

SENATE No. 2971

The Commonwealth of Massachusetts

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

SENATE, October 24, 2024.

The committee on Senate Ways and Means to whom was referred the House Bill relative to medically necessary breast screenings and exams for equity and early detection (House, No. 4918); reports, recommending that the same ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2971.

For the committee,
Michael J. Rodrigues

The Commonwealth of Massachusetts

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

1 SECTION 1. Chapter 32A of the General Laws is hereby amended by adding the
2 following section:-

3 Section 34. (a) As used in this section, the following words shall have the following
4 meanings unless the context clearly requires otherwise:

5 “Cost sharing”, a deductible, coinsurance, copayment and any maximum limitation on the
6 application of such a deductible, coinsurance, copayment or similar out-of-pocket expense.

7 “Diagnostic examinations for breast cancer”, a medically necessary and appropriate
8 examination for breast cancer to evaluate an abnormality in the breast that is seen or suspected
9 from a screening examination for breast cancer, detected by another means of examination or
10 suspected based on the medical history or family medical history of an individual.

11 “Examination for breast cancer”, an examination used to evaluate an abnormality in a
12 breast using diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance
13 imaging or breast ultrasound.

14 “HSA-qualified health insurance policy”, a policy of individual or group health insurance
15 coverage that satisfies the criteria for a high-deductible health plan under 26 U.S.C. 223, as

16 implemented and interpreted by the United States Department of the Treasury in the regulations
17 and guidance in effect at the time the policy is issued.

18 (b) Any coverage offered by the commission to an active or retired employee of the
19 commonwealth insured through the commission that provides medical expense coverage for
20 screening mammograms shall provide coverage for diagnostic examinations for breast cancer,
21 digital breast tomosynthesis screening and medically necessary and appropriate screening with
22 breast magnetic resonance imaging or screening breast ultrasound on a basis not less favorable
23 than screening mammograms that are covered as medical benefits. There shall be no increase in
24 patient cost sharing for: (i) screening mammograms; (ii) digital breast tomosynthesis; (iii)
25 screening breast magnetic resonance imaging; (iv) screening breast ultrasound; or (v) diagnostic
26 examinations for breast cancer.

27 (c)(1) Except as provided in paragraph (2), an HSA-qualified health insurance policy
28 shall be exempt from any prohibition on cost-sharing requirements for a covered benefit required
29 under any general or special law to the extent that the exemption is necessary to allow the policy
30 to be an HSA-qualified health insurance policy.

31 (2) The exemption provided in paragraph (1) shall not apply to any coverage required
32 under any general or special law pertaining to preventive care, as described in 26 U.S.C. 223,
33 with respect to any HSA-qualified health insurance policy issued, delivered, amended or
34 renewed while such regulation or guidance is effective.

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

37 Section 10W. (a) As used in this section, the following words shall have the following
38 meanings unless the context clearly requires otherwise:

39 “Cost sharing”, a deductible, coinsurance, copayment and any maximum limitation on the
40 application of such a deductible, coinsurance, copayment or similar out-of-pocket expense.

41 “Diagnostic examinations for breast cancer”, a medically necessary and appropriate
42 examination for breast cancer to evaluate an abnormality in the breast that is seen or suspected
43 from a screening examination for breast cancer, detected by another means of examination or
44 suspected based on the medical history or family medical history of an individual.

45 “Examination for breast cancer”, an examination used to evaluate an abnormality in a
46 breast using diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance
47 imaging or breast ultrasound.

48 “HSA-qualified health insurance policy”, a policy of individual or group health insurance
49 coverage that satisfies the criteria for a high-deductible health plan under 26 U.S.C. 223, as
50 implemented and interpreted by the United States Department of the Treasury in the regulations
51 and guidance in effect at the time the policy is issued.

52 (b) The division and its contracted health insurers, health plans, health maintenance
53 organizations and third-party administrators under contract to a Medicaid managed care
54 organization, primary care clinician plan or an accountable care organization shall provide
55 coverage for diagnostic examinations for breast cancer, digital breast tomosynthesis screening
56 and medically necessary and appropriate screening with breast magnetic resonance imaging or
57 screening breast ultrasound on a basis not less favorable than screening mammograms that are
58 covered as medical benefits. There shall be no increase in patient cost sharing for: (i) screening

59 mammograms; (ii) digital breast tomosynthesis; (iii) screening breast magnetic resonance
60 imaging; (iv) screening breast ultrasound; or (v) diagnostic examinations for breast cancer.

61 (c)(1) Except as provided in paragraph (2), an HSA-qualified health insurance policy
62 shall be exempt from any prohibition on cost-sharing requirements for a covered benefit required
63 under any general or special law to the extent that the exemption is necessary to allow the policy
64 to be an HSA-qualified health insurance policy.

65 (2) The exemption provided in paragraph (1) shall not apply to any coverage required
66 under any general or special law pertaining to preventive care, as described in 26 U.S.C. 223,
67 with respect to any HSA-qualified health insurance policy issued, delivered, amended or
68 renewed while such regulation or guidance is effective.

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

71 Section 47ZZ. (a) As used in this section, the following words shall have the following
72 meanings unless the context clearly requires otherwise:

73 “Cost sharing”, a deductible, coinsurance, copayment and any maximum limitation on the
74 application of such a deductible, coinsurance, copayment or similar out-of-pocket expense.

75 “Diagnostic examinations for breast cancer”, a medically necessary and appropriate
76 examination for breast cancer to evaluate an abnormality in the breast that is seen or suspected
77 from a screening examination for breast cancer, detected by another means of examination or
78 suspected based on the medical history or family medical history of an individual.

79 “Examination for breast cancer”, an examination used to evaluate an abnormality in a
80 breast using diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance
81 imaging or breast ultrasound.

82 “HSA-qualified health insurance policy”, a policy of individual or group health insurance
83 coverage that satisfies the criteria for a high-deductible health plan under 26 U.S.C. 223, as
84 implemented and interpreted by the United States Department of the Treasury in the regulations
85 and guidance in effect at the time the policy is issued.

86 (b) Any policy, contract, agreement, plan or certificate of insurance issued, delivered or
87 renewed within the commonwealth, that provides medical expense coverage for screening
88 mammograms shall provide coverage for diagnostic examinations for breast cancer, digital breast
89 tomosynthesis screening and medically necessary and appropriate screening with breast magnetic
90 resonance imaging or screening breast ultrasound on a basis not less favorable than screening
91 mammograms that are covered as medical benefits. There shall be no increase in patient cost
92 sharing for: (i) screening mammograms; (ii) digital breast tomosynthesis; (iii) screening breast
93 magnetic resonance imaging; (iv) screening breast ultrasound; or (v) diagnostic examinations for
94 breast cancer.

95 (c)(1) Except as provided in paragraph (2), an HSA-qualified health insurance policy
96 shall be exempt from any prohibition on cost-sharing requirements for a covered benefit required
97 under any general or special law to the extent that the exemption is necessary to allow the policy
98 to be an HSA-qualified health insurance policy.

99 (2) The exemption provided in paragraph (1) shall not apply to any coverage required
100 under any general or special law pertaining to preventive care, as described in 26 U.S.C. 223,

101 with respect to any HSA-qualified health insurance policy issued, delivered, amended or
102 renewed while such regulation or guidance is effective.

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

105 Section 8AAA. (a) As used in this section, the following words shall have the following
106 meanings unless the context clearly requires otherwise:

107 “Cost sharing”, a deductible, coinsurance, copayment and any maximum limitation on the
108 application of such a deductible, coinsurance, copayment or similar out-of-pocket expense.

109 “Diagnostic examinations for breast cancer”, a medically necessary and appropriate
110 examination for breast cancer to evaluate an abnormality in the breast that is seen or suspected
111 from a screening examination for breast cancer, detected by another means of examination or
112 suspected based on the medical history or family medical history of an individual.

113 “Examination for breast cancer”, an examination used to evaluate an abnormality in a
114 breast using diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance
115 imaging or breast ultrasound.

116 “HSA-qualified health insurance policy”, a policy of individual or group health insurance
117 coverage that satisfies the criteria for a high-deductible health plan under 26 U.S.C. 223, as
118 implemented and interpreted by the United States Department of the Treasury in the regulations
119 and guidance in effect at the time the policy is issued.

120 (b) Any contract between a subscriber and a corporation under an individual or group
121 hospital service plan which is delivered, issued or renewed within the commonwealth that

122 provides coverage for screening mammograms shall provide coverage for diagnostic
123 examinations for breast cancer, digital breast tomosynthesis screening and medically necessary
124 and appropriate screening with breast magnetic resonance imaging or screening breast ultrasound
125 on a basis not less favorable than screening mammograms that are covered as medical benefits.
126 There shall be no increase in patient cost sharing for: (i) screening mammograms; (ii) digital
127 breast tomosynthesis; (iii) screening breast magnetic resonance imaging; (iv) screening breast
128 ultrasound; or (v) diagnostic examinations for breast cancer.

129 (c)(1) Except as provided in paragraph (2), an HSA-qualified health insurance policy
130 shall be exempt from any prohibition on cost-sharing requirements for a covered benefit required
131 under any general or special law to the extent that the exemption is necessary to allow the policy
132 to be an HSA-qualified health insurance policy.

133 (2) The exemption provided in paragraph (1) shall not apply to any coverage required
134 under any general or special law pertaining to preventive care, as described in 26 U.S.C. 223,
135 with respect to any HSA-qualified health insurance policy issued, delivered, amended or
136 renewed while such regulation or guidance is effective.

137 SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after
138 section 4ZZ the following section:-

139 Section 4AAA. (a) As used in this section, the following words shall have the following
140 meanings unless the context clearly requires otherwise:

141 “Cost sharing”, a deductible, coinsurance, copayment and any maximum limitation on the
142 application of such a deductible, coinsurance, copayment or similar out-of-pocket expense.

143 “Diagnostic examinations for breast cancer”, a medically necessary and appropriate
144 examination for breast cancer to evaluate an abnormality in the breast that is seen or suspected
145 from a screening examination for breast cancer, detected by another means of examination or
146 suspected based on the medical history or family medical history of an individual.

147 “Examination for breast cancer”, an examination used to evaluate an abnormality in a
148 breast using diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance
149 imaging or breast ultrasound.

150 “HSA-qualified health insurance policy”, a policy of individual or group health insurance
151 coverage that satisfies the criteria for a high-deductible health plan under 26 U.S.C. 223, as
152 implemented and interpreted by the United States Department of the Treasury in the regulations
153 and guidance in effect at the time the policy is issued.

154 (b) Any subscription certificate under an individual or group medical service agreement
155 delivered, issued or renewed within the commonwealth that provides coverage for screening
156 mammograms shall provide coverage for diagnostic examinations for breast cancer, digital breast
157 tomosynthesis screening and medically necessary and appropriate screening with breast magnetic
158 resonance imaging or screening breast ultrasound on a basis not less favorable than screening
159 mammograms that are covered as medical benefits. There shall be no increase in patient cost
160 sharing for: (i) screening mammograms; (ii) digital breast tomosynthesis; (iii) screening breast
161 magnetic resonance imaging; (iv) screening breast ultrasound; or (v) diagnostic examinations for
162 breast cancer.

163 (c)(1) Except as provided in paragraph (2), an HSA-qualified health insurance policy
164 shall be exempt from any prohibition on cost-sharing requirements for a covered benefit required

165 under any general or special law to the extent that the exemption is necessary to allow the policy
166 to be an HSA-qualified health insurance policy.

167 (2) The exemption provided in paragraph (1) shall not apply to any coverage required
168 under any general or special law pertaining to preventive care, as described in 26 U.S.C. 223,
169 with respect to any HSA-qualified health insurance policy issued, delivered, amended or
170 renewed while such regulation or guidance is effective.

171 SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after
172 section 4RR the following section:-

173 Section 4SS. (a) As used in this section, the following words shall have the following
174 meanings unless the context clearly requires otherwise:

175 “Cost sharing”, a deductible, coinsurance, copayment and any maximum limitation on the
176 application of such a deductible, coinsurance, copayment or similar out-of-pocket expense.

177 “Diagnostic examinations for breast cancer”, a medically necessary and appropriate
178 examination for breast cancer to evaluate an abnormality in the breast that is seen or suspected
179 from a screening examination for breast cancer, detected by another means of examination or
180 suspected based on the medical history or family medical history of an individual.

181 “Examination for breast cancer”, an examination used to evaluate an abnormality in a
182 breast using diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance
183 imaging or breast ultrasound.

184 “HSA-qualified health insurance policy”, a policy of individual or group health insurance
185 coverage that satisfies the criteria for a high-deductible health plan under 26 U.S.C. 223, as

186 implemented and interpreted by the United States Department of the Treasury in the regulations
187 and guidance in effect at the time the policy is issued.

188 (b) Any individual or group health maintenance contract that provides coverage for
189 screening mammograms shall provide coverage for diagnostic examinations for breast cancer,
190 digital breast tomosynthesis screening and medically necessary and appropriate screening with
191 breast magnetic resonance imaging or screening breast ultrasound on a basis not less favorable
192 than screening mammograms that are covered as medical benefits. There shall be no increase in
193 patient cost sharing for: (i) screening mammograms; (ii) digital breast tomosynthesis; (iii)
194 screening breast magnetic resonance imaging; (iv) screening breast ultrasound; or (v) diagnostic
195 examinations for breast cancer.

196 (c)(1) Except as provided in paragraph (2), an HSA-qualified health insurance policy
197 shall be exempt from any prohibition on cost-sharing requirements for a covered benefit required
198 under any general or special law to the extent that the exemption is necessary to allow the policy
199 to be an HSA-qualified health insurance policy.

200 (2) The exemption provided in paragraph (1) shall not apply to any coverage required
201 under any general or special law pertaining to preventive care, as described in 26 U.S.C. 223,
202 with respect to any HSA-qualified health insurance policy issued, delivered, amended or
203 renewed while such regulation or guidance is effective.

204 SECTION 7. This act shall apply to all contracts entered into, renewed or amended on or
205 after January 1, 2026.