SENATE DOCKET, NO. 2009 FILED ON: 1/20/2023

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

SENATE DOCKET, NO. 2009 FILED ON: 1/20/2023

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:

SECTION 1. Chapter 32A of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting after section 30 thereof the following sections: -

Section 31. Notwithstanding any general or special law or rule or regulation to the contrary, any coverage offered by the commission to an active or retired employee of the commonwealth insured under the group insurance commission that provides medical expense coverage for screening mammograms shall provide coverage for diagnostic examinations for breast cancer, for digital breast tomosynthesis screening and medically necessary and appropriate screening with breast magnetic resonance imaging or breast ultrasound on a basis not less favorable than screening mammograms that are covered as medical benefits. An increase in patient cost sharing for screening mammograms, for digital breast tomosynthesis, for screening

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

Section 32. Any coverage offered by the commission to an active or retired employee of the commonwealth who is insured under the group insurance commission shall not require preauthorization prior to medically necessary diagnostic imaging for an annual breast cancer screening. Medical necessity shall be determined by the treating clinician in consultation with the patient and noted in the patient’s medical record.

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 4. Chapter 176A of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting after section 8OO thereof the following section: -

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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