

SENATE, No. 3768

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED MAY 11, 2021

Sponsored by:

Senator LINDA R. GREENSTEIN

District 14 (Mercer and Middlesex)

Senator PATRICK J. DIEGNAN, JR.

District 18 (Middlesex)

SYNOPSIS

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

CURRENT VERSION OF TEXT

As introduced.



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

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

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

40 (3) an ultrasound evaluation, a magnetic resonance imaging scan,
41 a three-dimensional mammography, or other additional testing of an
42 entire breast or breasts concurrently ordered with a mammogram
43 examination by a health care provider pursuant to section 10 of
44 P.L. , c. (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 40
18 years of age; a mammogram examination every year for women age
19 40 and over; and, in the case of a woman who is under 40 years of
20 age and has a family history of breast cancer or other breast cancer
21 risk factors, a mammogram examination at such age and intervals as
22 deemed medically necessary by the woman's health care provider;
23 **[and]**

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

40 (3) an ultrasound evaluation, a magnetic resonance imaging scan,
41 a three-dimensional mammography, or other additional testing of an
42 entire breast or breasts concurrently ordered with a mammogram
43 examination by a health care provider pursuant to section 10 of
44 P.L. , c. (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.

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 contract
9 providing hospital or medical expense benefits shall be delivered,
10 issued, executed, or renewed in this State or approved for issuance or
11 renewal in this State by the Commissioner of Banking and Insurance,
12 on or after the effective date of this act, unless the contract provides
13 benefits to any subscriber or other person covered thereunder for
14 expenses incurred in conducting:

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

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

38 (3) an ultrasound evaluation, a magnetic resonance imaging scan,
39 a three-dimensional mammography, or other additional testing of an
40 entire breast or breasts concurrently ordered with a mammogram
41 examination by a health care provider pursuant to section 10 of
42 P.L. , c. (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 contract.

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

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

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

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

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

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

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

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

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

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

43

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

46 5. a. No group health insurance policy providing hospital or
47 medical expense benefits shall be delivered, issued, executed, or
48 renewed in this State or approved for issuance or renewal in this State

1 by the Commissioner of Banking and Insurance, on or after the
2 effective date of this act, unless the policy provides benefits to any
3 named insured or other person covered thereunder for expenses
4 incurred in conducting:

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

11 **[and]**

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

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

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

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

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

38
39 6. Section 7 of P.L.2004, c.86 (C.17B:27A-7.10) is amended to
40 read as follow:

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

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

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

5 **[and]**

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

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

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

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

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

33
34 7. Section 8 of P.L.2004, c.86 (C.17B:27A-19.13) is amended to
35 read as follows:

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

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

48 **[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 carrier of the medical necessity of the additional screening and diagnostic testing; and

(3) 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. The benefits shall be provided to the same extent as for any other medical condition under the health benefits plan.

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

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

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

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

(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

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

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

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

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

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

23

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

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

29 (1) one baseline mammogram examination for women who are 40
30 years of age; a mammogram examination every year for women age
31 40 and over; and, in the case of a woman who is under 40 years of
32 age and has a family history of breast cancer or other breast cancer
33 risk factors, a mammogram examination at such age and intervals as
34 deemed medically necessary by the woman's health care provider;

35 **【and】**

36 (2) an ultrasound evaluation, a magnetic resonance imaging scan,
37 a three-dimensional mammography, or other additional testing of an
38 entire breast or breasts, after a baseline mammogram examination, if
39 the mammogram demonstrates extremely dense breast tissue, if the
40 mammogram is abnormal within any degree of breast density
41 including not dense, moderately dense, heterogeneously dense, or
42 extremely dense breast tissue, or if the patient has additional risk
43 factors for breast cancer including but not limited to family history
44 of breast cancer, prior personal history of breast cancer, positive
45 genetic testing, extremely dense breast tissue based on the Breast
46 Imaging Reporting and Data System established by the American
47 College of Radiology, or other indications as determined by the
48 patient's health care provider. The coverage required under this

1 paragraph may be subject to utilization review, including periodic
2 review, by the carrier of the medical necessity of the additional
3 screening and diagnostic testing; and

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

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

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

12
13 10. (New section) Any health care provider engaged in the
14 diagnosis or treatment of breast cancer shall concurrently order 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 when ordering a mammogram examination if a
18 woman has additional risk factors for breast cancer or other
19 indications as determined by the provider.

20
21 11. The Commissioner of Health, pursuant to the "Administrative
22 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt
23 such rules and regulations as are necessary to effectuate the purposes
24 of section 10 of P.L. , c. (C.) (pending before the Legislature
25 as this bill).

26
27 12. This act shall take effect on the first day of the fourth month
28 next following the date of enactment. Sections 1 through 9 of this
29 act shall apply to all contracts and policies that are delivered, issued,
30 executed, or renewed in this State, or approved for issuance or
31 renewal in this State by the Commissioner of Banking and Insurance
32 on or after the effective date. The Commissioner of Health may take
33 such anticipatory administrative action in advance thereof as shall be
34 necessary for the implementation of section 10 of this act.

35 36 37 STATEMENT

38
39 This bill requires any health care provider engaged in the
40 diagnosis or treatment of breast cancer to concurrently order an
41 ultrasound evaluation, a magnetic resonance imaging scan, a three-
42 dimensional mammography, or other additional testing of an entire
43 breast or breasts when ordering a mammogram examination if a
44 woman has additional risk factors for breast cancer or other
45 indications as determined by the provider.

46 The bill also requires health insurers to cover the ultrasound
47 evaluation, a magnetic resonance imaging scan, a three-dimensional
48 mammography, or other additional testing of an entire breast or

1 breasts of a woman of color when concurrently ordered with a
2 mammogram examination.

3 The bill provides that the health benefits coverage requirements
4 apply to: health, hospital, and medical service corporations;
5 commercial, individual, and group health insurers; health
6 maintenance organizations; and health benefits plans issued pursuant
7 to the New Jersey Individual Health Coverage and Small Employer
8 Health Benefits Programs. The bill provides the requirements for
9 coverage also apply to the State Health Benefits Program, which by
10 law requires similar health benefits coverage under the School
11 Employees' Health Benefits Program.