

ASSEMBLY, No. 346

STATE OF NEW JERSEY

213th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2008 SESSION

Sponsored by:

Assemblyman PATRICK J. DIEGNAN, JR.

District 18 (Middlesex)

Assemblyman JOSEPH VAS

District 19 (Middlesex)

Assemblywoman ELEASE EVANS

District 35 (Bergen and Passaic)

Co-Sponsored by:

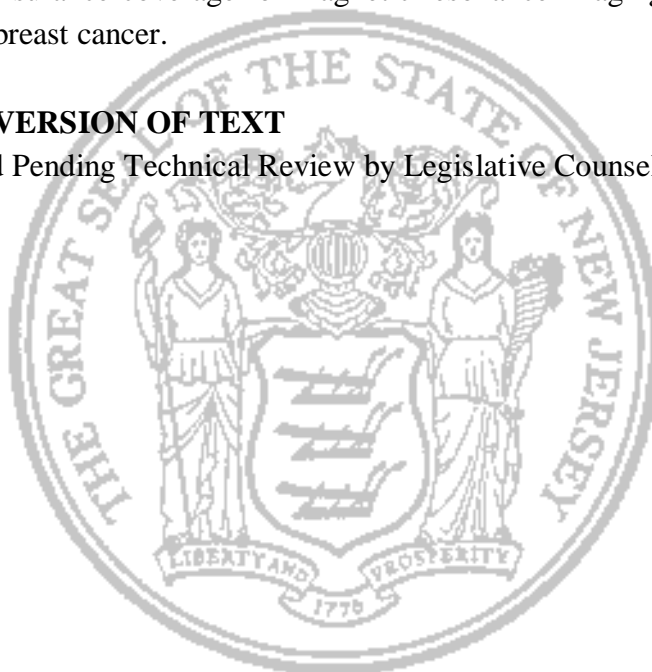
Assemblyman McKeon, Assemblywoman Vainieri Huttle, Assemblymen Prieto and Coutinho

SYNOPSIS

Requires insurance coverage for magnetic resonance imaging for women at high risk for breast cancer.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel



(Sponsorship Updated As Of: 5/6/2008)

1 AN ACT concerning health benefits coverage for magnetic
2 resonance imaging for certain women, amending P.L.1991, c.279
3 and supplementing P.L.1992, c.161 (C.17B:27A-2 et seq.) and
4 P.L.1992, c.162 (C.17B:27A-17 et seq.).

5

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

8

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

11 1. a. No **[group or individual]** hospital service corporation
12 contract providing hospital or medical expense benefits shall be
13 delivered, issued, executed or renewed in this State pursuant to
14 P.L.1938, c.366 (C.17:48-1 et seq.), or approved for issuance or
15 renewal in this State by the Commissioner of Banking and
16 Insurance, on or after the effective date of this act, unless the
17 contract provides benefits to any subscriber or other person covered
18 thereunder for expenses incurred in conducting: one baseline
19 mammogram examination for women who are at least 35 but less
20 than 40 years of age; **[and]** one mammogram examination every
21 year for women age 40 and over; and, in addition to a mammogram
22 examination, a breast examination by magnetic resonance imaging
23 for women who are considered to be at high risk for breast cancer,
24 according to the same schedule as for a mammogram examination,
25 if the magnetic resonance imaging is recommended by the woman's
26 physician.

27 b. As used in subsection a. of this section, "high risk for breast
28 cancer" means the woman:

29 (1) has a family history of breast cancer; or

30 (2) has a background, ethnicity or coexisting medical condition,
31 or uses a medication, that the physician believes puts the woman at
32 elevated risk for breast cancer.

33 c. These benefits shall be provided to the same extent as for any
34 other **[sickness]** medical condition under the contract.

35 d. The provisions of this section shall apply to all hospital
36 service corporation contracts in which the hospital service
37 corporation has reserved the right to change the premium.

38 (cf: P.L.1999, c.341, s.1)

39

40 2. Section 2 of P.L.1991, c.279 (C.17:48A-7f) is amended to
41 read as follows:

42 2. a. No **[group or individual]** medical service corporation
43 contract providing hospital or medical expense benefits shall be
44 delivered, issued, executed or renewed in this State pursuant to

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 P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for issuance or
2 renewal in this State by the Commissioner of Banking and
3 Insurance, on or after the effective date of this act, unless the
4 contract provides benefits to any subscriber or other person covered
5 thereunder for expenses incurred in conducting: one baseline
6 mammogram examination for women who are at least 35 but less
7 than 40 years of age; **[and]** one mammogram examination every
8 year for women age 40 and over; and, in addition to a mammogram
9 examination, a breast examination by magnetic resonance imaging
10 for women who are considered to be at high risk for breast cancer,
11 according to the same schedule as for a mammogram examination,
12 if the magnetic resonance imaging is recommended by the woman's
13 physician.

14 b. As used in subsection a. of this section, "high risk for breast
15 cancer" means the woman:

16 (1) has a family history of breast cancer; or

17 (2) has a background, ethnicity or coexisting medical condition,
18 or uses a medication, that the physician believes puts the woman at
19 elevated risk for breast cancer.

20 c. These benefits shall be provided to the same extent as for any
21 other **[sickness]** medical condition under the contract.

22 d. The provisions of this section shall apply to all medical
23 service corporation contracts in which the medical service
24 corporation has reserved the right to change the premium.

25 (cf: P.L.1999, c.341, s.2)

26

27 3. Section 3 of P.L.1991, c.279 (C.17:48E-35.4) is amended to
28 read as follows:

29 3. a. No **[group or individual]** health service corporation
30 contract providing hospital or medical expense benefits shall be
31 delivered, issued, executed or renewed in this State pursuant to
32 P.L.1985, c.236 (C.17:48E-1 et seq.), or approved for issuance or
33 renewal in this State by the Commissioner of Banking and
34 Insurance, on or after the effective date of this act, unless the
35 contract provides benefits to any subscriber or other person covered
36 thereunder for expenses incurred in conducting: one baseline
37 mammogram examination for women who are at least 35 but less
38 than 40 years of age; **[and]** one mammogram examination every
39 year for women age 40 and over; and, in addition to a mammogram
40 examination, a breast examination by magnetic resonance imaging
41 for women who are considered to be at high risk for breast cancer,
42 according to the same schedule as for a mammogram examination,
43 if the magnetic resonance imaging is recommended by the woman's
44 physician.

45 b. As used in subsection a. of this section, "high risk for breast
46 cancer" means the woman:

47 (1) has a family history of breast cancer; or

1 (2) has a background, ethnicity or coexisting medical condition,
2 or uses a medication, that the physician believes puts the woman at
3 elevated risk for breast cancer.

4 c. These benefits shall be provided to the same extent as for any
5 other [sickness] medical condition under the contract.

6 d. The provisions of this section shall apply to all health service
7 corporation contracts in which the health service corporation has
8 reserved the right to change the premium.

9 (cf: P.L.1999, c.341, s.3)

10
11 4. Section 4 of P.L.1991, c.279 (C.17B:26-2.1e) is amended to
12 read as follows:

13 4. a. No individual health insurance policy providing hospital or
14 medical expense benefits shall be delivered, issued, executed or
15 renewed in this State pursuant to N.J.S.17B:26-1 et seq., or
16 approved for issuance or renewal in this State by the Commissioner
17 of Banking and Insurance, on or after the effective date of this act,
18 unless the policy provides benefits to any named insured or other
19 person covered thereunder for expenses incurred in conducting: one
20 baseline mammogram examination for women who are at least 35
21 but less than 40 years of age; [and] one mammogram examination
22 every year for women age 40 and over; and, in addition to a
23 mammogram examination, a breast examination by magnetic
24 resonance imaging for women who are considered to be at high risk
25 for breast cancer, according to the same schedule as for a
26 mammogram examination, if the magnetic resonance imaging is
27 recommended by the woman's physician.

28 b. As used in subsection a. of this section, "high risk for breast
29 cancer" means the woman:

30 (1) has a family history of breast cancer; or

31 (2) has a background, ethnicity or coexisting medical condition,
32 or uses a medication, that the physician believes puts the woman at
33 elevated risk for breast cancer.

34 c. These benefits shall be provided to the same extent as for any
35 other [sickness] medical condition under the policy.

36 d. The provisions of this section shall apply to all health
37 insurance policies in which the insurer has reserved the right to
38 change the premium.

39 (cf: P.L.1999, c.341, s.4)

40
41 5. Section 5 of P.L.1991, c.279 (C.17B:27-46.1f) is amended to
42 read as follows:

43 5. a. No group health insurance policy providing hospital or
44 medical expense benefits shall be delivered, issued, executed or
45 renewed in this State pursuant to N.J.S.17B:27-26 et seq., or
46 approved for issuance or renewal in this State by the Commissioner
47 of Banking and Insurance, on or after the effective date of this act,

1 unless the policy provides benefits to any named insured or other
2 person covered thereunder for expenses incurred in conducting: one
3 baseline mammogram examination for women who are at least 35
4 but less than 40 years of age; **[and]** one mammogram examination
5 every year for women age 40 and over; and, in addition to a
6 mammogram examination, a breast examination by magnetic
7 resonance imaging for women who are considered to be at high risk
8 for breast cancer, according to the same schedule as for a
9 mammogram examination, if the magnetic resonance imaging is
10 recommended by the woman's physician.

11 b. As used in subsection a. of this section, "high risk for breast
12 cancer" means the woman:

13 (1) has a family history of breast cancer; or

14 (2) has a background, ethnicity or coexisting medical condition,
15 or uses a medication, that the physician believes puts the woman at
16 elevated risk for breast cancer.

17 c. These benefits shall be provided to the same extent as for any
18 other **[sickness]** medical condition under the policy.

19 d. The provisions of this section shall apply to all health
20 insurance policies in which the insurer has reserved the right to
21 change the premium.

22 (cf: P.L.1999, c.341, s.5)

23

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

26 6. a. Notwithstanding any provision of law to the contrary, a
27 certificate of authority to establish and operate a health maintenance
28 organization in this State shall not be ~~delivered,~~ issued, executed or
29 renewed in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et
30 seq.), or **[continued]** approved for issuance or renewal in this State
31 by the Commissioner of **[Health and Senior Services]** Banking and
32 Insurance, on or after the effective date of this act, unless the health
33 maintenance organization provides health care services to any
34 enrollee for the conduct of: one baseline mammogram examination
35 for women who are at least 35 but less than 40 years of age; **[and]**
36 one mammogram examination every year for women age 40 and
37 over; and, in addition to a mammogram examination, a breast
38 examination by magnetic resonance imaging for women who are
39 considered to be at high risk for breast cancer, according to the
40 same schedule as for a mammogram examination, if the magnetic
41 resonance imaging is recommended by the woman's physician.

42 b. As used in subsection a. of this section, "high risk for breast
43 cancer" means the woman:

44 (1) has a family history of breast cancer; or

45 (2) has a background, ethnicity or coexisting medical condition,
46 or uses a medication, that the physician believes puts the woman at
47 elevated risk for breast cancer.

1 c. These health care services shall be provided to the same
2 extent as for any other **[sickness]** medical condition under the
3 enrollee agreement.

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

7 (cf: P.L.1999, c.341, s.6)

8

9 7. (New section) a. No individual health benefits plan
10 providing hospital or medical expense benefits shall be delivered,
11 issued, executed or renewed in this State pursuant to P.L.1992,
12 c.161 (C.17B:27A-2 et seq.), or approved for issuance or renewal in
13 this State, on or after the effective date of this act, unless the health
14 benefits plan provides benefits to any person covered thereunder for
15 expenses incurred in conducting: one baseline mammogram
16 examination for women who are at least 35 but less than 40 years of
17 age; one mammogram examination every year for women age 40
18 and over; and, in addition to a mammogram examination, a breast
19 examination by magnetic resonance imaging for women who are
20 considered to be at high risk for breast cancer, according to the
21 same schedule as for a mammogram examination, if the magnetic
22 resonance imaging is recommended by the woman's physician.

23 b. As used in subsection a. of this section, "high risk for breast
24 cancer" means the woman:

25 (1) has a family history of breast cancer; or

26 (2) has a background, ethnicity or coexisting medical condition,
27 or uses a medication, that the physician believes puts the woman at
28 elevated risk for breast cancer.

29 c. These benefits shall be provided to the same extent as for any
30 other medical condition under the health benefits plan.

31 d. The provisions of this section shall apply to all health benefits
32 plans in which the carrier has reserved the right to change the
33 premium.

34

35 8. (New section) a. No small employer health benefits plan
36 providing hospital or medical expense benefits shall be delivered,
37 issued, executed or renewed in this State pursuant to P.L.1992,
38 c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal
39 in this State, on or after the effective date of this act, unless the
40 health benefits plan provides benefits to any person covered
41 thereunder for expenses incurred in conducting: one baseline
42 mammogram examination for women who are at least 35 but less
43 than 40 years of age; one mammogram examination every year for
44 women age 40 and over; and, in addition to a mammogram
45 examination, a breast examination by magnetic resonance imaging
46 for women who are considered to be at high risk for breast cancer,
47 according to the same schedule as for a mammogram examination,
48 if the magnetic resonance imaging is recommended by the woman's

- 1 physician.
- 2 b. As used in subsection a. of this section, "high risk for breast
3 cancer" means the woman:
- 4 (1) has a family history of breast cancer; or
5 (2) has a background, ethnicity or coexisting medical condition,
6 or uses a medication, that the physician believes puts the woman at
7 elevated risk for breast cancer.
- 8 c. These benefits shall be provided to the same extent as for any
9 other medical condition under the health benefits plan.
- 10 d. The provisions of this section shall apply to all health benefits
11 plans in which the carrier has reserved the right to change the
12 premium.
- 13
- 14 9. This act shall take effect on the 180th day after enactment and
15 shall apply to policies or contracts issued or renewed on or after the
16 effective date.
- 17
- 18

19 STATEMENT

20

21 This bill amends P.L.1991, c.279 to require that health insurers
22 cover a breast examination by magnetic resonance imaging for
23 women who are considered to be at high risk for breast cancer, if
24 the magnetic resonance imaging is recommended by the woman's
25 physician. This coverage would be in addition to that required for a
26 mammogram examination, and according to the same schedule as
27 for a mammogram examination, pursuant to P.L.1991, c.279.

28 The bill defines "high risk for breast cancer" to mean that the
29 woman:

30 --has a family history of breast cancer; or
31 --has a background, ethnicity or coexisting medical condition, or
32 uses a medication, that the physician believes puts the woman at
33 elevated risk for breast cancer.

34 The provisions of this bill that amend P.L.1991, c.279 would
35 apply to hospital, medical and health service corporations,
36 commercial individual and group health insurers, and health
37 maintenance organizations. In addition, the bill expands the scope
38 of required coverage for breast cancer examinations by applying
39 this requirement, for both mammograms and magnetic resonance
40 imaging, to individual health benefits plans and small employer
41 health benefits plans, which are not currently subject to the
42 provisions of P.L.1991, c.279.

43 The bill takes effect on the 180th day after enactment and applies
44 to policies or contracts issued or renewed on or after its effective
45 date.