

HOUSE No. 1103

The Commonwealth of Massachusetts

PRESENTED BY:

James M. Murphy

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>James M. Murphy</i>	<i>4th Norfolk</i>	<i>1/12/2023</i>
<i>Smitty Pignatelli</i>	<i>3rd Berkshire</i>	<i>2/7/2023</i>
<i>Jacob R. Oliveira</i>	<i>Hampden, Hampshire and Worcester</i>	<i>2/7/2023</i>
<i>Jessica Ann Giannino</i>	<i>16th Suffolk</i>	<i>2/7/2023</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/7/2023</i>
<i>Jay D. Livingstone</i>	<i>8th Suffolk</i>	<i>2/8/2023</i>
<i>Rob Consalvo</i>	<i>14th Suffolk</i>	<i>2/15/2023</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>2/15/2023</i>
<i>Edward R. Philips</i>	<i>8th Norfolk</i>	<i>2/15/2023</i>
<i>Kate Lipper-Garabedian</i>	<i>32nd Middlesex</i>	<i>2/23/2023</i>

HOUSE No. 1103

By Representative Murphy of Weymouth, a petition (accompanied by bill, House, No. 1103) of James M. Murphy and others relative to insurance coverage for mammograms and breast cancer screening. 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 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 80O. 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.