

**SENATE . . . . . No. 674**

---

**The Commonwealth of Massachusetts**

PRESENTED BY:

*Joan B. Lovely*

*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 breast cancer screening and early detection.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Joan B. Lovely</i>	<i>Second Essex</i>	
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>3/23/2023</i>
<i>Barry R. Finegold</i>	<i>Second Essex and Middlesex</i>	<i>10/31/2023</i>
<i>Robyn K. Kennedy</i>	<i>First Worcester</i>	<i>11/6/2023</i>

**SENATE . . . . . No. 674**

By Ms. Lovely, a petition (accompanied by bill, Senate, No. 674) of Joan B. Lovely for legislation relative to insurance coverage for mammograms and breast cancer screening. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 697 OF 2021-2022.]

**The Commonwealth of Massachusetts**

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

An Act relative to breast cancer screening 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, as appearing in the 2020 Official  
2 Edition, is hereby amended by inserting after section 30 thereof the following sections: -

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 breast ultrasound or for diagnostic examinations for  
12 breast cancer shall not be allowed to achieve compliance with this section. For the purposes of  
13 this section, “diagnostic examinations for breast cancer” means a medically necessary and  
14 appropriate examination for breast cancer to evaluate the abnormality in the breast that is seen or  
15 suspected from a screening examination for breast cancer, detected by another means of  
16 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           Section 32. Any coverage offered by the commission to an active or retired employee of  
23 the commonwealth who is insured under the group insurance commission shall not require  
24 preauthorization prior to medically necessary diagnostic imaging for an annual breast cancer  
25 screening. Medical necessity shall be determined by the treating clinician in consultation with the  
26 patient and noted in the patient’s medical record.

27           For the purposes of this section, “diagnostic imaging” shall include diagnostic X-ray,  
28 computed tomography, magnetic resonance imaging, ultrasound and mammography.

29           SECTION 2. Chapter 118E of the General Laws, as appearing in the 2020 Official  
30 Edition, is hereby amended by inserting after section 10N thereof the following sections: -

31           Section 10O. Notwithstanding any general or special law or rule or regulation to the  
32 contrary, the Executive Office of Health and Human Services shall provide coverage under its

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

53 10P. The division and its contracted health insurers, health plans, health maintenance  
54 organizations and third party administrators under contract to a Medicaid managed care  
55 organization or primary care clinician plan shall not require preauthorization prior to medically

56 necessary diagnostic imaging for an annual breast cancer screening. Medical necessity shall be  
57 determined by the treating clinician in consultation with the patient and noted in the patient's  
58 medical record.

59 For the purposes of this section, "diagnostic imaging" shall include diagnostic X-ray,  
60 computed tomography, magnetic resonance imaging, ultrasound and mammography.

61 SECTION 3. Chapter 175 of the General Laws, as appearing in the 2020 Official  
62 Edition, is hereby amended by inserting after section 47NN thereof the following section: -

63 Section 47OO. Notwithstanding any general or special law or rule or regulation to the  
64 contrary, any policy, contract, agreement, plan or certificate of insurance issued, delivered or  
65 renewed within the commonwealth that provides medical expense coverage for screening  
66 mammograms shall provide coverage for diagnostic examinations for breast cancer and for  
67 digital breast tomosynthesis screening and medically necessary and appropriate screening with  
68 breast magnetic resonance imaging or breast ultrasound on a basis not less favorable than  
69 screening mammograms that are covered as medical benefits. An increase in patient cost sharing  
70 for screening mammograms, for digital breast tomosynthesis, for screening breast magnetic  
71 resonance imaging, for screening breast ultrasound or for diagnostic examinations for breast  
72 cancer shall not be allowed to achieve compliance with this section. For the purposes of this  
73 section, "diagnostic examinations for breast cancer" means a medically necessary and  
74 appropriate examination for breast cancer to evaluate the abnormality in the breast that is seen or  
75 suspected from a screening examination for breast cancer, detected by another means of  
76 examination; or suspected based on the medical history or family medical history of the  
77 individual. "Examination for breast cancer" includes an examination used to evaluate an

78 abnormality in a breast using diagnostic mammography, digital breast tomosynthesis, breast  
79 magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,  
80 coinsurance, copayment, and any maximum limitation on the application of such a deductible,  
81 coinsurance, copayment, or similar out-of-pocket expense.

82 Section 47PP. Any policy, contract, agreement, plan or certificate of insurance issued,  
83 delivered or renewed within the commonwealth, which is considered creditable coverage under  
84 section 1 of chapter 118M, shall not require preauthorization prior to medically necessary  
85 diagnostic imaging for an annual breast cancer screening. Medical necessity shall be determined  
86 by the treating clinician in consultation with the patient and noted in the patient’s medical record.

87 For the purposes of this section, “diagnostic imaging” shall include diagnostic X-ray,  
88 computed tomography, magnetic resonance imaging, ultrasound and mammography.

89 SECTION 4. Chapter 176A of the General Laws, as appearing in the 2020 Official  
90 Edition, is hereby amended by inserting after section 80O thereof the following section: -

91 Section 8PP. Notwithstanding any general or special law or rule or regulation to the  
92 contrary, any contract between a subscriber and the corporation under an individual or group  
93 hospital service plan which is delivered, issued or renewed within the commonwealth that  
94 provides coverage for screening mammograms shall provide coverage for diagnostic  
95 examinations for breast cancer and for digital breast tomosynthesis screening and medically  
96 necessary and appropriate screening with breast magnetic resonance imaging or breast  
97 ultrasound on a basis not less favorable than screening mammograms that are covered as medical  
98 benefits. An increase in patient cost sharing for screening mammograms, for digital breast  
99 tomosynthesis, for screening breast magnetic resonance imaging, for breast ultrasound or for

100 diagnostic examinations for breast cancer shall not be allowed to achieve compliance with this  
101 section. For the purposes of this section, “diagnostic examinations for breast cancer” means a  
102 medically necessary and appropriate examination for breast cancer to evaluate the abnormality in  
103 the breast that is seen or suspected from a screening examination for breast cancer, detected by  
104 another means of examination; or suspected based on the medical history or family medical  
105 history of the individual. “Examination for breast cancer” includes an examination used to  
106 evaluate an abnormality in a breast using diagnostic mammography, digital breast tomosynthesis,  
107 breast magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,  
108 coinsurance, copayment, and any maximum limitation on the application of such a deductible,  
109 coinsurance, copayment, or similar out-of-pocket expense.

110           Section 8QQ. Any contract between a subscriber and the corporation under an individual  
111 or group hospital service plan which is delivered, issued or renewed within the commonwealth  
112 shall not require preauthorization prior to medically necessary diagnostic imaging for an annual  
113 breast cancer screening. Medical necessity shall be determined by the treating clinician in  
114 consultation with the patient and noted in the patient’s medical record.

115           For the purposes of this section, “diagnostic imaging” shall include diagnostic X-ray,  
116 computed tomography, magnetic resonance imaging, ultrasound and mammography.

117           SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after  
118 section 4OO thereof the following section: -

119           Section 4PP. Notwithstanding any general or special law or rule or regulation to the  
120 contrary, any subscription certificate under an individual or group medical service agreement  
121 delivered, issued or renewed within the commonwealth that provides coverage for screening

122 mammograms shall provide coverage for diagnostic examinations for breast cancer and for  
123 digital breast tomosynthesis screening and medically necessary and appropriate screening with  
124 breast magnetic resonance imaging or breast ultrasound on a basis not less favorable than  
125 screening mammograms that are covered as medical benefits. An increase in patient cost sharing  
126 for screening mammograms, for digital breast tomosynthesis, for screening breast magnetic  
127 resonance imaging, for breast ultrasound or for diagnostic examinations for breast cancer shall  
128 not be allowed to achieve compliance with this section. For the purposes of this section,  
129 “diagnostic examinations for breast cancer” means a medically necessary and appropriate  
130 examination for breast cancer to evaluate the abnormality in the breast that is seen or suspected  
131 from a screening examination for breast cancer, detected by another means of examination; or  
132 suspected based on the medical history or family medical history of the individual. “Examination  
133 for breast cancer” includes an examination used to evaluate an abnormality in a breast using  
134 diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance imaging or  
135 breast ultrasound. “Cost sharing” shall mean a deductible, coinsurance, copayment, and any  
136 maximum limitation on the application of such a deductible, coinsurance, copayment, or similar  
137 out-of-pocket expense.

138 4QQ: Any subscription certificate under an individual or group medical service  
139 agreement delivered, issued or renewed within the commonwealth shall not require  
140 preauthorization prior to medically necessary diagnostic imaging for an annual breast cancer  
141 screening. Medical necessity shall be determined by the treating clinician in consultation with the  
142 patient and noted in the patient’s medical record.

143 For the purposes of this section, “diagnostic imaging” shall include diagnostic X-ray,  
144 computed tomography, magnetic resonance imaging, ultrasound and mammography.



145 SECTION 6. Chapter 176G of the General Laws, as appearing in the 2020 Official  
146 Edition, is hereby amended by inserting after section 4GG thereof the following section: -

147 Section 4HH. Notwithstanding any general or special law or rule or regulation to the  
148 contrary, any individual or group health maintenance contract that provides coverage for  
149 screening mammograms shall provide coverage for diagnostic examinations for breast cancer  
150 and for digital breast tomosynthesis screening and medically necessary and appropriate screening  
151 with breast magnetic resonance imaging or breast ultrasound on a basis not less favorable than  
152 screening mammograms that are covered as medical benefits. An increase in patient cost sharing  
153 for screening mammograms, for digital breast tomosynthesis, for screening breast magnetic  
154 resonance imaging, for breast ultrasound or for diagnostic examinations for breast cancer shall  
155 not be allowed to achieve compliance with this section. For the purposes of this section,  
156 “diagnostic examinations for breast cancer” means a medically necessary and appropriate  
157 examination for breast cancer to evaluate the abnormality in the breast that is seen or suspected  
158 from a screening examination for breast cancer, detected by another means of examination; or  
159 suspected based on the medical history or family medical history of the individual. “Examination  
160 for breast cancer” includes an examination used to evaluate an abnormality in a breast using  
161 diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance imaging or  
162 breast ultrasound. “Cost sharing” shall mean a deductible, coinsurance, copayment, and any  
163 maximum limitation on the application of such a deductible, coinsurance, copayment, or similar  
164 out-of-pocket expense.

165 Section 4II. An individual or group health maintenance contract that is issued or renewed  
166 shall not require preauthorization prior to medically necessary diagnostic imaging for an annual

167 breast cancer screening. Medical necessity shall be determined by the treating clinician in  
168 consultation with the patient and noted in the patient's medical record.

169 For the purposes of this section, "diagnostic imaging" shall include diagnostic X-ray,  
170 computed tomography, magnetic resonance imaging, ultrasound and mammography.

171 SECTION 7. The provisions of this Act shall be effective for all contracts which are  
172 entered into, renewed, or amended on or after January 1, 2024.