

ASSEMBLY, No. 5095

STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED JANUARY 23, 2023

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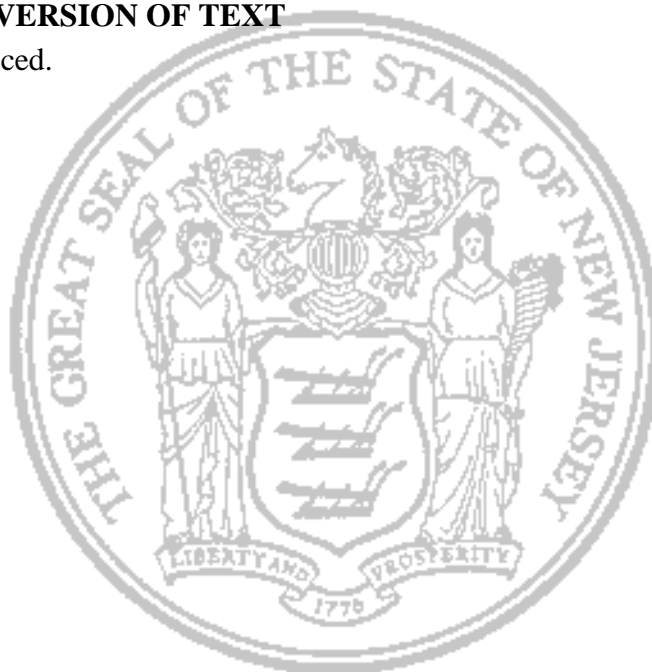
Assemblywoman **Dunn**, Assemblyman **Umba**, Assemblywomen **DeFuccio**
and **Matsikoudis**

SYNOPSIS

Lowers age at which certain insurers are required to provide coverage for mammograms.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/8/2023)

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]** 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 contract
43 providing hospital or medical expense benefits shall be delivered,
44 issued, executed, or renewed in this State or approved for issuance
45 or renewal in this State by the Commissioner of Banking and
46 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 7 of P.L.2004, c.86 (C.17B:27A-7.10) is amended to
14 read as follows:

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

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 carrier of the medical necessity of
43 the additional screening and diagnostic testing.

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

46 c. The provisions of this section shall apply to all health
47 benefit plans in which the carrier has reserved the right to change

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

3
4 7. Section 8 of P.L.2004, c.86 (C.17B:27A-19.13) is amended
5 to read as follows:

6 8. a. Every small employer health benefits plan that is
7 delivered, issued, executed, or renewed in this State pursuant to
8 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or
9 renewal in this State, on or after the effective date of this act, shall
10 provide benefits to any person covered thereunder for expenses
11 incurred in conducting:

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

19 (2) an ultrasound evaluation, a magnetic resonance imaging
20 scan, a three-dimensional mammography, or other additional testing
21 of an entire breast or breasts, after a baseline mammogram
22 examination, if the mammogram demonstrates extremely dense
23 breast tissue, if the mammogram is abnormal within any degree of
24 breast density including not dense, moderately dense,
25 heterogeneously dense, or extremely dense breast tissue, or if the
26 patient has additional risk factors for breast cancer including but not
27 limited to family history of breast cancer, prior personal history of
28 breast cancer, positive genetic testing, extremely dense breast tissue
29 based on the Breast Imaging Reporting and Data System established
30 by 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 carrier of the medical necessity of
34 the additional screening and diagnostic testing.

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

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

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

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

44 6. a. Notwithstanding any provision of law to the contrary, a
45 certificate of authority to establish and operate a health maintenance
46 organization in this State shall not be issued or continued by the
47 Commissioner of Banking and Insurance on or after the effective

1 date of this act unless the health maintenance organization provides
2 health care services to any enrollee for the conduct of:

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

10 (2) an ultrasound evaluation, a magnetic resonance imaging
11 scan, a three-dimensional mammography, or other additional testing
12 of an entire breast or breasts, after a baseline mammogram
13 examination, if the mammogram demonstrates extremely dense
14 breast tissue, if the mammogram is abnormal within any degree of
15 breast density including not dense, moderately dense,
16 heterogeneously dense, or extremely dense breast tissue, or if the
17 patient has additional risk factors for breast cancer including but not
18 limited to family history of breast cancer, prior personal history of
19 breast cancer, positive genetic testing, extremely dense breast tissue
20 based on the Breast Imaging Reporting and Data System established
21 by 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 (cf: P.L.2013, c.196, s.8)

33

34 9. Section 9 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. This act shall take effect immediately and shall apply to all
20 health benefits plans that are delivered, issued, executed or renewed
21 in this State, or approved for issuance or renewal in this State by the
22 Commissioner of Banking and Insurance, on or after the effective
23 date of this act.

24

25

26

STATEMENT

27

28 This bill requires health insurers (health, hospital and medical
29 service corporations, commercial individual and group health
30 insurers, health maintenance organizations, health benefits plans
31 issued pursuant to the New Jersey Individual Health Coverage and
32 Small Employer Health Benefits Programs, the State Health
33 Benefits Program, and the School Employees' Health Benefits
34 Program) to provide coverage for mammograms for women 35
35 years of age or older. Existing law requires insurers to provide the
36 coverage for women 40 years of age or older.

37 Under the bill, insurers are required to provide coverage for one
38 baseline mammogram examination for women who are 35 years of
39 age; a mammogram examination every year for women age 35 and
40 over; and, in the case of a woman who is under 35 years of age and
41 has a family history of breast cancer or other breast cancer risk
42 factors, a mammogram examination at such age and intervals as
43 deemed medically necessary by the woman's health care provider.