

# HOUSE . . . . . No. 4410

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, February 20, 2024.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1103) of James M. Murphy and others relative to insurance coverage for mammograms and breast cancer screening, reports recommending that the accompanying bill (House, No. 4410) ought to pass.

For the committee,

JAMES M. MURPHY.

**HOUSE . . . . . No. 4410**

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Third General Court  
(2023-2024)**  
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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, for digital breast tomosynthesis screening and medically necessary and appropriate  
8 screening with breast magnetic resonance imaging or breast ultrasound on a basis not less  
9 favorable than screening mammograms that are covered as medical benefits. An increase in  
10 patient cost sharing for screening mammograms, for digital breast tomosynthesis, for screening  
11 breast magnetic resonance imaging, for screening breast ultrasound or for diagnostic  
12 examinations for breast cancer shall not be allowed to achieve compliance with this section. For  
13 the purposes of this section, “diagnostic examinations for breast cancer” means a medically  
14 necessary and appropriate examination for breast cancer to evaluate the abnormality in the breast

15 that is seen or suspected from a screening examination for breast cancer, detected by another  
16 means of examination; or suspected based on the medical history or family medical history of the  
17 individual. “Examination for breast cancer” includes an examination used to evaluate an  
18 abnormality in a breast using diagnostic mammography, digital breast tomosynthesis, breast  
19 magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,  
20 coinsurance, copayment, and any maximum limitation on the application of such a deductible,  
21 coinsurance, copayment, or similar out-of-pocket expense.

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

26 (b) Except as provided in (c), an HSA-qualified health insurance policy is exempt from  
27 any prohibition on cost-sharing requirements for a covered benefit required under Massachusetts  
28 law to the extent the exemption is necessary to allow the policy to be an “HSA-qualified health  
29 insurance policy.”

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

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

37           Section 10N. Notwithstanding any general or special law or rule or regulation to the  
38 contrary, the Executive Office of Health and Human Services shall provide coverage under its  
39 Medicaid contracted health insurers, health plans, health maintenance organizations, and third  
40 party administrators under contract to a Medicaid managed care organization, the Medicaid  
41 primary care clinician plan, or an accountable care organization for diagnostic examinations for  
42 breast cancer and for digital breast tomosynthesis screening and medically necessary and  
43 appropriate screening with breast magnetic resonance imaging or screening breast ultrasound on  
44 a basis not less favorable than screening mammograms that are covered as medical benefits. An  
45 increase in patient cost sharing for screening mammograms, for digital breast tomosynthesis, for  
46 screening breast magnetic resonance imaging, for screening breast ultrasound or for diagnostic  
47 examinations for breast cancer shall not be allowed to achieve compliance with this section. For  
48 the purposes of this section, “diagnostic examinations for breast cancer” means a medically  
49 necessary and appropriate examination for breast cancer to evaluate the abnormality in the breast  
50 that is seen or suspected from a screening examination for breast cancer, detected by another  
51 means of examination; or suspected based on the medical history or family medical history of the  
52 individual. “Examination for breast cancer” includes an examination used to evaluate an  
53 abnormality in a breast using diagnostic mammography, digital breast tomosynthesis, breast  
54 magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,  
55 coinsurance, copayment, and any maximum limitation on the application of such a deductible,  
56 coinsurance, copayment, or similar out-of-pocket expense.

57           (a) As used in this Section, "HSA-qualified health insurance policy" means a policy  
58 of individual or group health insurance coverage that satisfies the criteria for a "high-deductible

59 health plan" under 26 U.S.C. 223 as implemented and interpreted by the U.S. Department of the  
60 Treasury in the regulations and guidance in effect at the time the policy is issued.

61 (b) Except as provided in (c), an HSA-qualified health insurance policy is exempt from  
62 any prohibition on cost-sharing requirements for a covered benefit required under Massachusetts  
63 law to the extent the exemption is necessary to allow the policy to be an "HSA-qualified health  
64 insurance policy."

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

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

72 Section 47MM. Notwithstanding any general or special law or rule or regulation to the  
73 contrary, any policy, contract, agreement, plan or certificate of insurance issued, delivered or  
74 renewed within the commonwealth that provides medical expense coverage for screening  
75 mammograms shall provide coverage for diagnostic examinations for breast cancer and for  
76 digital breast tomosynthesis screening and medically necessary and appropriate screening with  
77 breast magnetic resonance imaging or breast ultrasound on a basis not less favorable than  
78 screening mammograms that are covered as medical benefits. An increase in patient cost sharing  
79 for screening mammograms, for digital breast tomosynthesis, for screening breast magnetic  
80 resonance imaging, for screening breast ultrasound or for diagnostic examinations for breast

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

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

95 (b) Except as provided in (c), an HSA-qualified health insurance policy is exempt from  
96 any prohibition on cost-sharing requirements for a covered benefit required under Massachusetts  
97 law to the extent the exemption is necessary to allow the policy to be an “HSA-qualified health  
98 insurance policy.”

99 (c) The exemption provided in (b) shall not apply to any coverage required by  
100 Massachusetts statute that pertains to preventive care as that term is defined by regulation or  
101 guidance by the U.S. Department of the Treasury under 26 U.S.C. 223 with respect to any HSA-

102 qualified health insurance policy issued, delivered, amended, or renewed while such regulation  
103 or guidance is effective.

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

106 Section 8OO. Notwithstanding any general or special law or rule or regulation to the  
107 contrary, any contract between a subscriber and the corporation under an individual or group  
108 hospital service plan which is delivered, issued or renewed within the commonwealth that  
109 provides coverage for screening mammograms shall provide coverage for diagnostic  
110 examinations for breast cancer and for digital breast tomosynthesis screening and medically  
111 necessary and appropriate screening with breast magnetic resonance imaging or screening breast  
112 ultrasound on a basis not less favorable than screening mammograms that are covered as medical  
113 benefits. An increase in patient cost sharing for screening mammograms, for digital breast  
114 tomosynthesis, for screening breast magnetic resonance imaging, for screening breast ultrasound  
115 or for diagnostic examinations for breast cancer shall not be allowed to achieve compliance with  
116 this section. For the purposes of this section, “diagnostic examinations for breast cancer” means  
117 a medically necessary and appropriate examination for breast cancer to evaluate the abnormality  
118 in the breast that is seen or suspected from a screening examination for breast cancer, detected by  
119 another means of examination; or suspected based on the medical history or family medical  
120 history of the individual. “Examination for breast cancer” includes an examination used to  
121 evaluate an abnormality in a breast using diagnostic mammography, digital breast tomosynthesis,  
122 breast magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,  
123 coinsurance, copayment, and any maximum limitation on the application of such a deductible,  
124 coinsurance, copayment, or similar out-of-pocket expense.

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

130 (b) Except as provided in (c), an HSA-qualified health insurance policy is exempt from  
131 any prohibition on cost-sharing requirements for a covered benefit required under Massachusetts  
132 law to the extent the exemption is necessary to allow the policy to be an "HSA-qualified health  
133 insurance policy."

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

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

141 Section 4OO. Notwithstanding any general or special law or rule or regulation to the  
142 contrary, any subscription certificate under an individual or group medical service agreement  
143 delivered, issued or renewed within the commonwealth that provides coverage for screening  
144 mammograms shall provide coverage for diagnostic examinations for breast cancer and for  
145 digital breast tomosynthesis screening and medically necessary and appropriate screening with  
146 breast magnetic resonance imaging or breast ultrasound on a basis not less favorable than



147 screening mammograms that are covered as medical benefits. An increase in patient cost sharing  
148 for screening mammograms, for digital breast tomosynthesis, for screening breast magnetic  
149 resonance imaging, for screening breast ultrasound or for diagnostic examinations for breast  
150 cancer shall not be allowed to achieve compliance with this section. For the purposes of this  
151 section, “diagnostic examinations for breast cancer” means a medically necessary and  
152 appropriate examination for breast cancer to evaluate the abnormality in the breast that is seen or  
153 suspected from a screening examination for breast cancer, detected by another means of  
154 examination; or suspected based on the medical history or family medical history of the  
155 individual. “Examination for breast cancer” includes an examination used to evaluate an  
156 abnormality in a breast using diagnostic mammography, digital breast tomosynthesis, breast  
157 magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,  
158 coinsurance, copayment, and any maximum limitation on the application of such a deductible,  
159 coinsurance, copayment, or similar out-of-pocket expense.

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

164 (b) Except as provided in (c), an HSA-qualified health insurance policy is exempt from  
165 any prohibition on cost-sharing requirements for a covered benefit required under Massachusetts  
166 law to the extent the exemption is necessary to allow the policy to be an “HSA-qualified health  
167 insurance policy.”

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

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

175 Section 4GG. Notwithstanding any general or special law or rule or regulation to the  
176 contrary, any individual or group health maintenance contract that provides coverage for  
177 screening mammograms shall provide coverage for diagnostic examinations for breast cancer  
178 and for digital breast tomosynthesis screening and medically necessary and appropriate screening  
179 with breast magnetic resonance imaging or screening breast ultrasound on a basis not less  
180 favorable than screening mammograms that are covered as medical benefits. An increase in  
181 patient cost sharing for screening mammograms, for digital breast tomosynthesis, for screening  
182 breast magnetic resonance imaging, for screening breast ultrasound or for diagnostic  
183 examinations for breast cancer shall not be allowed to achieve compliance with this section. For  
184 the purposes of this section, “diagnostic examinations for breast cancer” means a medically  
185 necessary and appropriate examination for breast cancer to evaluate the abnormality in the breast  
186 that is seen or suspected from a screening examination for breast cancer, detected by another  
187 means of examination; or suspected based on the medical history or family medical history of the  
188 individual. “Examination for breast cancer” includes an examination used to evaluate an  
189 abnormality in a breast using diagnostic mammography, digital breast tomosynthesis, breast  
190 magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,

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

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

198 (b) Except as provided in (c), an HSA-qualified health insurance policy is exempt from  
199 any prohibition on cost-sharing requirements for a covered benefit required under Massachusetts  
200 law to the extent the exemption is necessary to allow the policy to be an "HSA-qualified health  
201 insurance policy."

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

207 SECTION 7. The provisions of this Act shall be effective for all contracts which are  
208 entered into, renewed, or amended on or after January 1, 2025.