

Chapter 868

(House Bill 1259)

AN ACT concerning

Health Insurance – Breast and Lung Cancer Screening – Coverage Requirements

FOR the purpose of including image-guided breast biopsy in the definition of “supplemental breast examination” for the purpose of certain provisions of law requiring certain insurers, health service plans, and health maintenance organizations to provide coverage for supplemental breast examinations; clarifying that certain coverage requirements for lung cancer screening apply to follow-up diagnostic imaging; prohibiting certain insurers, health service plans, and health maintenance organizations from requiring prior authorization for required coverage for lung cancer screening or follow-up diagnostic imaging; and generally relating to health insurance and breast and lung cancer screening.

BY repealing and reenacting, with amendments,
 Article – Insurance
 Section 15–814.1 and 15–860
 Annotated Code of Maryland
 (2017 Replacement Volume and 2023 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 That the Laws of Maryland read as follows:

Article – Insurance

15–814.1.

(a) (1) In this section the following words have the meanings indicated.

(2) (i) “Diagnostic breast examination” means a medically necessary and appropriate examination of the breast that is used to evaluate an abnormality that is:

1. seen or suspected from a prior screening examination for breast cancer; or

2. detected by another means of prior examination.

(ii) “Diagnostic breast examination” includes an examination using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound.

(3) (i) “Supplemental breast examination” means a medically necessary examination of the breast that is used to screen for breast cancer when:

1. there is no abnormality seen or suspected from a prior examination; and

2. there is a personal or family medical history or additional factors that may increase an individual's risk of breast cancer.

(ii) "Supplemental breast examination" includes an examination using breast magnetic resonance imaging [or], breast ultrasound, **OR IMAGE-GUIDED BREAST BIOPSY**.

(b) This section applies to:

(1) insurers and nonprofit health service plans that provide coverage for diagnostic breast examinations or supplemental breast examinations under individual, group, or blanket health insurance policies or contracts that are issued or delivered in the State; and

(2) health maintenance organizations that provide coverage for diagnostic breast examinations or supplemental breast examinations under individual or group contracts that are issued or delivered in the State.

(c) (1) Except as provided in paragraph (2) of this subsection, an entity subject to this section may not impose a copayment, coinsurance, or deductible requirement on coverage for diagnostic breast examinations or supplemental breast examinations.

(2) If an insured or enrollee is covered under a high-deductible health plan, as defined in 26 U.S.C. § 223, an entity subject to this section may subject diagnostic breast examinations or supplemental breast examinations to the deductible requirement of the high-deductible health plan.

15-860.

(a) This section applies to:

(1) insurers and nonprofit health service plans that provide hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis under health insurance policies or contracts that are issued or delivered in the State; and

(2) health maintenance organizations that provide hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State.

(b) (1) An entity subject to this section shall provide coverage for recommended **LUNG CANCER SCREENING OR** follow-up diagnostic imaging to assist in the diagnosis of lung cancer for individuals for which lung cancer screening **OR**

FOLLOW-UP DIAGNOSTIC IMAGING is recommended by the U.S. Preventative Services Task Force.

(2) The coverage required under paragraph (1) of this subsection:

(I) shall include diagnostic ultrasound, magnetic resonance imaging, computed tomography, and image-guided biopsy; **AND**

(II) **MAY NOT ~~REQUIRE~~ BE SUBJECT TO A PRIOR AUTHORIZATION REQUIREMENT.**

(c) (1) Except as provided in paragraph (2) of this subsection, an entity subject to this section may not impose a copayment, coinsurance, or deductible requirement on coverage for lung cancer screening [and diagnosis] **OR FOLLOW-UP DIAGNOSTIC IMAGING** that is greater than the copay, coinsurance, or deductible requirement for breast cancer screening [and] **OR** diagnosis.

(2) If an insured or enrollee is covered under a high-deductible health plan, as defined in 26 U.S.C. § 223, an entity subject to this section may subject ~~LUNG CANCER SCREENING OR~~ follow-up diagnostic lung imaging to the deductible requirement of the high-deductible health plan.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2025.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2025.

Approved by the Governor, May 16, 2024.