

HOUSE No. 1115

The Commonwealth of Massachusetts

PRESENTED BY:

Edward R. Philips and Jessica Ann Giannino

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>1/19/2023</i>
<i>Jessica Ann Giannino</i>	<i>16th Suffolk</i>	<i>1/19/2023</i>
<i>Antonio F. D. Cabral</i>	<i>13th Bristol</i>	<i>2/3/2023</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>2/3/2023</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>2/3/2023</i>
<i>Samantha Montaño</i>	<i>15th Suffolk</i>	<i>2/16/2023</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>	<i>2/16/2023</i>
<i>Patrick Joseph Kearney</i>	<i>4th Plymouth</i>	<i>3/31/2023</i>
<i>Dawne Shand</i>	<i>1st Essex</i>	<i>3/31/2023</i>
<i>Michael P. Kushmerek</i>	<i>3rd Worcester</i>	<i>1/25/2024</i>

HOUSE No. 1115

By Representatives Philips of Sharon and Giannino of Revere, a petition (accompanied by bill, House, No. 1115) of Edward R. Philips, Jessica Ann Giannino and others relative to healthcare coverage for the diagnosis and treatment of breast cancer. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1175 OF 2021-2022.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court
(2023-2024)

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,

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

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

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

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

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

: (1) said benefits shall provide: (i) for a baseline mammogram, which may include tomosynthesis, for women between the ages of thirty-five and forty and for a mammogram on an annual basis, which may include tomosynthesis, for women forty years of age or older; (ii) in the case of a woman under forty years of age who has a family history of breast cancer or other breast cancer risk factors, a mammogram examination, which may include tomosynthesis, at

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

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

: (1) said benefits shall provide: (i) for a baseline mammogram, which may include tomosynthesis, for women between the ages of thirty-five and forty and for a mammogram on an annual basis, which may include tomosynthesis, for women forty years of age or older; (ii) in the case of a woman under forty years of age who has a family history of breast cancer or other

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

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

SECTION 6: Section 47G of Chapter 175 of the General Laws, as appearing in the 2012 Official Edition, is hereby amended, in line 22, by striking out the word "women" and inserting 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:-

Section 17L. The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission, coverage for the cost of a mastectomy and coverage for a minimum of 48 hours in-patient care.

SECTION 14. Chapter 175 of the General Laws as amended by Chapter 403 of the Acts of 2012, is hereby amended by inserting after section 47DD the following section:-

Section 47EE. Any policy of accident or sickness insurance delivered, issued or renewed in the commonwealth pursuant to this chapter shall provide coverage for the cost of a mastectomy and coverage for a minimum of 48 hours in-patient care.

SECTION 15. Chapter 176A as amended by Chapter 403 of the Acts of 2012, is hereby amended by inserting after section 8EE the following section:-

Section 8FF. Any contract between a subscriber and the corporation under an individual or group hospital service plan, which is issued or renewed within or without the commonwealth shall provide for coverage of the cost of a mastectomy and coverage for a minimum of 48 hours in-patient care.

SECTION 16. Chapter 176B of the General Laws in hereby amended by inserting after section 4FF the following section:-

Section 4GG. Any subscription certificate under an individual or group medical service agreement delivered or issued or renewed within the commonwealth shall provide for coverage of the cost of a mastectomy and coverage for a minimum of 48 hours in-patient care.

SECTION 17. Chapter 176G of the General Laws is hereby amended by inserting after 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.