

ASSEMBLY, No. 3093

STATE OF NEW JERSEY

222nd LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2026 SESSION

Sponsored by:

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SYNOPSIS

Requires hospitals to provide breast cancer patients with information concerning reconstructive surgery; prohibits certain provisions in managed care plan contracts.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee with technical review.



1 AN ACT concerning breast cancer and supplementing Title 26 of the
2 Revised Statutes.

3

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

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7 1. a. Each general hospital licensed pursuant to P.L.1971,
8 c.136 (C.26:2H-1 et seq.) that provides surgical services for the
9 treatment of breast cancer, the breast cancer gene, or other breast
10 abnormality, including, but not limited to, mastectomy surgery,
11 lymph node dissection, or lumpectomy, shall ensure that each
12 patient receiving treatment for breast cancer is provided with
13 written notice of: (1) the patient's right to seek a consultation with
14 a board-certified or board-eligible plastic surgeon of the patient's
15 choosing who provides breast reconstructive services, regardless of
16 whether the plastic surgeon is affiliated with the general hospital or
17 a health care provider network, concerning the patient's treatment
18 options during and after the provision of surgical services, including
19 the use of a prosthesis and the option of undergoing reconstructive
20 surgery during or after the provision of surgical services for the
21 treatment of breast cancer, the breast cancer gene, or other breast
22 abnormality; (2) the patient's right to obtain reconstructive surgery
23 from a board-certified or board-eligible plastic surgeon who
24 provides breast reconstructive services, regardless of whether the
25 plastic surgeon is affiliated with the general hospital or a health care
26 provider network; and (3) the availability of coverage under a
27 health benefits plan for reconstructive surgery pursuant to section 1
28 of P.L.1983, c.50 (C.17:48-6b), section 1 of P.L.1983, c.51
29 (C.17:48A-7b), section 35 of P.L.1985, c.236 (C.17:48E-35),
30 section 1 of P.L.1983, c.53 (C.17B:26-2.1a), section 1 of P.L.1983,
31 c.52 (C.17B:27-46.1a), section 6 of P.L.1997, c.75 (C.26:2J-4.14),
32 and federal law. The written notice shall be provided to the patient
33 upon the general hospital's notification of the patient's breast
34 cancer diagnosis and in advance of obtaining consent to the surgical
35 procedure.

36

37 2. a. A contract between a carrier and a health care provider
38 for network participation shall not contain any provision that:

39 (1) prohibits a health care provider from making
40 recommendations to a covered person to a board-certified or board-
41 eligible plastic surgeon, regardless of network affiliation, who
42 provides the full scope of breast reconstructive services necessary
43 and appropriate to the patient's treatment, provided that the primary
44 consideration when making such recommendations shall be the
45 patient's clinical needs, as determined by the patient's treating
46 physician. Other considerations may include the plastic surgeon's
47 training, expertise, availability, and accessibility to the patient; or

- 1 (2) seeks to limit the ability of a health care provider to make
2 recommendations as described in paragraph (1) of this subsection.
- 3 b. In no case shall a carrier deny requests to approve the
4 medical necessity for reconstructive surgery or related services
5 based solely on the network status or hospital affiliation of the
6 plastic surgeon who will perform the reconstructive surgery and
7 related services.
- 8 c. The provisions of this section shall apply to reconstructive
9 breast surgery or surgery to restore and achieve symmetry between
10 two breasts following treatment or surgery for breast cancer, the
11 breast cancer gene, or other breast abnormality, including, but not
12 limited to, mastectomy surgery, lumpectomy, or radiation.
- 13 d. As used in this section, “carrier” means a “carrier” as
14 defined in section 2 of P.L.1997, c.192 (C.26:2S-2), the State
15 Health Benefits Program, and the School Employees’ Health
16 Benefits Program.
- 17 e. The Commissioner of Banking and Insurance shall, pursuant
18 to the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-
19 1 et seq.), adopt rules and regulations as shall be necessary to
20 effectuate the provisions of this section.
- 21
- 22 3. This act shall take effect on the 90th day after the date of
23 enactment.