

HOUSE No. 1043

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>1/10/2023</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/20/2023</i>
<i>James K. Hawkins</i>	<i>2nd Bristol</i>	<i>1/27/2023</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>	<i>2/7/2023</i>

HOUSE No. 1043

By Representative Howard of Lowell, a petition (accompanied by bill, House, No. 1043) of Vanna Howard and others relative to breast cancer equity and early detection healthcare coverage. Financial Services.

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 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

23 Medicaid managed care organization or primary care clinician plan or an accountable
24 care organization shall provide coverage for diagnostic examinations for breast cancer on a basis
25 not less favorable than screening mammograms that are covered as medical benefits. An increase
26 in patient cost sharing for screening mammograms and diagnostic examinations for breast cancer
27 shall not be allowed to achieve compliance with this section. For the purposes of this section,
28 “diagnostic examinations for breast cancer” shall mean a medically necessary and appropriate
29 examination for breast cancer to evaluate the abnormality in the breast that is seen or suspected
30 from a screening examination for breast cancer, detected by another means of examination or
31 suspected based on the medical history or family medical history of the individual. For the
32 purposes of this section, “examination for breast cancer” shall include an examination used to
33 evaluate an abnormality in a breast using diagnostic mammography, breast magnetic resonance
34 imaging or breast ultrasound. For the purposes of this section, “cost sharing” shall mean a

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

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

39 Section 47UU. Any policy, contract, agreement, plan or certificate of insurance issued,
40 delivered or renewed within the commonwealth that provides medical expense coverage for
41 screening mammograms shall provide coverage for diagnostic examinations for breast cancer on
42 a basis not less favorable than screening mammograms that are covered as medical benefits. An
43 increase in patient cost sharing for screening mammograms and diagnostic examinations for
44 breast cancer shall not be allowed to achieve compliance with this section. For the purposes of
45 this section, “diagnostic examinations for breast cancer” shall mean a medically necessary and
46 appropriate examination for breast cancer to evaluate the abnormality in the breast that is seen or
47 suspected from a screening examination for breast cancer, detected by another means of
48 examination or suspected based on the medical history or family

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

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

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

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

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

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

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

92 Section 4NN. Any individual or group health maintenance contract that provides
93 coverage for screening mammograms shall provide coverage for diagnostic examinations for
94 breast cancer on a basis not less favorable than screening mammograms that are covered as
95 medical benefits. An increase in patient cost sharing for screening mammograms and diagnostic
96 examinations for breast cancer shall not be allowed to achieve compliance with this section. For
97 the purposes of this section, “diagnostic examinations for

98 breast cancer” shall mean a medically necessary and appropriate examination for breast
99 cancer to evaluate the abnormality in the breast that is seen or suspected from a screening
100 examination for breast cancer, detected by another means of examination or suspected based on
101 the medical history or family medical history of the individual. For the purposes of this section,

102 “examination for breast cancer” shall include an examination used to evaluate an abnormality in
103 a breast using diagnostic mammography, breast magnetic resonance imaging or breast
104 ultrasound. For the purposes of this section, “cost sharing” shall mean a deductible, coinsurance,
105 copayment and any maximum limitation on the application of such a deductible, coinsurance,
106 copayment or similar out-of-pocket expense.

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