

**SENATE . . . . . No. 616**

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**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 insurance coverage for mammograms and breast cancer screening.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Joan B. Lovely</i>	<i>Second Essex</i>	
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>1/29/2019</i>

**SENATE . . . . . No. 616**

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By Ms. Lovely, a petition (accompanied by bill, Senate, No. 616) of Joan B. Lovely and Patrick M. O'Connor for legislation relative to insurance coverage for mammograms and breast cancer screening. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 554 OF 2017-2018.]

**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-First General Court  
(2019-2020)**  
\_\_\_\_\_

An Act relative to insurance coverage for mammograms and breast cancer screening.

*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: Section 47G of chapter 175 of the General Laws, as appearing in the 2012  
2   Official Edition, is hereby amended, in line 20, by striking the language after the word  
3   “examination” and inserting in place thereof the following language:-  
  
4           : (1) said benefits shall provide: (i) for a baseline mammogram, which may include  
5   tomosynthesis, for women between the ages of thirty-five and forty and for a mammogram on an  
6   annual basis, which may include tomosynthesis, for women forty years of age or older; (ii) in the  
7   case of a woman under forty years of age who has a family history of breast cancer or other  
8   breast cancer risk factors, a mammogram examination, which may include tomosynthesis, at  
9   such age and intervals as deemed medically necessary by the woman’s health care provider; (iii)  
10   ultrasound evaluation, magnetic resonance imaging scan or additional mammography testing,

11 which may include tomosynthesis, of an entire breast or breasts if the screening mammogram,  
12 screening ultrasound or MRI shows any abnormality where additional examination is deemed  
13 medically necessary by the radiologist or the patient's health care provider, (iv) screening breast  
14 ultrasound or screening breast magnetic resonance imaging examination if the patient has  
15 additional risk factors for breast cancer including, but not limited to, family history, prior  
16 personal history of breast cancer, positive genetic testing, heterogeneously or extremely dense  
17 breast tissue based on the Breast Imaging Reporting and Data System established by the  
18 American College of Radiology, or other indications as determined by the patient's health care  
19 provider, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast  
20 ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of  
21 breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram  
22 when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a  
23 patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible  
24 or dollar limit provisions in a policy or contract.

25 Section 2: Section 110 of Chapter 175 of the General Laws, as appearing in the 2012  
26 Official Edition, is hereby amended, in line 322, by striking the language after the word  
27 "examination" and inserting in place thereof the following language:-

28 : (1) said benefits shall provide: (i) for a baseline mammogram, which may include  
29 tomosynthesis, for women between the ages of thirty-five and forty and for a mammogram on an  
30 annual basis, which may include tomosynthesis, for women forty years of age or older; (ii) in the  
31 case of a woman under forty years of age who has a family history of breast cancer or other  
32 breast cancer risk factors, a mammogram examination, which may include tomosynthesis, at  
33 such age and intervals as deemed medically necessary by the woman's health care provider; (iii)

34 ultrasound evaluation, magnetic resonance imaging scan or additional mammography testing,  
35 which may include tomosynthesis, of an entire breast or breasts if the screening mammogram,  
36 screening ultrasound or MRI shows any abnormality where additional examination is deemed  
37 medically necessary by the radiologist or the patient's health care provider, (iv) screening breast  
38 ultrasound or screening breast magnetic resonance imaging examination if the patient has  
39 additional risk factors for breast cancer including, but not limited to, family history, prior  
40 personal history of breast cancer, positive genetic testing, heterogeneously or extremely dense  
41 breast tissue based on the Breast Imaging Reporting and Data System established by the  
42 American College of Radiology, or other indications as determined by the patient's health care  
43 provider, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast  
44 ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of  
45 breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram  
46 when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a  
47 patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible  
48 or dollar limit provisions in a policy or contract.

49 Section 3: Section 8J of Chapter 176A of the General Laws, as appearing in the 2012  
50 Official Edition, is hereby amended, in line 12, by striking the language after the word  
51 "examination" and inserting in place thereof the following language:-

52 : (1) said benefits shall provide: (i) for a baseline mammogram, which may include  
53 tomosynthesis, for women between the ages of thirty-five and forty and for a mammogram on an  
54 annual basis, which may include tomosynthesis, for women forty years of age or older; (ii) in the  
55 case of a woman under forty years of age who has a family history of breast cancer or other  
56 breast cancer risk factors, a mammogram examination, which may include tomosynthesis, at

57 such age and intervals as deemed medically necessary by the woman's health care provider; (iii)  
58 ultrasound evaluation, magnetic resonance imaging scan or additional mammography testing,  
59 which may include tomosynthesis, of an entire breast or breasts if the screening mammogram,  
60 screening ultrasound or MRI shows any abnormality where additional examination is deemed  
61 medically necessary by the radiologist or the patient's health care provider, (iv) screening breast  
62 ultrasound or screening breast magnetic resonance imaging examination if the patient has  
63 additional risk factors for breast cancer including, but not limited to, family history, prior  
64 personal history of breast cancer, positive genetic testing, heterogeneously or extremely dense  
65 breast tissue based on the Breast Imaging Reporting and Data System established by the  
66 American College of Radiology, or other indications as determined by the patient's health care  
67 provider, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast  
68 ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of  
69 breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram  
70 when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a  
71 patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible  
72 or dollar limit provisions in a policy or contract.

73 Section 4: Section 4I of Chapter 176B of the General Laws, as appearing in the 2012  
74 Official Edition, is hereby amended, in line 12, by striking the language after the word  
75 "examination" and inserting in place thereof the following language:-

76 : (1) said benefits shall provide: (i) for a baseline mammogram, which may include  
77 tomosynthesis, for women between the ages of thirty-five and forty and for a mammogram on an  
78 annual basis, which may include tomosynthesis, for women forty years of age or older; (ii) in the  
79 case of a woman under forty years of age who has a family history of breast cancer or other

80 breast cancer risk factors, a mammogram examination, which may include tomosynthesis, at  
81 such age and intervals as deemed medically necessary by the woman's health care provider; (iii)  
82 ultrasound evaluation, magnetic resonance imaging scan or additional mammography testing,  
83 which may include tomosynthesis, of an entire breast or breasts if the screening mammogram,  
84 screening ultrasound or MRI shows any abnormality where additional examination is deemed  
85 medically necessary by the radiologist or the patient's health care provider, (iv) screening breast  
86 ultrasound or screening breast magnetic resonance imaging examination if the patient has  
87 additional risk factors for breast cancer including, but not limited to, family history, prior  
88 personal history of breast cancer, positive genetic testing, heterogeneously or extremely dense  
89 breast tissue based on the Breast Imaging Reporting and Data System established by the  
90 American College of Radiology, or other indications as determined by the patient's health care  
91 provider, (v) for a diagnostic mammogram, which may include tomosynthesis, diagnostic breast  
92 ultrasound evaluation or breast magnetic resonance imaging scan if the patient has a history of  
93 breast cancer, (vi) for magnetic resonance imaging in place of, or in addition to, a mammogram  
94 when a mammogram is unable to detect cancers due to insufficient breast tissue as ordered by a  
95 patient's physician. Said benefits shall be exempt from any co-payment, co-insurance, deductible  
96 or dollar limit provisions in a policy or contract.