under **[40]** 18 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) any physician-directed imaging, including, but not limited
12 to, an ultrasound evaluation, a magnetic resonance imaging scan, a
13 three-dimensional mammography, or other additional testing of an
14 entire breast or breasts, after a baseline mammogram examination
15 or high risk assessment, if the mammogram or high risk assessment
16 demonstrates extremely dense breast tissue, if the mammogram or
17 high risk assessment is abnormal within any degree of breast
18 density including not dense, moderately dense, heterogeneously
19 dense, or extremely dense breast tissue, or if the patient has
20 additional risk factors for breast cancer including but not limited to
21 family history of breast cancer, prior personal history of breast
22 cancer, positive genetic testing, extremely dense breast tissue based
23 on the Breast Imaging Reporting and Data System established by
24 the American College of Radiology, or other indications as
25 determined by the patient's health care provider. The coverage
26 required under this paragraph may be subject to utilization review,
27 including periodic review, by the carrier of the medical necessity of
28 the additional screening and diagnostic testing.

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

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

34 d. As used in this section, "high risk assessment" means an
35 annual assessment consisting of both a mammogram examination
36 and a magnetic resonance imaging scan provided to a woman that is
37 determined by the woman's physician to be at high risk of breast
38 cancer.

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

40

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

43 6. a. Notwithstanding any provision of law to the contrary, a
44 certificate of authority to establish and operate a health maintenance
45 organization in this State shall not be issued or continued by the
46 Commissioner of Banking and Insurance on or after the effective
47 date of this act unless the health maintenance organization provides
48 health care services to any enrollee for the conduct of:

1 (1) one baseline mammogram examination for women who are
2 **[40] 18** years of age; a mammogram examination every year for
3 women age **[40] 18** and over; and, in the case of a woman who is
4 under **[40] 18** 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) physician-directed imaging, including, but not limited to, an
9 ultrasound evaluation, a magnetic resonance imaging scan, a three-
10 dimensional mammography, or other additional testing of an entire
11 breast or breasts, after a baseline mammogram examination or high
12 risk assessment, if the mammogram or high risk assessment
13 demonstrates extremely dense breast tissue, if the mammogram or
14 high risk assessment is abnormal within any degree of breast
15 density including not dense, moderately dense, heterogeneously
16 dense, or extremely dense breast tissue, or if the patient has
17 additional risk factors for breast cancer including but not limited to
18 family history of breast cancer, prior personal history of breast
19 cancer, positive genetic testing, extremely dense breast tissue based
20 on the Breast Imaging Reporting and Data System established by
21 the American College of Radiology, or other indications as
22 determined by the patient's health care provider. The coverage
23 required under this paragraph may be subject to utilization review,
24 including periodic review, by the health maintenance organization
25 of the medical necessity of the additional screening and diagnostic
26 testing.

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

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

32 d. As used in this section, "high risk assessment" means an
33 annual assessment consisting of both a mammogram examination
34 and a magnetic resonance imaging scan provided to a woman that is
35 determined by the woman's physician to be at high risk of breast
36 cancer.

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

38
39 9. Section 9 of P.L.2004, c.86 (C.52:14-17.29i) is amended to
40 read as follows:

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

44 (1) one baseline mammogram examination for women who are
45 **[40] 18** years of age; a mammogram examination every year for
46 women age **[40] 18** and over; and, in the case of a woman who is
47 under **[40] 18** years of age and has a family history of breast cancer
48 or other breast cancer risk factors, a mammogram examination at

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

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

23 c. As used in this section, "high risk assessment" means an
24 annual assessment consisting of both a mammogram examination
25 and a magnetic resonance imaging scan provided to a woman that is
26 determined by the woman's physician to be at high risk of breast
27 cancer.

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

29

30 10. This act shall take effect immediately and shall apply to all
31 health benefits plans currently in effect in the State, or that are
32 delivered, issued, executed or renewed in this State, or approved for
33 issuance or renewal in this State by the Commissioner of Banking
34 and Insurance, on or after the effective date of this act.

35

36

37 STATEMENT

38

39 This bill requires health insurers (health, hospital and medical
40 service corporations, commercial individual and group health
41 insurers, health maintenance organizations, health benefits plans
42 issued pursuant to the New Jersey Individual Health Coverage and
43 Small Employer Health Benefits Programs, and the State Health
44 Benefits Program) to provide coverage for mammograms for
45 women age 18 or older, rather than age 40 and older as is required
46 under current law. In addition, the bill also requires health insurers
47 to provide coverage for physician-directed imaging under certain
48 circumstances.