

A STUDY OF NEW JERSEY ASSEMBLY BILL 4093

REQUIRES HEALTH INSURANCE COVERAGE
FOR MAMMOGRAMS FOR WOMEN OVER 35
AND WOMEN UNDER 35 UNDER CERTAIN
CIRCUMSTANCES

Report to the New Jersey Assembly

November 15, 2023

Mandated Health Benefits Advisory Commission



Table of Contents

Introduction.....1

Legislative History.....2

Social Impact2

Medical Evidence.....3

Other States.....5

Discussion.....5

Financial Impact.....6

Conclusion7

Endnotes.....8

Appendix I Assembly Bill No. 4093

Appendix II Review Request for Assembly Bill No. 4093

INTRODUCTION

The Mandated Health Benefits Advisory Commission (MHBAC) has been asked to review A4093 (see Appendix I for a copy of the legislation), a bill that requires health insurers (health, hospital, and medical service corporations, commercial individual and group health insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program) to cover mammograms for women over age 35 as well as for certain women under age 35.

Specifically, A4093 amends sections 1 through 6 of P.L.-1991, c.279 (C.17:48-6g et al.) and sections 3, 7, and 8 of P.L.-2004, c.86 (C.17B:27A-7.10 et al.) to lower the age at which coverage is required for baseline and annual mammogram examinations from age 40 to age 35. If enacted, New Jersey's coverage mandate for these mammogram screenings would apply at an earlier age than is provided under current federal and state laws. The Patient Protection and Affordable Care Act (ACA), Section 2713, amending the Public Health Services Act, as well as regulations implementing the ACA, currently require carriers to provide this coverage as part of the coverage mandate for certain preventive services. Specifically, with regard to preventive service coverage mandates, the ACA requires coverage of evidence-based items or services that have an "A" or "B" recommendation rating from the United States Preventive Services Task Force (USPSTF), based on clear empirical evidence of their efficacy. The latest USPSTF includes a "B" recommendation for the use of biennial mammogram screenings for breast cancer for women aged 40 and above.

The federal coverage requirements from the ACA have been the subject of legal challenges, which may serve to limit federal insurance coverage requirements. However, for purposes of A4093 which pertain to state-regulated and administered coverage, New Jersey also enacted its own, state-based version of this ACA coverage requirement with the passage of P.L. 2019, c.360. That state law tracks the ACA's mandated coverage requirements, including mandate coverage, without cost sharing, for "evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force." No challenges have been asserted against New Jersey's law or its inclusion of coverage requirements linked to the decisions of the United States Preventive Services Task Force.

The Mandated Health Benefits Advisory Commission Act (N.J.S.A. 17B:27D-1 et seq.) tasks the Commission with providing an independent analysis of the social, medical, and financial impact of proposed legislation referred to it for review. The Act does not ask the Commission to recommend whether or not to enact the legislation, and the Commission does not do so here. The MHBAC prepared this report using its own resources, including staff from the New Jersey Department of Banking and Insurance. Commission members contributed their professional expertise, on a voluntary basis, in helping to shape the presentation of this report, analyzing published research, and drafting and editing its various sections. The MHBAC has sought to

include information from a number of reputable sources that it found credible but recognizes that opinions and analyses may differ.

LEGISLATIVE HISTORY

In the Assembly, A4093 was introduced on May 26, 2022, and was referred to the Assembly Financial Institutions and Insurance Committee. It was reported favorably out of that committee on June 6, 2023, and referred to the Assembly Appropriations Committee, which reported the bill favorably on June 22, 2023. On June 30, 2023, A4093 was passed by the General Assembly by a vote of 78-0-0. Another Assembly bill, A5095, is the same as A4093. That bill has not been heard.

In the Senate, S3530, the Senate version of A5095, was introduced January 30, 2023, and was referred to the Senate Commerce Committee. The Senate has not considered any versions of the bill.

SOCIAL IMPACT

Breast cancer risk rises with age, with approximately 83% of new cases being diagnosed in women aged 50 or older. While death rates from breast cancer have been falling, the death rate for non-Hispanic Black women is the highest for any racial group.ⁱ

The Centers for Disease Control and Prevention (CDC) and the American Cancer Society's (ACS) Cancer Statistics Center publish national and state-specific cancer measures, making possible comparisons of female breast cancer incidence and death rates over different time periods. For the United States, for example, from 2016-2020, the incidence rate for female breast cancer was 127.0 per 100,000 women; for 2020 alone, the rate of new breast cancer cases nationally was 119.2 per 100,000.ⁱⁱ By comparison, New Jersey's breast cancer incident rate from 2016-2020 was 137.1 per 100,000 women and its rate of new cases for 2020 was 127.6 per 100,000; in both time periods, New Jersey's breast cancer incidence rate was higher than the national average.ⁱⁱⁱ Similarly, New Jersey's breast cancer mortality rates were higher than national measures for comparable time periods. National death rates from breast cancer were 19.6 per 100,000 from 2016-2020 and 19.1 per 100,000 in 2020. For New Jersey the comparable mortality rates from breast cancer were 20.3 per 100,000 from 2016 -2020 and 19.5 per 100,000 in 2020.^{iv}

The ACS published estimates of certain cancer measures for 2023. ACS estimated that there would be 8,580 new cases of female breast cancer in New Jersey and 1,200 deaths from female breast cancer in 2023.^v ACS also indicated that in 2020, for women 45 years and older, 66% of

New Jersey women were up-to-date on their mammography screenings. This cancer screening rate was slightly below the national rate, 67%, and ranked New Jersey 30th among the states on this measure.^{vi}

Breast cancer treatment accounted for 14% of total cancer care costs in 2020, the highest percentage for any type of cancer, according to the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).^{vii} The National Cancer Institute estimated that, for 2020, the United States spent \$29.8 billion to treat breast cancer.^{viii} That total was divided into \$26.2 billion for medical services to treat breast cancer and \$3.5 billion for prescription drugs for breast cancer treatment.^{ix}

A recently published U.S. study examined cancer incidence patterns among people under the age of 50 years (termed “early-onset cancers”). For the period spanning 2010 to 2019, the investigators found highly statistically significant increases in the number of new early-onset cancer cases and incidence rates for women between the ages of 30 and 39 years for some cancers.^x Specifically, the age-standardized incidence rates for early-onset breast cancer increased from 21.25 new cases per 100,000 total early-onset cancers in 2010 to 23.74 new early-onset cases per 100,000 total early-onset cancers in 2019. That represented an annual percentage change of 0.91%. The number of new early-onset breast cancer cases per 100,000 total new early-onset cancer cases of all types also rose from 11,745 in 2010 to 12,649 in 2019.^{xi}

MEDICAL EVIDENCE

A study evaluated the risks and benefits of mammogram screenings for women in their 40s as compared with women younger than age 40. The study found, “Younger women are more likely to develop breast cancer at a more advanced stage with a larger tumor size...as well as a more biologically aggressive profile...”^{xii} The authors also found that, “[Y]ounger women have poorer prognoses with a higher risk of recurrence and breast cancer death compared to older women.”^{xiii} The study concluded that mammography screenings have a beneficial impact on breast cancer morbidity and mortality.^{xiv}

Mammography screening also carries some level of risk. These risks include overdiagnosis (*i.e.*, the detection of breast cancer that would never otherwise have presented a risk to the woman’s life or health), false-positive results leading to unnecessary medical follow up, anxiety caused by the procedure and the wait for screening results, and radiation exposure from the mammogram.^{xv} The question then is the optimal age to begin mammography screening for women at various levels of risk of breast cancer, in order to balance these benefits and risks.

Before May 2023, the United States Preventive Services Task Force (USPSTF) breast cancer screening recommendation for women at average risk was to begin biennial screening at age 50.

On May 9, 2023, however, the USPSTF issued a new, draft recommendation on breast cancer screening for women at average risk. The draft recommendation states, “New and more inclusive science about breast cancer in people younger than 50 has enabled us to expand our prior recommendation...[T]he science now supports all women getting screened, every other year, starting at age 40.”^{xvi} The USPSTF assigned the recommendation a B grade, meaning the empirical evidence demonstrates that the lower age to begin breast cancer screening has more potential benefits than potential harms. The USPSTF did not find that the scientific literature supported making further screening recommendations for women at average risk of breast cancer who are older than age 74 or younger than age 40.

ACS recommends that women at average risk should have the option to begin breast cancer screenings between ages 40 and 44, and that women between the ages of 45 and 54 should receive regular mammograms. Unlike USPSTF, however, ACS recommends that women in the younger age group receive mammograms annually, rather than every two years.^{xvii}

The empirical research needed to demonstrate the net benefit of mammography screenings of women younger than age 40 who are at average risk of breast cancer is limited. A large study of data from 1995-2005 involving more than 117,000 women aged 18-39 years receiving a first mammogram revealed very little benefit relative to harm. The authors found that the young women included in the study experienced high false-positive rates, high rates of additional imaging, and low rates of cancer detection.^{xviii} In summarizing their findings in regard to the oldest group of women included in the study, ages 35 to 39 years, the authors concluded, “In a theoretical population of 10000 women aged 35-39 years, 1266 women who are screened will receive further workup, with 16 cancers detected and 1250 women receiving a false-positive result.”^{xix}

Another study examined data from 2006-2016 for 5353 women aged 30-39 years presenting with breast symptoms (*e.g.*, palpable lump, thickening, pain or tenderness, skin changes, and nipple discharge). The researchers reported that the use of mammographic evaluation of women in this age group with breast symptoms identified an additional 2.0 new cancer cases per 1000 examinations. The authors concluded, “The low added cancer yield may support the judicious rather than routine use of mammography in this patient cohort.”^{xx}

A final consideration is the net benefit of screening younger women with a family history of breast cancer. A general screening guideline has been for a woman to begin mammography screening 10 years before the age at which a first-degree relative had been diagnosed with breast cancer. A study of more than 300,000 women using data from 1996-2016 examined cumulative 5-year incidences of breast cancer in women with and without first-degree relatives diagnosed with breast cancer, by age of the relative at diagnosis and by the age of the women in the study at the time of the screening.^{xxi} The authors found that women reporting a relative diagnosed with breast cancer between ages 40 and 49 who underwent a mammogram screening between ages 30

and 39 or 40 to 49 had statistically similar 5-year cumulative incidences of breast cancer as women without a family history undergoing screening between ages 50 and 59 years.^{xxii}

For women in the study with relatives diagnosed with breast cancer between the ages of 35 and 45 years, beginning mammography screening 5-8 years before the relative's age at diagnosis resulted in a 5-year cumulative incidence of breast cancer statistically similar to that of a 50-year-old woman with no first-degree relative with a breast cancer diagnosis. From this evidence, the authors concluded, "Women with a relative diagnosed at or before age 45 may wish to consider, in consultation with their provider, initiating screening 5-8 years earlier than their relative's diagnosis age."^{xxiii}

OTHER STATES

A number of other states have enacted insurance mandates requiring coverage for baseline mammograms for women aged 35 to 39 years. A 2023 study conducted by the State of Hawai'i identified 14 states with existing mandates, including Wyoming, Arizona, Nebraska, Oklahoma, Texas, Missouri, Illinois, Michigan, New York, Massachusetts, Connecticut, Virginia, Georgia, and Florida.^{xxiv} Hawai'i is also considering legislation to lower the age range for baseline mammograms for women at average risk of breast cancer to 35 to 39.^{xxv xxvi} The Hawai'i report clearly stated that, "[A]ll major insurers already cover annual mammograms for above-average-risk women of any age as determined by a physician."

DISCUSSION

Current New Jersey law and current insurance practice require insurance coverage of mammogram screenings of younger women at higher risk of breast cancer. This includes women with a family history of breast cancer, with genetic markers for breast cancer, or with a history of previous cancer treatment with radiation directed at the chest.

There is recent evidence that breast cancer incidence rates are rising among younger women. Breast cancer in younger women tends to be more aggressive and has higher mortality rates than cases in older women. Recent data indicate that treating breast cancer accounts for a greater share of total cancer care costs than any other form of cancer. Given these data, some level of increased cancer screening for women under age 40 can be justified. However, the empirical evidence does not support annual or biennial mammography screenings for all women between 35 and 39 years of age who are at average risk of breast cancer.

FINANCIAL IMPACT

The New Jersey Office of Legislative Services (OLS) prepared a Legislative Fiscal Estimate for A4093 on June 27, 2023. OLS estimated that the expanded mandate to cover mammograms for women aged 35 and above and women under age 35 under certain circumstances would result in a total cost of \$2.2 million in FY 2024, \$2.3 million in FY 2025, and \$2.5 million in FY 2026 (see Table 1, below). Those total costs were shared among the State Health Benefits Program (state government), the State Health Benefits Program (local governments), and the School Employees’ Health Benefits Program.^{xxviii} The OLS estimate used 2022 data indicating that 11.9% of the State workforce is age 35 to 39, and that 55.5% of that population is female, to calculate the number of women who would become eligible for annual breast cancer screenings. OLS calculated that 5,603 additional women covered by the State component of the SHBP and 7,233 additional women covered by the local government component of the SHBP and SEHBP – for a total of 12,836 women in health plan year 2022 -- would become eligible for annual mammograms under the new mandate.^{xxix} OLS also used a fee schedule from Fair Health^{xxx} to determine a “usual, customary, and reasonable” 2023 in-network cost of \$170 for a mammogram. The OLS analysis assumes a 6% annual inflation rate to estimate mandate costs for subsequent fiscal years.^{xxxi}

Table 1. Office of Legislative Services Estimate

Fiscal Impact	FY 2024	FY 2025	FY 2026
SHBP – State Cost	\$952,578	\$1 million	\$1.1 million
SHBP – Local Cost	\$538,085	\$570,370	\$604,592
SEHBP Cost	\$691,634	\$733,132	\$777,120
Total Cost	\$2.2 million	\$2.3 million	\$2.5 million

Source: Office of Legislative Services, “Legislative Fiscal Estimate, Assembly, No. 4093, State of New Jersey, 220th Legislature, June 27, 2023.” [4093_E1.PDF \(state.nj.us\)](https://www.state.nj.us/leg/4093_E1.PDF)

It is important to note, however, that this estimate represents an upper boundary for potential costs to New Jersey public employee plans, as it assumes that 100% of women between the ages of 35 and 39 would opt to receive annual mammograms. Empirical evidence from the studies discussed above suggests that actual mammogram utilization is substantially lower for women currently covered by insurance mandates at older ages, for whom breast cancer incidence rates are higher. It should also be noted that the proposed mandate would only apply to women at

average risk of breast cancer, as existing New Jersey law already covers mammograms for younger women at an elevated risk of breast cancer, as determined by a physician.

It does not appear that this new breast cancer screening mandate would result in substantial cost or premium increases for New Jersey carriers. This conclusion is consistent with the findings of a Hawai'i study of a similar proposal to mandate a baseline mammogram for women ages 35-39 at average risk of breast cancer. That study reported, "[T]he health insurance companies project only very small increases in total healthcare costs and insurance premiums should coverage for a baseline mammogram for average-risk women ages 35 to 39 be mandated."^{xxxii}

CONCLUSION

Balancing Social Impact, Medical Evidence, and Financial Impact

The modest recent rise in breast cancer incidence rates among younger women has led to a call by some for mammography screening of women under the age of 40. Given that breast cancer in younger women tends to be faster-growing and more likely to be fatal, baseline mammography screening for women aged 35 to 39 is a reasonable response. If enacted, New Jersey's coverage mandate for these mammogram screenings would apply at an earlier age than is provided under current federal and state laws.

As cited above, about 66% of New Jersey women aged 45 and older -- women in the ages with the highest breast cancer incidence rates -- are current with their mammography screenings. It is reasonable to assume that women younger than age 40 are unlikely to have screening rates above those of women aged 40 or older. The proposed breast cancer screening mandate, therefore, does not appear to pose a threat of meaningfully higher costs to insurance carriers or significantly higher health insurance premiums to those covered by plans that would be affected by the mandate.

ENDNOTES

ⁱ National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), “Health and Economic Benefits of Breast Cancer Interventions.” Accessed 9/26/23. [Health and Economic Benefits of Breast Cancer Interventions | Power of Prevention \(cdc.gov\)](#)

ⁱⁱ U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualization Tool, Based on 2022 Submission Data (1999-2020): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute, released in June 2023. Accessed 9/20/23: [USCS Data Visualizations - CDC](#)

ⁱⁱⁱ *Ibid.*

^{iv} *Ibid.*

^v American Cancer Society, Cancer Statistics Center. “New Jersey at a Glance.” Accessed 9/20/23: [New%20Jersey Cancer Statistics | American Cancer Society - Cancer Facts & Statistics](#)

^{vi} *Ibid.*

^{vii} NCCDPHP, *op. cit.*

^{viii} National Cancer Institute, “Financial Burden of Cancer Care: Cancer Trends Progress Report (Data Up to Date as of August 2023).” Accessed 9/26/23. [Financial Burden of Cancer Care | Cancer Trends Progress Report](#)

^{ix} *Ibid.* [N.B., the estimates don’t sum perfectly due to rounding.]

^x Koh, Benjamin, Jun Hao Tan, Darren, Cheng Han Ng, *et al.*, “Patterns in Cancer Incidence Among People Younger Than 50 Years in the US, 2010 to 2019,” JAMA Network Open, August 16, 2023. Accessed 9/27/23. [Patterns in Cancer Incidence Among People Younger Than 50 Years in the US, 2010 to 2019 | Oncology | JAMA Network Open | JAMA Network](#)

^{xi} *Ibid.*

^{xii} Grimm, Lars J., Avery, Carolyn S., Hendrick, Edward and Baker, Jay A., “Benefits and Risks of Mammography Screening in Women Ages 40 to 49 Years,” Journal of Primary Care and Community Health, January 22, 2022. Accessed 9/29/23. [Benefits and Risks of Mammography Screening in Women Ages 40 to 49 Years - Lars J. Grimm, Carolyn S. Avery, Edward Hendrick, Jay A. Baker, 2022 \(sagepub.com\)](#)

^{xiii} *Ibid.*

^{xiv} *Ibid.*

^{xv} *Ibid.*

^{xvi} United States Preventive Services Task Force, “Draft Recommendation Statement Breast Cancer: Screening,” May 9, 2023. Accessed 9/27/23. [Draft Recommendation: Breast Cancer: Screening | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](#)

^{xvii} American Cancer Society, “American Cancer Society Recommendations for the Early Detection of Breast Cancer.” Accessed 9/27/23. [ACS Breast Cancer Screening Guidelines | American Cancer Society](#)

^{xviii} Yankaskas, Bonnie C., Haneuse, Sebastien, Kapp, Julie M., *et al.*, “Performance of First Mammography Examination in Women Younger Than 40 Years,” *Journal of the National Cancer Institute* 102(10), May 19, 2010. Accessed 9/29/23. [Performance of first mammography examination in women younger than 40 years - PubMed \(nih.gov\)](#)

^{xix} *Ibid.*

^{xx} Ying Chen, Chou, Shinn-Huey S., Blaschke, Eric M., *et al.*, “Value of Mammography for Women 30-39 Years Old Presenting with Breast Symptoms,” *American Journal of Roentgenology* 211(6), December 2018. Accessed 9/29/23. [Value of Mammography for Women 30–39 Years Old Presenting With Breast Symptoms | AJR \(ajronline.org\)](#)

^{xxi} Durham, Danielle D., Abraham, Linn A., Roberts, Megan C., *et al.*, “Breast Cancer Incidence Among Women with a Family History of Breast Cancer by Relative’s Age at Diagnosis,” *Cancer* 128(24), October 19, 2022. Accessed 9/27/23. [Breast cancer incidence among women with a family history of breast cancer by relative's age at diagnosis - Durham - 2022 - Cancer - Wiley Online Library](#)

^{xxii} *Ibid.*

^{xxiii} *Ibid.*

^{xxiv} State of Hawai’i, Office of the Auditor, “Study of Proposed Mandatory Health Insurance Coverage for Early Access Breast Cancer Screening: A Report to the Governor and the Legislature of the State of Hawai’i,” Report No. 23-03, February 2023. Accessed 9/20/23. [23-03.pdf \(hawaii.gov\)](#)

^{xxv} *Ibid.*

^{xxvi} American College of Radiology, “Breast Health Measures 2023.” Accessed 9/20/23. [Breast-Health-Measures-Feb-1-2023-Report.pdf \(acr.org\)](#)

^{xxvii} State of Hawai’i, *op. cit.*

^{xxviii} Office of Legislative Services, “Legislative Fiscal Estimate, Assembly, No. 4093, State of New Jersey, 220th Legislature, June 27, 2023. Accessed 9/20/23: [4093_E1.PDF \(state.nj.us\)](#)

^{xxix} *Ibid.*

^{xxx} *N.B.*, the fee profile is now produced by Fair Health, not the Health Insurance Association of America.

^{xxxi} Office of Legislative Services, *op. cit.*

^{xxxii} State of Hawai’i, *op. cit.*

ASSEMBLY, No. 4093

STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED MAY 26, 2022

Sponsored by:

Assemblyman REGINALD W. ATKINS

District 20 (Union)

Assemblywoman VERLINA REYNOLDS-JACKSON

District 15 (Hunterdon and Mercer)

Assemblywoman BRITNEE N. TIMBERLAKE

District 34 (Essex and Passaic)

Co-Sponsored by:

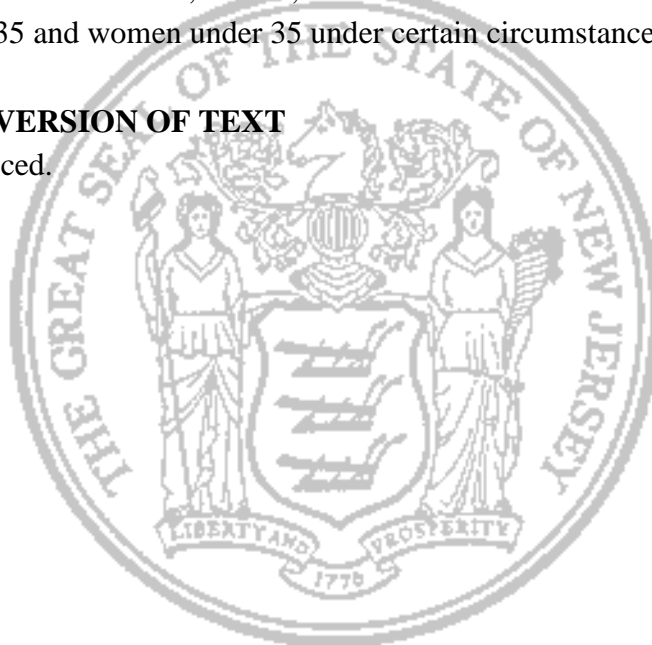
Assemblymen Sampson, Spearman, Assemblywomen Sumter, Chaparro, Assemblyman Stanley, Assemblywoman Jaffer, Assemblymen McClellan, Simonsen, Assemblywomen Carter, Murphy, Flynn, Lampitt, Jasey, Speight, McKnight, Assemblymen Coughlin, McKeon, Tully and Assemblywoman Swain

SYNOPSIS

Requires health insurers, SHBP, and SEHBP to cover mammograms for women over 35 and women under 35 under certain circumstances.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/30/2023)

1 AN ACT concerning health insurance coverage of mammograms and
2 amending and supplementing various parts of the statutory law.

3

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

6

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

9 1. a. No group or individual hospital service corporation
10 contract providing hospital or medical expense benefits shall be
11 delivered, issued, executed, or renewed in this State or approved for
12 issuance or renewal in this State by the Commissioner of Banking
13 and Insurance, on or after the effective date of this act, unless the
14 contract provides benefits to any subscriber or other person covered
15 thereunder for expenses incurred in conducting:

16 (1) one baseline mammogram examination for women who are
17 **[40]** 35 years of age; a mammogram examination every year for
18 women age **[40]** 35 and over; and, in the case of a woman who is
19 under **[40]** 35 years of age and has a family history of breast cancer
20 or other breast cancer risk factors, a mammogram examination at
21 such age and intervals as deemed medically necessary by the
22 woman'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 hospital service corporation of the
38 medical necessity of the additional screening and diagnostic testing.

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

41 c. The provisions of this section shall apply to all contracts in
42 which the hospital service corporation has reserved the right to
43 change the premium.

44 (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]** 35 years of age; a mammogram examination every year for
12 women age **[40]** 35 and over; and, in the case of a woman who is
13 under **[40]** 35 years of age and has a family history of breast cancer
14 or other breast cancer risk factors, a mammogram examination at
15 such age and intervals as deemed medically necessary by the
16 woman'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 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
47 contract provides benefits to any subscriber or other person covered
48 thereunder for expenses incurred in conducting:

1 (1) one baseline mammogram examination for women who are
2 **[40]** 35 years of age; a mammogram examination every year for
3 women age **[40]** 35 and over; and, in the case of a woman who is
4 under **[40]** 35 years of age and has a family history of breast cancer
5 or other breast cancer risk factors, a mammogram examination at
6 such age and intervals as deemed medically necessary by the
7 woman's health care provider; and

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

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

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

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

30
31 4. Section 4 of P.L.1991, c.279 (C.17B:26-2.1e) is amended to
32 read as follows:

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

40 (1) one baseline mammogram examination for women who are
41 **[40]** 35 years of age; a mammogram examination every year for
42 women age **[40]** 35 and over; and, in the case of a woman who is
43 under **[40]** 35 years of age and has a family history of breast cancer
44 or other breast cancer risk factors, a mammogram examination at
45 such age and intervals as deemed medically necessary by the
46 woman's health care provider; and

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

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

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

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

22

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

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

32 (1) one baseline mammogram examination for women who are
33 **【40】 35** years of age; a mammogram examination every year for
34 women age **【40】 35** and over; and, in the case of a woman who is
35 under **【40】 35** years of age and has a family history of breast cancer
36 or other breast cancer risk factors, a mammogram examination at
37 such age and intervals as deemed medically necessary by the
38 woman's health care provider; and

39 (2) an ultrasound evaluation, a magnetic resonance imaging
40 scan, a three-dimensional mammography, or other additional testing
41 of an entire breast or breasts, after a baseline mammogram
42 examination, if the mammogram demonstrates extremely dense
43 breast tissue, if the mammogram is abnormal within any degree of
44 breast density including not dense, moderately dense,
45 heterogeneously dense, or extremely dense breast tissue, or if the
46 patient has additional risk factors for breast cancer including but not
47 limited to family history of breast cancer, prior personal history of
48 breast cancer, positive genetic testing, extremely dense breast tissue

1 based on the Breast Imaging Reporting and Data System established
2 by the American College of Radiology, or other indications as
3 determined by the patient's health care provider. The coverage
4 required under this paragraph may be subject to utilization review,
5 including periodic review, by the insurer of the medical necessity of
6 the additional screening and diagnostic testing.

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

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

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

12

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

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

21 (1) one baseline mammogram examination for women who are
22 **[40]** 35 years of age; a mammogram examination every year for
23 women age **[40]** 35 and over; and, in the case of a woman who is
24 under **[40]** 35 years of age and has a family history of breast cancer
25 or other breast cancer risk factors, a mammogram examination at
26 such age and intervals as deemed medically necessary by the
27 woman's health care provider; and

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

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

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

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

5

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

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

14 (1) one baseline mammogram examination for women who are
15 **[40]** 35 years of age; a mammogram examination every year for
16 women age **[40]** 35 and over; and, in the case of a woman who is
17 under **[40]** 35 years of age and has a family history of breast cancer
18 or other breast cancer risk factors, a mammogram examination at
19 such age and intervals as deemed medically necessary by the
20 woman's health care provider; and

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

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

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

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

43

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

46 8. a. Every small employer health benefits plan that is
47 delivered, issued, executed, or renewed in this State pursuant to
48 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or

1 renewal in this State, on or after the effective date of this act, shall
2 provide benefits to any person covered thereunder for expenses
3 incurred in conducting:

4 (1) one baseline mammogram examination for women who are
5 **【40】 35** years of age; a mammogram examination every year for
6 women age **【40】 35** and over; and, in the case of a woman who is
7 under **【40】 35** years of age and has a family history of breast cancer
8 or other breast cancer risk factors, a mammogram examination at
9 such age and intervals as deemed medically necessary by the
10 woman's health care provider; and

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

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
30 benefit plans in which the carrier has reserved the right to change
31 the premium.

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

33

34 9. Section 3 of P.L.2004, c.86 (C.52:14-17.29i) is amended to
35 read as follows:

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

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

46 (2) an ultrasound evaluation, a magnetic resonance imaging
47 scan, a three-dimensional mammography, or other additional testing

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

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

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

18

19 10. (New section) a. The School Employees' Health Benefits
20 Commission shall ensure that every contract purchased by the
21 commission on or after the effective date of this act that provides
22 hospital or medical expense benefits, shall provide coverage for
23 expenses incurred in conducting:

24 (1) one baseline mammogram examination for women who are
25 35 years of age; a mammogram examination every year for women
26 age 35 and over; and, in the case of a woman who is under 35 years
27 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 by the woman's health care
30 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 carrier of the medical necessity of
46 the additional screening and diagnostic testing.

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

1 11. This act shall take effect immediately and shall apply to all
2 health benefits plans currently in effect in the State, or that are
3 delivered, issued, executed or renewed in this State, or approved for
4 issuance or renewal in this State by the Commissioner of Banking
5 and Insurance, on or after the effective date of this act.

6

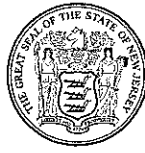
7

8

STATEMENT

9

10 This bill requires health insurers (health, hospital and medical
11 service corporations, commercial individual and group health
12 insurers, health maintenance organizations, health benefits plans
13 issued pursuant to the New Jersey Individual Health Coverage and
14 Small Employer Health Benefits Programs, and the State Health
15 Benefits Program) to provide coverage for mammograms for
16 women age 35 or older, rather than age 40 and older as is required
17 under current law. In addition, the bill also adds a new requirement
18 for health benefits plans issued pursuant to the School Employees'
19 Health Benefits Program to provide mammogram coverage under
20 the same circumstances.



NEW JERSEY GENERAL ASSEMBLY

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COMMITTEES
FINANCIAL INSTITUTIONS
AND INSURANCE, CHAIR
BUDGET
ENVIRONMENT AND
SOLID WASTE
JUDICIARY
INTERGOVERNMENTAL
RELATIONS COMMISSION

April 4, 2023

New Jersey Mandated Health Benefits Advisory Commission
P.O. Box 325
Trenton, NJ 08625


Dear Members of the Commission:

As the Chairman of the Assembly Financial Institutions and Insurance Committee, I respectfully request the Commission review and prepare a written report of A4093 which requires health insurers, SHBP, and SEHBP to cover mammograms for women over 35 and women under 35 under certain circumstances.

If you have any questions, please do not hesitate to contact Mark Iaconelli, Jr., Esq., Deputy General Counsel, at 609-847-3500.

Thank you for your immediate attention to this matter.

Sincerely,


John F. McKeon
Assemblyman – District 27

CC: Mark Iaconelli, Jr., Esq., Deputy General Counsel, Assembly Majority Office