

SENATE, No. 1107

STATE OF NEW JERSEY

INTRODUCED MAY 9, 1996

By Senators BUBBA and CAFIERO

1 AN ACT establishing the "New Jersey Breast and Ovarian Cancer  
2 Response Task Force" and making an appropriation.

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

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7 1. The Legislature finds and declares that:

8 a. Each year, 205,000 women are diagnosed with either breast or  
9 ovarian cancer. New Jersey, with 6,900 new cases of breast cancer a  
10 year, is estimated as having the second highest rate of breast cancer  
11 incidence of all 50 states. Early detection can dramatically increase  
12 the five-year survival rate of some of these women from 16% to 92%;

13 b. BRCA1 is a large gene found on the 17th chromosome which  
14 produces the protein secreted by breast and ovarian cells. The protein  
15 acts as a tumor suppressor and the loss of its function may result in  
16 tumor development. A new genetic test has been developed which  
17 identifies dangerous DNA mutations in BRCA1, mutations which  
18 scientists now say can cause inherited breast and ovarian cancer.  
19 Those women who carry the mutation have an 85% chance of  
20 developing breast cancer by the time they reach the age of 65. The  
21 new test can be used by doctors to alert women to their predisposition  
22 to these types of cancer;

23 c. This new discovery has prompted a debate within the scientific  
24 and medical communities as to the test's value as a diagnostic tool.  
25 Certain experts claim that the test is only predictive and cannot help  
26 doctors determine who will become sick and who will not. Critics  
27 believe that laboratories responsible for developing the test will sell  
28 them directly to doctors, who, according to a survey reported recently  
29 in The Journal of the American Medical Association, feel that they are  
30 inadequately prepared in the area of human genetics and DNA  
31 diagnostics and therefore could not properly interpret results.  
32 Furthermore, a legal framework has not been established which could  
33 help the medical community deal with the issues of BRCA1 testing  
34 procedures and test results, including who should be tested, how test  
35 results may be used by insurance carriers, who may deny women  
36 health care coverage, or how employers may use the test to screen  
37 potential applicants for employment;

1 d. For other experts, the test's value in diagnosing inherited breast  
2 cancer before symptoms appear outweigh the negative societal  
3 implications of the commercial availability of the test. Greater  
4 awareness of a patient's BRCA1 status could help doctors develop  
5 more effective treatment strategies geared at preventing later tumors.  
6 The mothers, daughters and sisters of patients can use test results to  
7 alert themselves to the fact that they must be monitored more closely  
8 for the onset of breast cancer. Additionally, breast cancer patients  
9 with BRCA1 mutations also have a higher risk of developing ovarian  
10 cancer. Knowledge of that fact could motivate such women to  
11 undergo frequent pelvic examinations to try to identify ovarian  
12 malignancies at an earlier stage of development;

13 e. Therefore, it is the duty of the Legislature to study the societal  
14 implications of the new testing procedure for BRCA1 and its  
15 usefulness as a diagnostic tool in order to help the women of this State  
16 and their doctors make informed decisions on who should be tested  
17 and how test results should be used.

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19 2. There is established the "New Jersey Breast and Ovarian Cancer  
20 Response Task Force." The purpose of the task force is to investigate  
21 the societal and medical implications of the new testing procedures for  
22 the detection of the BRCA1 gene and to make recommendations to  
23 State government and the medical community concerning the  
24 commercial availability of the test, the use of the test by the medical  
25 community, the dissemination of test results, and the privacy of the  
26 women who have tested positive for the gene.

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28 3. a. The task force shall consist of 26 members as follows: the  
29 Commissioners of Human Services and Community Affairs and the  
30 President of the University of Medicine and Dentistry of New Jersey,  
31 or their designees, as exofficio members; 16 public members appointed  
32 by the Governor, who include one representative of each of the  
33 following organizations: the Medical Society of New Jersey, the New  
34 Jersey State Nurses Association, the American Cancer Society-New  
35 Jersey Division, the New Jersey Hospital Association, the New Jersey  
36 Pharmaceutical Association, the National Council of Jewish Women,  
37 the New Jersey Psychiatric Association, Wayne General Hospital, the  
38 National Organization for Women of New Jersey and the Concerned  
39 Women of America, and three breast or ovarian cancer survivors and  
40 three spouses of of wives who have or have had breast or ovarian  
41 cancer; four members appointed by the Legislature, two of whom  
42 shall be appointed by the President of the Senate and two of whom  
43 shall be appointed by the Speaker of the General Assembly; and three  
44 members appointed by the President of the University of Medicine and  
45 Dentistry of New Jersey who are associated with or employed by the  
46 university.



1 being produced by the medical and scientific community on the new  
2 test and its usefulness as a diagnostic tool in order to help the women  
3 of New Jersey and their doctors make informed decisions on who  
4 should be tested and how test results are to be used.

5 The bill also requires the task force to present a report to the  
6 Governor and the Legislature on its findings and recommendations for  
7 legislative and regulatory changes no later than 18 months following  
8 its organization.

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13 Establishes the "N.J. Breast and Ovarian Cancer Response Task  
14 Force;" appropriates \$50,000.