HOUSE No. 1175

The Commonwealth of Massachusetts

PRESENTED BY:

Edward R. Philips

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to the diagnosis and treatment of breast cancer.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Edward R. Philips	8th Norfolk	2/19/2021

HOUSE No. 1175

By Mr. Philips of Sharon, a petition (accompanied by bill, House, No. 1175) of Edward R. Philips relative to healthcare coverage for the diagnosis and treatment of breast cancer. Financial Services.

The Commonwealth of Alassachusetts

In the One Hundred and Ninety-Second General Court (2021-2022)

An Act relative to the diagnosis and treatment of breast cancer.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1: Section 47G of Chapter 175 of the General Laws, as appearing in the 2012

Official Edition, is hereby amended, in line 20, by striking the language after the word

"examination" and inserting in place thereof the following language:-

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4 (1) said benefits shall provide: (i) for a baseline mammogram, which may include

tomosynthesis, for women between the ages of thirty-five and forty and for a mammogram on an

annual basis, which may include tomosynthesis, for women forty years of age or older; (ii) in the

case of a woman under forty years of age who has a family history of breast cancer or other

breast cancer risk factors, a mammogram examination, which may include tomosynthesis, at

such age and intervals as deemed medically necessary by the woman's health care provider; (iii)

ultrasound evaluation, magnetic resonance imaging scan or additional mammography testing,

which may include tmosynthesis, of an entire breast or breasts if the screening mammogram,

screening ultrasound or MRI shows any abnormality where additional examination is deemed

medically necessary by the radiologist or the patient's health care provider, (iv) screening breast ultrasound or screening breast magnetic resonance imaging examination if the patient has additional risk factors for breast cancer including, but not limited to, family history, prior personal history of breast cancer, positive genetic testing, heterogeneously or 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, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible or dollar limit provisions in a policy or contract.

SECTION 2: Section 110 of Chapter 175 of the General Laws, as appearing in the 2012 Official Edition, is hereby amended, in line 322, by striking the language after the word "examination" and inserting in place thereof the following language:-

: (1) said benefits shall provide: (i) for a baseline mammogram, which may include tomosynthesis, for women between the ages of thirty-five and forty and for a mammogram on an annual basis, which may include tomosynthesis, for women forty years of age or older; (ii) in the case of a woman under forty years of age who has a family history of breast cancer or other breast cancer risk factors, a mammogram examination, which may include tomosynthesis, at such age and intervals as deemed medically necessary by the woman's health care provider; (iii) ultrasound evaluation, magnetic resonance imaging scan or additional mammography testing, which may include tmosynthesis, of an entire breast or breasts if the screening mammogram,

medically necessary by the radiologist or the patient's health care provider, (iv) screening breast ultrasound or screening breast magnetic resonance imaging examination if the patient has additional risk factors for breast cancer including, but not limited to, family history, prior personal history of breast cancer, positive genetic testing, heterogeneously or 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, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible or dollar limit provisions in a policy or contract.

SECTION 3: Section 8J of Chapter 176A of the General Laws, as appearing in the 2012 Official Edition, is hereby amended, in line 12, by striking the language after the word "examination" and inserting in place thereof the following language:-

: (1) said benefits shall provide: (i) for a baseline mammogram, which may include tomosynthesis, for women between the ages of thirty-five and forty and for a mammogram on an annual basis, which may include tomosynthesis, for women forty years of age or older; (ii) in the case of a woman under forty years of age who has a family history of breast cancer or other breast cancer risk factors, a mammogram examination, which may include tomosynthesis, at such age and intervals as deemed medically necessary by the woman's health care provider; (iii) ultrasound evaluation, magnetic resonance imaging scan or additional mammography testing,

which may include tmosynthesis, of an entire breast or breasts if the screening mammogram, screening ultrasound or MRI shows any abnormality where additional examination is deemed medically necessary by the radiologist or the patient's health care provider, (iv) screening breast ultrasound or screening breast magnetic resonance imaging examination if the patient has additional risk factors for breast cancer including, but not limited to, family history, prior personal history of breast cancer, positive genetic testing, heterogeneously or 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, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible or dollar limit provisions in a policy or contract.

SECTION 4: Section 4I of Chapter 176B of the General Laws, as appearing in the 2012 Official Edition, is hereby amended, in line 12, by striking the language after the word "examination" and inserting in place thereof the following language:-

: (1) said benefits shall provide: (i) for a baseline mammogram, which may include tomosynthesis, for women between the ages of thirty-five and forty and for a mammogram on an annual basis, which may include tomosynthesis, for women forty years of age or older; (ii) in the case of a woman under forty years of age who has a family history of breast cancer or other breast cancer risk factors, a mammogram examination, which may include tomosynthesis, at such age and intervals as deemed medically necessary by the woman's health care provider; (iii)

ultrasound evaluation, magnetic resonance imaging scan or additional mammography testing, which may include tmosynthesis, of an entire breast or breasts if the screening mammogram, screening ultrasound or MRI shows any abnormality where additional examination is deemed medically necessary by the radiologist or the patient's health care provider, (iv) screening breast ultrasound or screening breast magnetic resonance imaging examination if the patient has additional risk factors for breast cancer including, but not limited to, family history, prior personal history of breast cancer, positive genetic testing, heterogeneously or 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, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible or dollar limit provisions in a policy or contract.

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SECTION 5: Section 47G of Chapter 175 of the General Laws, as appearing in the 2012 Official Edition, is hereby amended, in line 21, by striking out the word "women" and inserting in place thereof the word "patients".

SECTION 6: Section 47G of Chapter 175 of the General Laws, as appearing in the 2012 Official Edition, is hereby amended, in line 22, by striking out the word "women" and inserting in place thereof the word "patients".

103 SECTION 7: Section 110 of Chapter 175 of the General Laws, as appearing in the 2012 104 Official Edition, is hereby amended, in line 323, by striking out the word "women" and inserting 105 in place thereof the word "patients". 106 SECTION 8: Section 110 of Chapter 175 of the General Laws, as appearing in the 2012 107 Official Edition, is hereby amended, in line 324, by striking out the word "women" and inserting 108 in place thereof the word "patients". 109 SECTION 9: Section 8J of Chapter 176A of the General Laws, as appearing in the 2012 110 Official Edition, is hereby amended, in line 13, by striking out the word "women" and inserting 111 in place thereof the word "patients". 112 SECTION 10: Section 8J of Chapter 176A of the General Laws, as appearing in the 2012 113 Official Edition, is hereby amended, in line 15, by striking out the word "women" and inserting 114 in place thereof the word "patients". 115 SECTION 11: Section 4I of Chapter 176B of the General Laws, as appearing in the 2012 116 Official Edition, is hereby amended, in line 13, by striking out the word "women" and inserting 117 in place thereof the word "patients". 118 SECTION 12: Section 4I of Chapter 176B of the General Laws, as appearing in the 2012 119 Official Edition, is hereby amended, in line 14, by striking out the word "women" and inserting 120 in place thereof the word "patients". 121 SECTION 13. Chapter 32A of the General Laws as amended by Chapter 403 of the Acts

of 2012, is hereby amended by inserting after section 17K the following section:-

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123 Section 17L. The commission shall provide to any active or retired employee of the 124 commonwealth who is insured under the group insurance commission, coverage for the cost of a 125 mastectomy and coverage for a minimum of 48 hours in-patient care. 126 SECTION 14. Chapter 175 of the General Laws as amended by Chapter 403 of the Acts 127 of 2012, is hereby amended by inserting after section 47DD the following section:-128 Section 47EE. Any policy of accident or sickness insurance delivered, issued or renewed 129 in the commonwealth pursuant to this chapter shall provide coverage for the cost of a 130 mastectomy and coverage for a minimum of 48 hours in-patient care. 131 SECTION 15. Chapter 176A as amended by Chapter 403 of the Acts of 2012, is hereby 132 amended by inserting after section 8EE the following section:-133 Section 8FF. Any contract between a subscriber and the corporation under an individual 134 or group hospital service plan, which is issued or renewed within or without the commonwealth 135 shall provide for coverage of the cost of a mastectomy and coverage for a minimum of 48 hours 136 in-patient care. 137 SECTION 16. Chapter 176B of the General Laws in hereby amended by inserting after 138 section 4FF the following section:-139 Section 4GG. Any subscription certificate under an individual or group medical service 140 agreement delivered or issued or renewed within the commonwealth shall provide for coverage 141 of the cost of a mastectomy and coverage for a minimum of 48 hours in-patient care. 142 SECTION 17. Chapter 176G of the General Laws is hereby amended by inserting after

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section 4X the following section:-

Section 4Y. Any individual or group maintenance contract issued, renewed, or delivered within or without the commonwealth shall provide coverage for the cost of a mastectomy and coverage for a minimum of 48 hours in-patient care.

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