

**SENATE . . . . . No. 2856**

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**The Commonwealth of Massachusetts**

—  
**In the One Hundred and Ninety-Second General Court  
(2021-2022)**  
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SENATE, May 2, 2022.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, Senate, No. 726) of Michael F. Rush, Thomas A. Golden, Jr., William M. Straus, Jessica Ann Giannino and other members of the General Court for legislation relative to breast cancer equity and early detection, reports the accompanying bill (Senate, No. 2856).

For the committee,  
Paul R. Feeney

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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 40O. 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.