

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:
<i>Edward R. Philips</i>	<i>8th Norfolk</i>	<i>2/19/2021</i>

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 Massachusetts

**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:

1 SECTION 1: Section 47G of Chapter 175 of the General Laws, as appearing in the 2012
2 Official Edition, is hereby amended, in line 20, by striking the language after the word
3 “examination” and inserting in place thereof the following language:-

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

13 medically necessary by the radiologist or the patient's health care provider, (iv) screening breast
14 ultrasound or screening breast magnetic resonance imaging examination if the patient has
15 additional risk factors for breast cancer including, but not limited to, family history, prior
16 personal history of breast cancer, positive genetic testing, heterogeneously or extremely dense
17 breast tissue based on the Breast Imaging Reporting and Data System established by the
18 American College of Radiology, or other indications as determined by the patient's health care
19 provider, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast
20 ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of
21 breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram
22 when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a
23 patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible
24 or dollar limit provisions in a policy or contract.

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

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

36 screening ultrasound or MRI shows any abnormality where additional examination is deemed
37 medically necessary by the radiologist or the patient's health care provider, (iv) screening breast
38 ultrasound or screening breast magnetic resonance imaging examination if the patient has
39 additional risk factors for breast cancer including, but not limited to, family history, prior
40 personal history of breast cancer, positive genetic testing, heterogeneously or extremely dense
41 breast tissue based on the Breast Imaging Reporting and Data System established by the
42 American College of Radiology, or other indications as determined by the patient's health care
43 provider, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast
44 ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of
45 breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram
46 when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a
47 patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible
48 or dollar limit provisions in a policy or contract.

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

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

59 which may include tomosynthesis, of an entire breast or breasts if the screening mammogram,
60 screening ultrasound or MRI shows any abnormality where additional examination is deemed
61 medically necessary by the radiologist or the patient's health care provider, (iv) screening breast
62 ultrasound or screening breast magnetic resonance imaging examination if the patient has
63 additional risk factors for breast cancer including, but not limited to, family history, prior
64 personal history of breast cancer, positive genetic testing, heterogeneously or extremely dense
65 breast tissue based on the Breast Imaging Reporting and Data System established by the
66 American College of Radiology, or other indications as determined by the patient's health care
67 provider, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast
68 ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of
69 breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram
70 when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a
71 patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible
72 or dollar limit provisions in a policy or contract.

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

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

82 ultrasound evaluation, magnetic resonance imaging scan or additional mammography testing,
83 which may include tomosynthesis, of an entire breast or breasts if the screening mammogram,
84 screening ultrasound or MRI shows any abnormality where additional examination is deemed
85 medically necessary by the radiologist or the patient's health care provider, (iv) screening breast
86 ultrasound or screening breast magnetic resonance imaging examination if the patient has
87 additional risk factors for breast cancer including, but not limited to, family history, prior
88 personal history of breast cancer, positive genetic testing, heterogeneously or extremely dense
89 breast tissue based on the Breast Imaging Reporting and Data System established by the
90 American College of Radiology, or other indications as determined by the patient's health care
91 provider, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast
92 ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of
93 breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram
94 when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a
95 patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible
96 or dollar limit provisions in a policy or contract.

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

100 SECTION 6: Section 47G of Chapter 175 of the General Laws, as appearing in the 2012
101 Official Edition, is hereby amended, in line 22, by striking out the word "women" and inserting
102 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
122 of 2012, is hereby amended by inserting after section 17K the following section:-

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
143 section 4X the following section:-

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