

SENATE, No. 3027

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED OCTOBER 19, 2020

Sponsored by:

Senator MICHAEL L. TESTA, JR.

District 1 (Atlantic, Cape May and Cumberland)

Senator ANTHONY M. BUCCO

District 25 (Morris and Somerset)

Co-Sponsored by:

Senator Corrado

SYNOPSIS

“Michelle’s Law”; requires health benefit plans to cover mammogram for an individual if recommended by health care provider.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/19/2020)

1 AN ACT concerning health benefits for mammograms, designated as
2 Michelle's Law, and amending P.L.1991, c.279 and
3 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
9 read 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
20 years 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]** recommended by **[the**
23 woman's] a covered person's health care 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 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 hospital service corporation has reserved the right to
44 change the premium.

45 (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 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
13 years 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~~ recommended by ~~the~~
16 woman's a covered person'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~~ 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

1 contract provides benefits to any subscriber or other person covered
2 thereunder for expenses incurred in conducting:

3 (1) one baseline mammogram examination for women who are
4 40 years of age; a mammogram examination every year for women
5 age 40 and over; and~~],~~ in the case of a woman who is under 40
6 years of age and has a family history of breast cancer or other breast
7 cancer risk factors,~~]~~ a mammogram examination at such age and
8 intervals as ~~]~~ **deemed medically necessary** recommended by ~~]~~ **the**
9 **woman's** ~~]~~ a covered person'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 service corporation of the
25 medical necessity of the additional screening and diagnostic testing.

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

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

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

32

33 4. Section 4 of P.L.1991, c.279 (C17B:26-2.1e) is amended to
34 read as follows:

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

42 (1) one baseline mammogram examination for women who are
43 40 years of age; a mammogram examination every year for women
44 age 40 and over; and~~],~~ in the case of a woman who is under 40
45 years of age and has a family history of breast cancer or other breast
46 cancer risk factors,~~]~~ a mammogram examination at such age and

1 intervals as **【deemed medically necessary】** recommended by **【the**
2 woman's**】** a covered person's health care provider; and

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

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

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

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

24

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

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

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

41 (2) an ultrasound evaluation, a magnetic resonance imaging
42 scan, a three-dimensional mammography, or other additional testing
43 of an entire breast or breasts, after a **【baseline 】**mammogram
44 examination, if the mammogram demonstrates extremely dense
45 breast tissue, if the mammogram is abnormal within any degree of
46 breast density including not dense, moderately dense,
47 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 insurer of the medical necessity of
9 the additional screening and diagnostic testing.

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

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

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

15

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

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

24 (1) one baseline mammogram examination for women who are
25 40 years of age; a mammogram examination every year for women
26 age 40 and over; and, in the case of a woman who is under 40
27 years 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** recommended by **the**
30 **woman's** a covered person's health care 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 health maintenance organization
46 of the medical necessity of the additional screening and diagnostic
47 testing.

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

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

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

7

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

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

16 (1) one baseline mammogram examination for women who are
17 40 years of age; a mammogram examination every year for women
18 age 40 and over; and**],** in the case of a woman who is under 40
19 years of age and has a family history of breast cancer or other breast
20 cancer risk factors,**]** a mammogram examination at such age and
21 intervals as **[deemed medically necessary]** recommended by **[the**
22 woman's] a covered person'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 carrier of the medical necessity of
38 the additional screening and diagnostic testing.

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

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

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

45

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

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

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

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

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

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

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

36
37 9. Section 9 of P.L.2004, c.86 (C.52:14-17.29i) is amended to
38 read as follows:

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

42 (1) one baseline mammogram examination for women who are
43 40 years of age; a mammogram examination every year for women
44 age 40 and over; and~~],~~ in the case of a woman who is under 40
45 years of age and has a family history of breast cancer or other breast
46 cancer risk factors,~~]~~ a mammogram examination at such age and

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

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

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

22

23 10. This act shall take effect immediately.

24

25

26

STATEMENT

27

28 This bill requires health benefit plans to cover the cost of a
29 mammogram if a health care provider recommends the examination.

30 Presently, health benefit plans are only required to cover
31 mammograms for women who are 40 and over or women under the
32 age of 40 if they have a family history of breast cancer or other
33 breast cancer related risk factor. Health benefit plans must also
34 cover additional testing of an entire breast or breasts after a baseline
35 mammogram examination. Under this bill, health benefit plans will
36 be required to cover the cost of a mammogram examination, and
37 any additional testing after the examination, if the health care
38 provider of the subscriber or other person covered under the plan
39 recommends it. Mammograms for women 40 and over will still be
40 covered under this bill.

41 This bill, named "Michelle's Law," is in response to the tragic
42 death of Michelle DeVita. Michelle was a 38-year-old woman who
43 lost her battle to breast cancer. Under the requirements of the
44 current law, insurance was not required to provide her coverage for
45 a mammogram.