

ASSEMBLY, No. 5414

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MARCH 1, 2021

Sponsored by:

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

SYNOPSIS

Requires health care professionals to order bi-lateral ultrasounds concurrently when ordering mammogram; requires insurers to cover concurrent mammograms and bi-lateral ultrasounds for women of color.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning, mammograms and other diagnostic tests for
2 breast cancer, supplementing Title 26 of the Revised Statutes, and
3 amending P.L. 1991, c.279 and P.L.2004, c.86.

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

7
8 1. Section 1 of P.L. 1991, c.279 (C.17:48-6g) is amended to read
9 as follows:

10 1. a. No group or individual hospital 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 years of age; a mammogram examination every year for women
19 age 40 and over; and, in the case of a woman who is under 40 years
20 of age and has a family history of breast cancer or other breast
21 cancer risk factors, a mammogram examination at such age and
22 intervals as deemed medically necessary by the woman's health care
23 provider; **[and]**

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

41 (3) in the case of a woman of color, an ultrasound evaluation, a
42 magnetic resonance imaging scan, a three-dimensional
43 mammography, or other additional testing of an entire breast or
44 breasts concurrently ordered with a mammogram examination by a
45 health care provider pursuant to section 10 of P.L. _____, c.
46 (C. _____) (pending before the Legislature as this bill).

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

3 c. The provisions of this section shall apply to all contracts in
4 which the hospital service corporation has reserved the right to
5 change the premium.

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

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

41 (3) in the case of a woman of color, an ultrasound evaluation, a
42 magnetic resonance imaging scan, a three-dimensional
43 mammography, or other additional testing of an entire breast or
44 breasts concurrently ordered with a mammogram examination by a
45 health care provider pursuant to section 10 of P.L. _____, c.
46 (C. _____) (pending before the Legislature as this bill).

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

1 c. The provisions of this section shall apply to all contracts in
2 which the medical service corporation has reserved the right to
3 change the premium.

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
9 contract providing hospital or medical expense benefits shall be
10 delivered, issued, executed, or renewed in this State or approved for
11 issuance or renewal in this State by the Commissioner of Banking
12 and 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 years of age; a mammogram examination every year for women
17 age 40 and over; and, in the case of a woman who is under 40 years
18 of age and has a family history of breast cancer or other breast
19 cancer risk factors, a mammogram examination at such age and
20 intervals as deemed medically necessary by the woman's health care
21 provider; **[and]**

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

39 (3) in the case of a woman of color, an ultrasound evaluation, a
40 magnetic resonance imaging scan, a three-dimensional
41 mammography, or other additional testing of an entire breast or
42 breasts concurrently ordered with a mammogram examination by a
43 health care provider pursuant to section 10 of P.L. _____, c.
44 (C. _____) (pending before the Legislature as this bill).

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

47 c. The provisions of this section shall apply to all contracts in

1 which the health service corporation has reserved the right to
2 change the premium.

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

4
5 4. Section 4 of P.L.1991, c.279, s.4 (C.17B:26-2.1) is amended
6 to 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 years of age; a mammogram examination every year for women
16 age 40 and over; and, in the case of a woman who is under 40 years
17 of age and has a family history of breast cancer or other breast
18 cancer risk factors, a mammogram examination at such age and
19 intervals as deemed medically necessary by the woman's health care
20 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 insurer of the medical necessity of
36 the additional screening and diagnostic testing; and

37 (3) in the case of a woman of color, an ultrasound evaluation, a
38 magnetic resonance imaging scan, a three-dimensional
39 mammography, or other additional testing of an entire breast or
40 breasts concurrently ordered with a mammogram examination by a
41 health care provider pursuant to section 10 of P.L. , c.
42 (C.) (pending before the Legislature as this bill).

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

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

47 (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 years of age; a mammogram examination every year for women
12 age 40 and over; and, in the case of a woman who is under 40 years
13 of age and has a family history of breast cancer or other breast
14 cancer risk factors, a mammogram examination at such age and
15 intervals as deemed medically necessary by the woman's health care
16 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 insurer of the medical necessity of
32 the additional screening and diagnostic testing; and

33 (3) in the case of a woman of color, an ultrasound evaluation, a
34 magnetic resonance imaging scan, a three-dimensional
35 mammography, or other additional testing of an entire breast or
36 breasts concurrently ordered with a mammogram examination by a
37 health care provider pursuant to section 10 of P.L. _____, c.
38 (C. _____) (pending before the Legislature as this bill).

39 b. These benefits shall be provided to the same extent as for any
40 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 (cf: P.L. 2013, c.196, s.5)

44

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

47 7. a. Every individual health benefits plan that is delivered,
48 issued, executed, or renewed in this State pursuant to P.L.1992,
49 c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in

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

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

27 (3) in the case of a woman of color, an ultrasound evaluation, a
28 magnetic resonance imaging scan, a three-dimensional
29 mammography, or other additional testing of an entire breast or
30 breasts concurrently ordered with a mammogram examination by a
31 health care provider pursuant to section 10 of P.L. _____, c.
32 (C. _____) (pending before the Legislature as this bill).

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

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

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

39

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

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

48 (1) one baseline mammogram examination for women who are
49 40 years of age; a mammogram examination every year for women

1 age 40 and over; and, in the case of a woman who is under 40 years
2 of age and has a family history of breast cancer or other breast
3 cancer risk factors, a mammogram examination at such age and
4 intervals as deemed medically necessary by the woman's health care
5 provider; **and**

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

22 (3) in the case of a woman of color, an ultrasound evaluation, a
23 magnetic resonance imaging scan, a three-dimensional
24 mammography, or other additional testing of an entire breast or
25 breasts concurrently ordered with a mammogram examination by a
26 health care provider pursuant to section 10 of P.L. , c.
27 (C.) (pending before the Legislature as this bill).

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

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

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

34
35 8. Section 6 of L.1991, c.279 (C.26:2J-4.4) is amended to read
36 as follows:

37 6. a. Notwithstanding any provision of law to the contrary, a
38 certificate of authority to establish and operate a health maintenance
39 organization in this State shall not be issued or continued by the
40 Commissioner of Banking and Insurance on or after the effective
41 date of this act unless the health maintenance organization provides
42 health care services to any enrollee for the conduct of:

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

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

(3) in the case of a woman of color, an ultrasound evaluation, a magnetic resonance imaging scan, a three-dimensional mammography, or other additional testing of an entire breast or breasts concurrently ordered with a mammogram examination by a health care provider pursuant to section 10 of P.L. , c. (C.) (pending before the Legislature as this bill).

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

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

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

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

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

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

(2) an ultrasound evaluation, a magnetic resonance imaging scan, a three-dimensional mammography, or other additional testing of an entire breast or breasts, after a baseline mammogram examination, if the mammogram demonstrates extremely dense breast tissue, if the mammogram is abnormal within any degree of breast density including not dense, moderately dense, heterogeneously dense, or extremely dense breast tissue, or if the

1 patient has additional risk factors for breast cancer including but not
2 limited to family history of breast cancer, prior personal history of
3 breast cancer, positive genetic testing, extremely dense breast tissue
4 based on the Breast Imaging Reporting and Data System established
5 by the American College of Radiology, or other indications as
6 determined by the patient's health care provider. The coverage
7 required under this paragraph may be subject to utilization review,
8 including periodic review, by the carrier of the medical necessity of
9 the additional screening and diagnostic testing; and

10 (3) in the case of a woman of color, an ultrasound evaluation, a
11 magnetic resonance imaging scan, a three-dimensional
12 mammography, or other additional testing of an entire breast or
13 breasts concurrently ordered with a mammogram examination by a
14 health care provider pursuant to section 10 of P.L. _____, c.
15 (C. _____) (pending before the Legislature as this bill).

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

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

19
20 10. (New section) a. Any health care provider engaged in the
21 diagnosis or treatment of breast cancer shall concurrently order 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 when ordering a mammogram examination for a
25 woman of color, if that woman has additional risk factors for breast
26 cancer or other indications as determined by the provider.

27 b. As used in this section, "woman of color" means a woman
28 whose ancestry includes, in whole or in part, non-Caucasian
29 ancestry, including ancestry in any of the: black African racial
30 groups not of Hispanic origin; Hispanic racial groups of Mexican,
31 Puerto Rican, Dominican, Cuban, Central or South American of
32 either Indian, Native American, or Hispanic origin, regardless of
33 race; Asian and Pacific Islander racial groups having origins in the
34 Far East, Southeast Asia, the Indian subcontinent, or Pacific
35 Islands; or Native American or Alaska Native racial groups, having
36 origins in any of the original peoples of North America.

37
38 11. The Commissioner of Health, pursuant to the
39 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
40 seq.), shall adopt such rules and regulations as are necessary to
41 effectuate the purposes of section 10 of P.L. _____, c. _____ (C. _____)
42 (pending before the Legislature as this bill).

43
44 12. This act shall take effect on the first day of the fourth month
45 next following the date of enactment. Sections 1 through 9 of this
46 act shall apply to all contracts and policies that are delivered,
47 issued, executed, or renewed or approved for issuance or renewal in
48 this State on or after the effective date. The Commissioner of
49 Health may take such anticipatory administrative action in advance

1 thereof as shall be necessary for the implementation of section 10 of
2 this act.

3
4
5 STATEMENT

6
7 This bill requires any health care provider engaged in the
8 diagnosis or treatment of breast cancer to concurrently order 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 when ordering a mammogram examination for a
12 woman of color, if that woman has additional risk factors for breast
13 cancer or other indications as determined by the provider.

14 As used in the bill, “woman of color” means a woman whose
15 ancestry includes, in whole or in part, non-Caucasian ancestry,
16 including ancestry in any of the: black African racial groups not of
17 Hispanic origin; Hispanic racial groups of Mexican, Puerto Rican,
18 Dominican, Cuban, Central or South American of either Indian,
19 Native American, or Hispanic origin, regardless of race; Asian and
20 Pacific Islander racial groups having origins in the Far East,
21 Southeast Asia, the Indian subcontinent, or Pacific Islands; or
22 Native American or Alaska Native racial groups, having origins in
23 any of the original peoples of North America.

24 The bill also requires health insurers to cover the ultrasound
25 evaluation, a magnetic resonance imaging scan, a three-dimensional
26 mammography, or other additional testing of an entire breast or
27 breasts of a woman of color when concurrently ordered with a
28 mammogram examination.

29 The bill provides that the health benefits coverage requirements
30 apply to: health, hospital, and medical service corporations;
31 commercial, individual, and group health insurers; health
32 maintenance organizations; and health benefits plans issued
33 pursuant to the New Jersey Individual Health Coverage and Small
34 Employer Health Benefits Programs. The bill provides the
35 requirements for coverage also apply to the State Health Benefits
36 Program, which by law requires similar health benefits coverage
37 under the School Employees’ Health Benefits Program.