

**HOUSE . . . . . No.**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Vanna Howard*

*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:	DATE ADDED:
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>8/1/2025</i>

**HOUSE . . . . . No.**

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By Representative Howard of Lowell, a petition (subject to Joint Rule 12) of Vanna Howard relative to breast cancer equity and early detection healthcare coverage. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 1043 OF 2023-2024.]

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**  
\_\_\_\_\_

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 28 the following section:-

3 Section 28A. Coverage offered by the commission to an active or retired employee of the  
4 commonwealth insured under the group insurance commission that provides medical expense  
5 coverage for screening mammograms shall provide coverage for diagnostic examinations for  
6 breast cancer on a basis not less favorable than screening mammograms that are covered as  
7 medical benefits. An increase in patient cost sharing for screening mammograms and diagnostic  
8 examinations for breast cancer shall not be allowed to achieve compliance with this section. For  
9 the purposes of this section, “diagnostic examinations for breast cancer” shall mean a medically  
10 necessary and appropriate examination for breast cancer to evaluate the abnormality in the breast

11 that is seen or suspected from a screening examination for breast cancer, detected by another  
12 means of examination or suspected based on the medical history or family medical history of the  
13 individual. For the purposes of this section, “examination for breast cancer” shall include an  
14 examination used to evaluate an abnormality in a breast using diagnostic mammography, breast  
15 magnetic resonance imaging or breast ultrasound. For the purposes of this section, “cost sharing”  
16 shall mean a deductible, coinsurance, copayment and any maximum limitation on the application  
17 of such a deductible, coinsurance, copayment or similar out-of-pocket expense.

18 SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting after  
19 section 10Q the following section:-

20 Section 10R. The division and its contracted health insurers, health plans, health  
21 maintenance organizations, behavioral health management firms and third party administrators  
22 under contract to a Medicaid managed care organization or primary care clinician plan or an  
23 accountable care organization shall provide coverage for diagnostic examinations for breast  
24 cancer on a basis not less favorable than screening mammograms that are covered as medical  
25 benefits. An increase in patient cost sharing for screening mammograms and diagnostic  
26 examinations for breast cancer shall not be allowed to achieve compliance with this section. For  
27 the purposes of this section, “diagnostic examinations for breast cancer” shall mean a medically  
28 necessary and appropriate examination for breast cancer to evaluate the abnormality in the breast  
29 that is seen or suspected from a screening examination for breast cancer, detected by another  
30 means of examination or suspected based on the medical history or family medical history of the  
31 individual. For the purposes of this section, “examination for breast cancer” shall include an  
32 examination used to evaluate an abnormality in a breast using diagnostic mammography, breast  
33 magnetic resonance imaging or breast ultrasound. For the purposes of this section, “cost sharing”

34 shall mean a deductible, coinsurance, copayment and any maximum limitation on the application  
35 of such a deductible, coinsurance, copayment or similar out-of-pocket expense.

36 SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting after  
37 section 47TT the following section:-

38 Section 47UU. Any policy, contract, agreement, plan or certificate of insurance issued,  
39 delivered or renewed within the commonwealth that provides medical expense coverage for  
40 screening mammograms shall provide coverage for diagnostic examinations for breast cancer on  
41 a basis not less favorable than screening mammograms that are covered as medical benefits. An  
42 increase in patient cost sharing for screening mammograms and 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” shall mean 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

48 medical history of the individual. For the purposes of this section, “examination for  
49 breast cancer” shall include an examination used to evaluate an abnormality in a breast using  
50 diagnostic mammography, breast magnetic resonance imaging or breast ultrasound. For the  
51 purposes of this section, “cost sharing” shall mean a deductible, coinsurance, copayment and any  
52 maximum limitation on the application of such a deductible, coinsurance, copayment or similar  
53 out-of-pocket expense.

54 SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting after  
55 section 8UU the following section: -

56           Section 8VV. A contract between a subscriber and the corporation under an individual or  
57 group hospital service plan that is delivered, issued or renewed within the commonwealth that  
58 provides coverage for screening mammograms shall provide coverage for diagnostic  
59 examinations for breast cancer on a basis not less favorable than screening mammograms that are  
60 covered as medical benefits. An increase in patient cost sharing for screening mammograms and  
61 diagnostic examinations for breast cancer shall not be allowed to achieve compliance with this  
62 section. For the purposes of this section, “diagnostic examinations for breast cancer” shall mean  
63 a medically necessary and appropriate examination for breast cancer to evaluate the abnormality  
64 in the breast that is seen or suspected from a screening examination for breast cancer, detected by  
65 another means of examination or suspected based on the medical history or family medical  
66 history of the individual. For the purposes of this section “examination for breast cancer” shall  
67 include an examination used to evaluate an abnormality in a breast using diagnostic  
68 mammography, breast magnetic resonance imaging or breast ultrasound. For the purposes of this  
69 section, “cost sharing” shall mean a deductible, coinsurance, copayment and any maximum  
70 limitation on the application of such a deductible, coinsurance, copayment or similar out-of-  
71 pocket expense.

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

74           Section 4VV. Any subscription certificate under an individual or group medical service  
75 agreement delivered, issued or renewed within the commonwealth that provides coverage for  
76 screening mammograms shall provide coverage for diagnostic examinations for breast cancer on  
77 a basis not less favorable than screening mammograms that are covered as medical benefits. An  
78 increase in patient cost sharing for screening mammograms and diagnostic examinations for

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

89 SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after  
90 section 4MM the following section: -

91 Section 4NN. Any individual or group health maintenance contract that provides  
92 coverage for screening mammograms shall provide coverage for diagnostic examinations for  
93 breast cancer on a basis not less favorable than screening mammograms that are covered as  
94 medical benefits. An increase in patient cost sharing for screening mammograms and diagnostic  
95 examinations for breast cancer shall not be allowed to achieve compliance with this section. For  
96 the purposes of this section, “diagnostic examinations for breast cancer” shall mean a medically  
97 necessary and appropriate examination for breast cancer to evaluate the abnormality in the breast  
98 that is seen or suspected from a screening examination for breast cancer, detected by another  
99 means of examination or suspected based on the medical history or family medical history of the  
100 individual. For the purposes of this section, “examination for breast cancer” shall include an  
101 examination used to evaluate an abnormality in a breast using diagnostic mammography, breast

102 magnetic resonance imaging or breast ultrasound. For the purposes of this section, “cost sharing”  
103 shall mean a deductible, coinsurance, copayment and any maximum limitation on the application  
104 of such a deductible, coinsurance, copayment or similar out-of-pocket expense.

105 SECTION 7. The provisions of this act shall be effective for all contracts that are entered  
106 into, renewed or amended 1 year after the effective date of this act.