

SENATE . . . . . No. 711

The Commonwealth of Massachusetts

PRESENTED BY:

Michael F. Rush

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 equity and early detection.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
Michael F. Rush	Norfolk and Suffolk	
Paul McMurtry	11th Norfolk	2/2/2023
Jacob R. Oliveira	Hampden, Hampshire and Worcester	2/6/2023
Jason M. Lewis	Fifth Middlesex	2/7/2023
Hannah Kane	11th Worcester	2/9/2023
Sal N. DiDomenico	Middlesex and Suffolk	5/22/2023
John F. Keenan	Norfolk and Plymouth	7/17/2023
Bruce E. Tarr	First Essex and Middlesex	7/24/2023
Robyn K. Kennedy	First Worcester	8/14/2023
John Barrett, III	1st Berkshire	10/5/2023
Paul W. Mark	Berkshire, Hampden, Franklin and Hampshire	10/5/2023
Susan L. Moran	Plymouth and Barnstable	10/5/2023
Lydia Edwards	Third Suffolk	10/5/2023
Michael D. Brady	Second Plymouth and Norfolk	10/11/2023
Adam Gomez	Hampden	10/18/2023
Nick Collins	First Suffolk	1/22/2024

**SENATE . . . . . No. 711**

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By Mr. Rush, a petition (accompanied by bill, Senate, No. 711) of Michael F. Rush, Paul  
McMurtry, Jacob R. Oliveira, Jason M. Lewis and others for legislation relative to breast cancer  
equity and early detection. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 726 OF 2021-2022.]

**The Commonwealth of Massachusetts**

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

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

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

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

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

35 Section 10N. Notwithstanding any general or special law or rule or regulation to the  
36 contrary, the Executive Office of Health and Human Services shall provide coverage under its  
37 Medicaid contracted health insurers, health plans, health maintenance organizations, and third  
38 party administrators under contract to a Medicaid managed care organization, the Medicaid  
39 primary care clinician plan, or an accountable care organization for diagnostic examinations for  
40 breast cancer and for digital breast tomosynthesis screening on a basis not less favorable than  
41 screening mammograms that are covered as medical benefits. An increase in patient cost sharing  
42 for screening mammograms, for digital breast tomosynthesis or for diagnostic examinations for  
43 breast cancer shall not be allowed to achieve compliance with this section. For the purposes of  
44 this section, “diagnostic examinations for breast cancer” means a medically necessary and  
45 appropriate examination for breast cancer to evaluate the abnormality in the breast that is seen or  
46 suspected from a screening examination for breast cancer, detected by another means of  
47 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 (a) As used in this Section, "HSA-qualified health insurance policy" means a policy of  
54 individual or group health insurance coverage that satisfies the criteria for a "high-deductible

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

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

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

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

68 Section 47MM. Notwithstanding any general or special law or rule or regulation to the  
69 contrary, any policy, contract, agreement, plan or certificate of insurance issued, delivered or  
70 renewed within the commonwealth that provides medical expense coverage for screening  
71 mammograms shall provide coverage for diagnostic examinations for breast cancer and for  
72 digital breast tomosynthesis screening on a basis not less favorable than screening mammograms  
73 that are covered as medical benefits. An increase in patient cost sharing for screening  
74 mammograms, for digital breast tomosynthesis or for diagnostic examinations for breast cancer  
75 shall not be allowed to achieve compliance with this section. For the purposes of this section,  
76 "diagnostic examinations for breast cancer" means a medically necessary and appropriate

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

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

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

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

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

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

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

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

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

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

132 Section 4OO. Notwithstanding any general or special law or rule or regulation to the  
133 contrary, any subscription certificate under an individual or group medical service agreement  
134 delivered, issued or renewed within the commonwealth that provides coverage for screening  
135 mammograms shall provide coverage for diagnostic examinations for breast cancer and for  
136 digital breast tomosynthesis screening on a basis not less favorable than screening mammograms  
137 that are covered as medical benefits. An increase in patient cost sharing for screening  
138 mammograms, for digital breast tomosynthesis or for diagnostic examinations for breast cancer  
139 shall not be allowed to achieve compliance with this section. For the purposes of this section,  
140 “diagnostic examinations for breast cancer” means a medically necessary and appropriate  
141 examination for breast cancer to evaluate the abnormality in the breast that is seen or suspected  
142 from a screening examination for breast cancer, detected by another means of examination; or



143 suspected based on the medical history or family medical history of the individual. “Examination  
144 for breast cancer” includes an examination used to evaluate an abnormality in a breast using  
145 diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance imaging or  
146 breast ultrasound. “Cost sharing” shall mean a deductible, coinsurance, copayment, and any  
147 maximum limitation on the application of such a deductible, coinsurance, copayment, or similar  
148 out-of-pocket expense.

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

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

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

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

164 Section 4GG. Notwithstanding any general or special law or rule or regulation to the  
165 contrary, any individual or group health maintenance contract that provides coverage for  
166 screening mammograms shall provide coverage for diagnostic examinations for breast cancer  
167 and for digital breast tomosynthesis screening on a basis not less favorable than screening  
168 mammograms that are covered as medical benefits. An increase in patient cost sharing for  
169 screening mammograms, for digital breast tomosynthesis or for diagnostic examinations for  
170 breast cancer shall not be allowed to achieve compliance with this section. For the purposes of  
171 this section, “diagnostic examinations for breast cancer” means a medically necessary and  
172 appropriate examination for breast cancer to evaluate the abnormality in the breast that is seen or  
173 suspected from a screening examination for breast cancer, detected by another means of  
174 examination; or suspected based on the medical history or family medical history of the  
175 individual. “Examination for breast cancer” includes an examination used to evaluate an  
176 abnormality in a breast using diagnostic mammography, digital breast tomosynthesis, breast  
177 magnetic resonance imaging or breast ultrasound. “Cost sharing” shall mean a deductible,  
178 coinsurance, copayment, and any maximum limitation on the application of such a deductible,  
179 coinsurance, copayment, or similar out-of-pocket expense.

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

184 (b) Except as provided in (c), an HSA-qualified health insurance policy is exempt from  
185 any prohibition on cost-sharing requirements for a covered benefit required under Massachusetts

186 law to the extent the exemption is necessary to allow the policy to be an “HSA-qualified health  
187 insurance policy.”

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

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