

§1  
C. 17:48-6q  
§2  
C. 17:48A-7o  
§3  
C. 17:48E-35.14  
§4  
C. 17B:26-2.1m  
§5  
C. 17B:27-46.1p  
§6  
C. 17B:27A-7.2  
§7  
C. 17B:27A-19.4  
§8  
C. 26:2J-4.15  
§9  
C. 34:11A-13  
Part II-Health  
Benefits

P.L. 1997, CHAPTER 149, *approved June 30, 1997*  
Assembly Substitute (*First Reprint*) for  
Senate, No. 1704 and Assembly, Nos. 10, 2551, 2524, and 2575 ACS  
**(CORRECTED COPY)**

1 **AN ACT** concerning coverage for inpatient care following a  
2 mastectomy and supplementing P.L.1938, c.366 (C.17:48-1 et  
3 seq.), P.L.1940, c.74 (C.17:48A-1 et seq.), P.L.1985, c.236  
4 (C.17:48E-1 et seq.), Chapters 26 and 27 of Title 17B of the New  
5 Jersey Statutes, P.L.1992, c.161 (C.17B:27A-2 et seq.), P.L.1992,  
6 c.162 (C.17B:27A-17 et seq.), P.L.1973, c.337 (C.26:2J-1 et seq.)  
7 and Titles 34 and 45 of the Revised Statutes.

8  
9 **BE IT ENACTED** by the Senate and General Assembly of the State  
10 of New Jersey:

11  
12 1. a. Every individual or group hospital service corporation  
13 contract that provides hospital or medical expense benefits and is  
14 delivered, issued, executed or renewed in this State pursuant to  
15 P.L.1938, c.366 (C.17:48-1 et seq.) or approved for issuance or  
16 renewal in this State by the Commissioner of Banking and Insurance

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.**

**Matter underlined thus is new matter.**

**Matter enclosed in superscript numerals has been adopted as follows:**

<sup>1</sup> Assembly amendments adopted in accordance with Governor's  
recommendations May 8, 1997.

1 on or after the effective date of this act shall provide coverage for a  
2 minimum of 72 hours of inpatient care following a modified radical  
3 mastectomy and a minimum of 48 hours of inpatient care following a  
4 simple mastectomy. The contract shall not require a health care  
5 provider to obtain authorization from the hospital service corporation  
6 for prescribing 72 or 48 hours, as appropriate, of inpatient care as  
7 provided for in this section.

8 The provisions of this section shall not be construed to: require a  
9 patient to receive inpatient care for 72 or 48 hours, as appropriate, if  
10 the patient in consultation with the patient's physician determines that  
11 a shorter length of stay is medically appropriate; or relieve a patient or  
12 a patient's physician, if appropriate, of any notification requirements  
13 to the hospital service corporation under the contract.

14 The benefits shall be provided to the same extent as for any other  
15 sickness under the contract.

16 The provisions of this section shall apply to all contracts in which  
17 the hospital service corporation has reserved the right to change the  
18 premium.

19 b. The Commissioner of Banking and Insurance shall adopt  
20 regulations pursuant to the "Administrative Procedure Act," P.L.1968,  
21 c.410 (C.52:14B-1 et seq.) to implement the provisions of this section.  
22

23 2. a. Every individual or group medical service corporation  
24 contract that provides hospital or medical expense benefits and is  
25 delivered, issued, executed or renewed in this State pursuant to  
26 P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or  
27 renewal in this State by the Commissioner of Banking and Insurance  
28 on or after the effective date of this act shall provide coverage for a  
29 minimum of 72 hours of inpatient care following a modified radical  
30 mastectomy and a minimum of 48 hours of inpatient care following a  
31 simple mastectomy. The contract shall not require a health care  
32 provider to obtain authorization from the medical service corporation  
33 for prescribing 72 or 48 hours, as appropriate, of inpatient care as  
34 provided for in this section.

35 The provisions of this section shall not be construed to: require  
36 a patient to receive inpatient care for 72 or 48 hours, as appropriate,  
37 if the patient in consultation with the patient's physician determines  
38 that a shorter length of stay is medically appropriate; or relieve a  
39 patient or a patient's physician, if appropriate, of any notification  
40 requirements to the medical service corporation under the contract.

41 The benefits shall be provided to the same extent as for any other  
42 sickness under the contract.

43 The provisions of this section shall apply to all contracts in which  
44 the medical service corporation has reserved the right to change the  
45 premium.

1       b. The Commissioner of Banking and Insurance shall adopt  
2 regulations pursuant to the "Administrative Procedure Act," P.L.1968,  
3 c.410 (C.52:14B-1 et seq.) to implement the provisions of this  
4 section.

5  
6       3. a. Every individual or group health service corporation  
7 contract that provides hospital or medical expense benefits and is  
8 delivered, issued, executed or renewed in this State pursuant to  
9 P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or  
10 renewal in this State by the Commissioner of Banking and Insurance  
11 on or after the effective date of this act shall provide coverage for a  
12 minimum of 72 hours of inpatient care following a modified radical  
13 mastectomy and a minimum of 48 hours of inpatient care following a  
14 simple mastectomy. The contract shall not require a health care  
15 provider to obtain authorization from the health service corporation  
16 for prescribing 72 or 48 hours, as appropriate, of inpatient care as  
17 provided for in this section.

18       The provisions of this section shall not be construed to: require  
19 a patient to receive inpatient care for 72 or 48 hours, as appropriate,  
20 if the patient in consultation with the patient's physician determines  
21 that a shorter length of stay is medically appropriate; or relieve a  
22 patient or a patient's physician, if appropriate, of any notification  
23 requirements to the health service corporation under the contract.

24       The benefits shall be provided to the same extent as for any other  
25 sickness under the contract.

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

29       b. The Commissioner of Banking and Insurance shall adopt  
30 regulations pursuant to the "Administrative Procedure Act," P.L.1968,  
31 c.410 (C.52:14B-1 et seq.) to implement the provisions of this  
32 section.

33  
34       4. a. Every individual policy that provides hospital or medical  
35 expense benefits and is delivered, issued, executed or renewed in this  
36 State pursuant to N.J.S.17B:26-1 et seq., or approved for issuance or  
37 renewal in this State by the Commissioner of Banking and Insurance  
38 on or after the effective date of this act shall provide coverage for a  
39 minimum of 72 hours of inpatient care following a modified radical  
40 mastectomy and a minimum of 48 hours of inpatient care following a  
41 simple mastectomy. The policy shall not require a health care provider  
42 to obtain authorization from the insurer for prescribing 72 or 48  
43 hours, as appropriate, of inpatient care as provided for in this section.

44       The provisions of this section shall not be construed to: require a  
45 patient to receive inpatient care for 72 or 48 hours, as appropriate, if

1 the patient in consultation with the patient's physician determines that  
2 a shorter length of stay is medically appropriate; or relieve a patient or  
3 a patient's physician, if appropriate, of any notification requirements  
4 to the insurer under the policy.

5 The benefits shall be provided to the same extent as for any other  
6 sickness under the policy.

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

9 b. The Commissioner of Banking and Insurance shall adopt  
10 regulations pursuant to the "Administrative Procedure Act," P.L.1968,  
11 c.410 (C.52:14B-1 et seq.) to implement the provisions of this section.  
12

13 5. a. Every group policy that provides hospital or medical  
14 expense benefits and is delivered, issued, executed or renewed in this  
15 State pursuant to N.J.S.17B:27-26 et seq., or approved for issuance  
16 or renewal in this State by the Commissioner of Banking and Insurance  
17 on or after the effective date of this act shall provide benefits for a  
18 minimum of 72 hours of inpatient care following a modified radical  
19 mastectomy and a minimum of 48 hours of inpatient care following a  
20 simple mastectomy. The policy shall not require a health care provider  
21 to obtain authorization from the insurer for prescribing 72 or 48  
22 hours, as appropriate, of inpatient care as provided for in this section.

23 The provisions of this section shall not be construed to: require  
24 a patient to receive inpatient care for 72 or 48 hours, as appropriate,  
25 if the patient in consultation with the patient's physician determines  
26 that a shorter length of stay is medically appropriate; or relieve a  
27 patient or a patient's physician, if appropriate, of any notification  
28 requirements to the insurer under the policy.

29 The benefits shall be provided to the same extent as for any other  
30 sickness under the policy.

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

33 b. The Commissioner of Banking and Insurance shall adopt  
34 regulations pursuant to the "Administrative Procedure Act," P.L.1968,  
35 c.410 (C.52:14B-1 et seq.) to implement the provisions of this section.  
36

37 6. a. Every individual health benefits plan that provides hospital  
38 or medical expense benefits and is delivered, issued, executed or  
39 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et  
40 seq.) or approved for issuance or renewal in this State on or after the  
41 effective date of this act shall provide benefits for a minimum of 72  
42 hours of inpatient care following a modified radical mastectomy and a  
43 minimum of 48 hours of inpatient care following a simple mastectomy.  
44 The health benefits plan shall not require a health care provider to  
45 obtain authorization from the carrier for prescribing 72 or 48 hours

1 as appropriate, of inpatient care as provided for in this section.

2 The provisions of this section shall not be construed to: require a  
3 patient to receive inpatient care for 72 or 48 hours, as appropriate, if  
4 the patient in consultation with the patient's physician determines that  
5 a shorter length of stay is medically appropriate; or relieve a patient or  
6 a patient's physician, if appropriate, of any notification requirements  
7 to the carrier under the health benefits plan.

8 The benefits shall be provided to the same extent as for any other  
9 sickness under the health benefits plan.

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

12 b. The New Jersey Individual Health Coverage Program Board  
13 shall adopt regulations pursuant to the "Administrative Procedure  
14 Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to implement the  
15 provisions of this section.  
16

17 7. a. Every small employer health benefits plan that provides  
18 hospital or medical expense benefits and is delivered, issued, executed  
19 or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17  
20 et seq.) or approved for issuance or renewal in this State on or after  
21 the effective date of this act shall provide benefits for a minimum of 72  
22 hours of inpatient care following a modified radical mastectomy and  
23 a minimum of 48 hours of inpatient care following a simple  
24 mastectomy. The health benefits plan shall not require a health care  
25 provider to obtain authorization from the carrier for prescribing 72 or  
26 48 hours, as appropriate, of inpatient care as provided for in this  
27 section.

28 The provisions of this section shall not be construed to: require  
29 a patient to receive inpatient care for 72 or 48 hours, as appropriate,  
30 if the patient in consultation with the patient's physician determines  
31 that a shorter length of stay is medically appropriate: or relieve a  
32 patient or a patient's physician, if appropriate, of any notification  
33 requirements to the carrier under the health benefits plan.

34 The benefits shall be provided to the same extent as for any other  
35 sickness under the health benefits plan.

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

38 b. The New Jersey Small Employer Health Benefits Program  
39 Board shall adopt regulations pursuant to the "Administrative  
40 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to implement  
41 the provisions of this section.

1       8. a. Every enrollee agreement that provides hospital or medical  
2 expense benefits and is delivered, issued, executed or renewed in this  
3 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for  
4 issuance or renewal in this State by the Commissioner of Health and  
5 Senior Services on or after the effective date of this act shall provide  
6 health care services for a minimum of 72 hours of inpatient care  
7 following a modified radical mastectomy and a minimum of 48 hours  
8 of inpatient care following a simple mastectomy. The enrollee  
9 agreement shall not require a health care provider to obtain  
10 authorization from the health maintenance organization for prescribing  
11 72 or 48 hours, as appropriate, of inpatient care as provided for in  
12 this section.

13       The provisions of this section shall not be construed to: require a  
14 patient to receive inpatient care for 72 or 48 hours, as appropriate, if  
15 the patient in consultation with the patient's physician determines that  
16 a shorter length of stay is medically appropriate; or relieve a patient or  
17 a patient's physician, if appropriate, of any notification requirements  
18 to the health maintenance organization under the enrollee agreement.

19       The health care services shall be provided to the same extent as for  
20 any other sickness under the enrollee agreement.

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

24       b. The Commissioner of Health and Senior Services shall adopt  
25 regulations pursuant to the "Administrative Procedure Act," P.L.1968,  
26 c.410 (C.52:14B-1 et seq.) to implement the provisions of this section.

27  
28       9. An employer in this State who provides coverage to his  
29 employees or their dependents for treatment of breast cancer shall  
30 annually and upon request of an employee at other times during the  
31 year, notify his employees whether the employees' coverage for  
32 treatment of breast cancer is subject to the requirements of P.L. , c.  
33 (pending before the Legislature as this bill) concerning the minimum  
34 time a patient shall be permitted to remain at an inpatient care facility  
35 following a mastectomy.

36  
37       <sup>1</sup>[10. The attending physician of a patient who will undergo a  
38 mastectomy or lymph node dissection who has health care insurance  
39 coverage for the treatment of breast cancer, shall, prior to the  
40 surgery, determine if the coverage is subject to the requirements of  
41 P.L. , c. (pending before the Legislature as this bill) concerning the  
42 minimum time a patient shall be permitted to remain at an inpatient  
43 care facility following a mastectomy. If the physician determines  
44 that the patient's coverage is not subject to the requirements of  
45 P.L. , c. (pending before the Legislature as this bill), the physician

1 shall promptly notify the patient of that fact and, if known, the  
2 duration of inpatient care to which the patient is entitled under the  
3 patient's insurance coverage.]<sup>1</sup>

4

5 <sup>1</sup>[11.] 10.<sup>1</sup> This act shall take effect immediately.

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9

10 Requires health insurers to provide minimum hospital care for certain  
11 breast cancer surgeries and requires employers and physicians to notify  
12 insured if health insurance coverage is not subject to requirements of  
13 bill.