

HOUSE No. 1100

The Commonwealth of Massachusetts

PRESENTED BY:

Thomas A. Golden, Jr. and Michael F. Rush

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 breast cancer equity and early detection.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Thomas A. Golden, Jr.</i>	<i>16th Middlesex</i>	<i>1/27/2021</i>
<i>Michael F. Rush</i>	<i>Norfolk and Suffolk</i>	<i>1/27/2021</i>
<i>Rob Consalvo</i>	<i>14th Suffolk</i>	<i>2/24/2021</i>
<i>Edward F. Coppinger</i>	<i>10th Suffolk</i>	<i>2/25/2021</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>2/26/2021</i>
<i>John Barrett, III</i>	<i>1st Berkshire</i>	<i>2/26/2021</i>
<i>Mathew J. Muratore</i>	<i>1st Plymouth</i>	<i>2/26/2021</i>
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>2/26/2021</i>
<i>James K. Hawkins</i>	<i>2nd Bristol</i>	<i>2/26/2021</i>
<i>Kate Lipper-Garabedian</i>	<i>32nd Middlesex</i>	<i>2/26/2021</i>
<i>Richard M. Haggerty</i>	<i>30th Middlesex</i>	<i>2/26/2021</i>
<i>Carlos González</i>	<i>10th Hampden</i>	<i>2/26/2021</i>
<i>Jessica Ann Giannino</i>	<i>16th Suffolk</i>	<i>2/26/2021</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>4/8/2021</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>12/9/2021</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>12/9/2021</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>12/9/2021</i>
<i>Steven S. Howitt</i>	<i>4th Bristol</i>	<i>12/9/2021</i>

HOUSE No. 1100

By Representative Golden of Lowell and Senator Rush, a 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. Financial Services.

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 28 the following section: -

3 Section 29. 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, on a basis not less favorable than screening mammograms that are covered as
8 medical benefits. An increase in patient cost sharing for screening mammograms and diagnostic
9 examinations for breast cancer shall not be allowed to achieve compliance with this section. For
10 the purposes of this section, “diagnostic examinations for breast cancer” means a medically
11 necessary and appropriate examination for breast cancer to evaluate the abnormality in the breast
12 that is seen or suspected from a screening examination for breast cancer, detected by another

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

19 SECTION 2. Chapter 118E of the General Laws, as so appearing, is hereby amended by
20 inserting at the end thereof the following new section: -

21 Section 13C1/2. Notwithstanding any general or special law or rule or regulation to the
22 contrary, the Executive Office of Health and Human Services shall provide coverage under its
23 Medicaid contracted health insurers, health plans, health maintenance organizations, and third
24 party administrators under contract to a Medicaid managed care organization, the Medicaid
25 primary care clinician plan, or an accountable care organization for diagnostic examinations for
26 breast cancer, on a basis not less favorable than screening mammograms that are covered as
27 medical benefits. An increase in patient cost sharing for screening mammograms and diagnostic
28 examinations for breast cancer shall not be allowed to achieve compliance with this section. For
29 the purposes of this section, “diagnostic examinations for breast cancer” means a medically
30 necessary and appropriate examination for breast cancer to evaluate the abnormality in the breast
31 that is seen or suspected from a screening examination for breast cancer, detected by another
32 means of examination; or suspected based on the medical history or family medical history of the
33 individual. “Examination for breast cancer” includes an examination used to evaluate an
34 abnormality in a breast using diagnostic mammography, breast magnetic resonance imaging or
35 breast ultrasound. “Cost sharing” shall mean a deductible, coinsurance, copayment, and any

36 maximum limitation on the application of such a deductible, coinsurance, copayment, or similar
37 out-of-pocket expense.

38 SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting after
39 section 47KK, the second time it appears, the following section: -

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

55 SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting after
56 section 8MM the following section: -

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

73 SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after
74 section 4MM, the second time it appears, the following section: -

75 Section 4NN. Notwithstanding any general or special law or rule or regulation to the
76 contrary, any subscription certificate under an individual or group medical service agreement
77 delivered, issued or renewed within the commonwealth that provides coverage for screening
78 mammograms shall provide coverage for diagnostic examinations for breast cancer, on a basis
79 not less favorable than screening mammograms that are covered as medical benefits. An increase

80 in patient cost sharing for screening mammograms and diagnostic examinations for breast cancer
81 shall not be allowed to achieve compliance with this section. For the purposes of this section,
82 “diagnostic examinations for breast cancer” means a medically necessary and appropriate
83 examination for breast cancer to evaluate the abnormality in the breast that is seen or suspected
84 from a screening examination for breast cancer, detected by another means of examination; or
85 suspected based on the medical history or family medical history of the individual. “Examination
86 for breast cancer” includes an examination used to evaluate an abnormality in a breast using
87 diagnostic mammography, breast magnetic resonance imaging or breast ultrasound. “Cost
88 sharing” shall mean a deductible, coinsurance, copayment, and any maximum limitation on the
89 application of such a deductible, coinsurance, copayment, or similar out-of-pocket expense.

90 SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after
91 section 4EE the following section: -

92 Section 4FF. Notwithstanding any general or special law or rule or regulation to the
93 contrary, any individual or group health maintenance contract that provides coverage for
94 screening mammograms shall provide coverage for diagnostic examinations for breast cancer, on
95 a basis not less favorable than screening mammograms that are covered as medical benefits. An
96 increase in patient cost sharing for screening mammograms and diagnostic examinations for
97 breast cancer shall not be allowed to achieve compliance with this section. For the purposes of
98 this section, “diagnostic examinations for breast cancer” means a medically necessary and
99 appropriate examination for breast cancer to evaluate the abnormality in the breast that is seen or
100 suspected from a screening examination for breast cancer, detected by another means of
101 examination; or suspected based on the medical history or family medical history of the
102 individual. “Examination for breast cancer” includes an examination used to evaluate an

103 abnormality in a breast using diagnostic mammography, breast magnetic resonance imaging or
104 breast ultrasound. "Cost sharing" shall mean a deductible, coinsurance, copayment, and any
105 maximum limitation on the application of such a deductible, coinsurance, copayment, or similar
106 out-of-pocket expense.

107 SECTION 7. The provisions of this Act shall be effective for all contracts which are
108 entered into, renewed, or amended one year after its effective date.