

HOUSE No. 4748

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, May 9, 2022.

The committee on Financial Services to whom was referred the joint petition (accompanied by bill, House, No. 1100) of Thomas A. Golden, Jr., Michael F. Rush and others relative to insurance coverage for mammograms and breast cancer screening, reports recommending that the accompanying bill (House, No. 4748) ought to pass.

For the committee,

JAMES M. MURPHY.

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The Commonwealth of Massachusetts

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

An Act relative to breast cancer equity and early detection.

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

1 SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after
2 section 30 thereof the following section: -

3 Section 31. Notwithstanding any general or special law or rule or regulation to the
4 contrary, any coverage offered by the commission to an active or retired employee of the
5 commonwealth insured under the group insurance commission that provides medical expense
6 coverage for screening mammograms shall provide coverage for diagnostic examinations for
7 breast cancer and for digital breast tomosynthesis screening on a basis not less favorable than
8 screening mammograms that are covered as medical benefits. An increase in patient cost sharing
9 for screening mammograms, for digital breast tomosynthesis or for diagnostic examinations for
10 breast cancer shall not be allowed to achieve compliance with this section. For the purposes of
11 this section, “diagnostic examinations for breast cancer” means a medically necessary and
12 appropriate examination for breast cancer to evaluate the abnormality in the breast that is seen or
13 suspected from a screening examination for breast cancer, detected by another means of
14 examination; or suspected based on the medical history or family medical history of the

15 individual. “Examination for breast cancer” includes an examination used to evaluate an
16 abnormality in a breast using diagnostic mammography, digital breast tomosynthesis, breast
17 magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,
18 coinsurance, copayment, and any maximum limitation on the application of such a deductible,
19 coinsurance, copayment, or similar out-of-pocket expense.

20 SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting after
21 section 10M thereof the following new section: -

22 Section 10N. Notwithstanding any general or special law or rule or regulation to the
23 contrary, the Executive Office of Health and Human Services shall provide coverage under its
24 Medicaid contracted health insurers, health plans, health maintenance organizations, and third
25 party administrators under contract to a Medicaid managed care organization, the Medicaid
26 primary care clinician plan, or an accountable care organization for diagnostic examinations for
27 breast cancer and for digital breast tomosynthesis screening on a basis not less favorable than
28 screening mammograms that are covered as medical benefits. An increase in patient cost sharing
29 for screening mammograms, for digital breast tomosynthesis or for diagnostic examinations for
30 breast cancer shall not be allowed to achieve compliance with this section. For the purposes of
31 this section, “diagnostic examinations for breast cancer” means a medically necessary and
32 appropriate examination for breast cancer to evaluate the abnormality in the breast that is seen or
33 suspected from a screening examination for breast cancer, detected by another means of
34 examination; or suspected based on the medical history or family medical history of the
35 individual. “Examination for breast cancer” includes an examination used to evaluate an
36 abnormality in a breast using diagnostic mammography, digital breast tomosynthesis, breast
37 magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,

38 coinsurance, copayment, and any maximum limitation on the application of such a deductible,
39 coinsurance, copayment, or similar out-of-pocket expense.

40 SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting after
41 section 47LL thereof the following section: -

42 Section 47MM. Notwithstanding any general or special law or rule or regulation to the
43 contrary, any policy, contract, agreement, plan or certificate of insurance issued, delivered or
44 renewed within the commonwealth that provides medical expense coverage for screening
45 mammograms shall provide coverage for diagnostic examinations for breast cancer and for
46 digital breast tomosynthesis screening on a basis not less favorable than screening mammograms
47 that are covered as medical benefits. An increase in patient cost sharing for screening
48 mammograms, for digital breast tomosynthesis or for diagnostic examinations for breast cancer
49 shall not be allowed to achieve compliance with this section. For the purposes of this section,
50 “diagnostic examinations for breast cancer” means a medically necessary and appropriate
51 examination for breast cancer to evaluate the abnormality in the breast that is seen or suspected
52 from a screening examination for breast cancer, detected by another means of examination; or
53 suspected based on the medical history or family medical history of the individual. “Examination
54 for breast cancer” includes an examination used to evaluate an abnormality in a breast using
55 diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance imaging or
56 breast ultrasound. “Cost sharing” shall mean a deductible, coinsurance, copayment, and any
57 maximum limitation on the application of such a deductible, coinsurance, copayment, or similar
58 out-of-pocket expense.

59 SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting after
60 section 8NN thereof the following section: -

61 Section 8OO. Notwithstanding any general or special law or rule or regulation to the
62 contrary, any contract between a subscriber and the corporation under an individual or group
63 hospital service plan which is delivered, issued or renewed within the commonwealth that
64 provides coverage for screening mammograms shall provide coverage for diagnostic
65 examinations for breast cancer and for digital breast tomosynthesis screening on a basis not less
66 favorable than screening mammograms that are covered as medical benefits. An increase in
67 patient cost sharing for screening mammograms, for digital breast tomosynthesis or for
68 diagnostic examinations for breast cancer shall not be allowed to achieve compliance with this
69 section. For the purposes of this section, “diagnostic examinations for breast cancer” means a
70 medically necessary and appropriate examination for breast cancer to evaluate the abnormality in
71 the breast that is seen or suspected from a screening examination for breast cancer, detected by
72 another means of examination; or suspected based on the medical history or family medical
73 history of the individual. “Examination for breast cancer” includes an examination used to
74 evaluate an abnormality in a breast using diagnostic mammography, digital breast tomosynthesis,
75 breast magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,
76 coinsurance, copayment, and any maximum limitation on the application of such a deductible,
77 coinsurance, copayment, or similar out-of-pocket expense.

78 SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after
79 section 4NN thereof the following section: -

80 Section 400. Notwithstanding any general or special law or rule or regulation to the
81 contrary, any subscription certificate under an individual or group medical service agreement
82 delivered, issued or renewed within the commonwealth that provides coverage for screening
83 mammograms shall provide coverage for diagnostic examinations for breast cancer and for
84 digital breast tomosynthesis screening on a basis not less favorable than screening mammograms
85 that are covered as medical benefits. An increase in patient cost sharing for screening
86 mammograms, for digital breast tomosynthesis or for diagnostic examinations for breast cancer
87 shall not be allowed to achieve compliance with this section. For the purposes of this section,
88 “diagnostic examinations for breast cancer” means a medically necessary and appropriate
89 examination for breast cancer to evaluate the abnormality in the breast that is seen or suspected
90 from a screening examination for breast cancer, detected by another means of examination; or
91 suspected based on the medical history or family medical history of the individual. “Examination
92 for breast cancer” includes an examination used to evaluate an abnormality in a breast using
93 diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance imaging or
94 breast ultrasound. “Cost sharing” shall mean a deductible, coinsurance, copayment, and any
95 maximum limitation on the application of such a deductible, coinsurance, copayment, or similar
96 out-of-pocket expense.

97 SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after
98 section 4FF thereof the following section: -

99 Section 4GG. Notwithstanding any general or special law or rule or regulation to the
100 contrary, any individual or group health maintenance contract that provides coverage for
101 screening mammograms shall provide coverage for diagnostic examinations for breast cancer
102 and for digital breast tomosynthesis screening on a basis not less favorable than screening

103 mammograms that are covered as medical benefits. An increase in patient cost sharing for
104 screening mammograms, for digital breast tomosynthesis or for diagnostic examinations for
105 breast cancer shall not be allowed to achieve compliance with this section. For the purposes of
106 this section, “diagnostic examinations for breast cancer” means a medically necessary and
107 appropriate examination for breast cancer to evaluate the abnormality in the breast that is seen or
108 suspected from a screening examination for breast cancer, detected by another means of
109 examination; or suspected based on the medical history or family medical history of the
110 individual. “Examination for breast cancer” includes an examination used to evaluate an
111 abnormality in a breast using diagnostic mammography, digital breast tomosynthesis, breast
112 magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,
113 coinsurance, copayment, and any maximum limitation on the application of such a deductible,
114 coinsurance, copayment, or similar out-of-pocket expense.

115 SECTION 7. The provisions of this Act shall be effective for all contracts which are
116 entered into, renewed, or amended on or after January 1, 2023.

117 SECTION 8. (a) As used in this Section, "HSA-qualified health insurance policy" means
118 a policy of individual or group health insurance coverage that satisfies the criteria for a "high-
119 deductible health plan" under 26 U.S.C. 223 as implemented and interpreted by the U.S.
120 Department of the Treasury in the regulations and guidance in effect at the time the policy is
121 issued.

122 (b) Except as provided in (c), an HSA-qualified health insurance policy is exempt from
123 any prohibition on cost-sharing requirements for a covered benefit required under Massachusetts

124 law to the extent the exemption is necessary to allow the policy to be an “HSA-qualified health
125 insurance policy.”

126 (c) The exemption provided in (b) shall not apply to any coverage required by
127 Massachusetts statute that pertains to preventive care as that term is defined by regulation or
128 guidance by the U.S. Department of the Treasury under 26 U.S.C. 223 with respect to any HSA-
129 qualified health insurance policy issued, delivered, amended, or renewed while such regulation
130 or guidance is effective.