SENATE BILL 184

J5, J4

3lr0561 CF 3lr0562

By: **Senators Beidle, Benson, Gile, Hester, and King** Introduced and read first time: January 20, 2023 Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

Health Insurance – Diagnostic and Supplemental Examinations for Breast Cancer – Cost–Sharing

FOR the purpose of prohibiting insurers, nonprofit health service plans, and health
maintenance organizations that provide coverage for diagnostic and supplemental
breast examinations from imposing a copayment, coinsurance, or deductible
requirement for the examination; and generally relating to health insurance and
diagnostic and supplemental examinations for breast cancer.

- 9 BY adding to
- 10 Article Insurance
- 11 Section 15–814.1
- 12 Annotated Code of Maryland
- 13 (2017 Replacement Volume and 2022 Supplement)
- SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 That the Laws of Maryland read as follows:
- 16 Article Insurance
 - 17 **15–814.1.**

18 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS 19 INDICATED.

20 (2) (I) "DIAGNOSTIC BREAST EXAMINATION" MEANS A MEDICALLY 21 NECESSARY AND APPROPRIATE EXAMINATION OF THE BREAST THAT IS USED TO 22 EVALUATE AN ABNORMALITY THAT IS:

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1. SEEN OR SUSPECTED FROM A PRIOR SCREENING



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1	EXAMINATION FOR BREAST CANCER; OR
$2 \\ 3$	2. DETECTED BY ANOTHER MEANS OF PRIOR EXAMINATION.
4 5 6	(II) "DIAGNOSTIC BREAST EXAMINATION" INCLUDES AN EXAMINATION USING DIAGNOSTIC MAMMOGRAPHY, BREAST MAGNETIC RESONANCE IMAGING, OR BREAST ULTRASOUND.
7 8 9	(3) (I) "SUPPLEMENTAL BREAST EXAMINATION" MEANS A MEDICALLY NECESSARY EXAMINATION OF THE BREAST THAT IS USED TO SCREEN FOR BREAST CANCER WHEN:
10 11	1. THERE IS NO ABNORMALITY SEEN OR SUSPECTED FROM A PRIOR EXAMINATION; AND
$12 \\ 13 \\ 14$	2. THERE IS A PERSONAL OR FAMILY MEDICAL HISTORY OR ADDITIONAL FACTORS THAT MAY INCREASE AN INDIVIDUAL'S RISK OF BREAST CANCER.
$15 \\ 16 \\ 17$	(II) "SUPPLEMENTAL BREAST EXAMINATION" INCLUDES AN EXAMINATION USING BREAST MAGNETIC RESONANCE IMAGING OR BREAST ULTRASOUND.
18	(B) THIS SECTION APPLIES TO:
19 20 21 22 23	(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
24 25 26 27	(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.
$\frac{28}{29}$	(C) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT, COINSURANCE, OR

30DEDUCTIBLEREQUIREMENTONCOVERAGEFORDIAGNOSTICBREAST31EXAMINATIONS OR SUPPLEMENTAL BREAST EXAMINATIONS.

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- (2) IF THE APPLICATION OF PARAGRAPH (1) OF THIS SUBSECTION TO

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A HEALTH SAVINGS ACCOUNT-QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN WOULD
 RESULT IN HEALTH SAVINGS ACCOUNT INELIGIBILITY UNDER § 223 OF THE
 INTERNAL REVENUE CODE, PARAGRAPH (1) OF THIS SUBSECTION SHALL APPLY
 ONLY WITH RESPECT TO THE DEDUCTIBLE OF THE PLAN AFTER THE ENROLLEE HAS
 SATISFIED THE MINIMUM DEDUCTIBLE UNDER § 223 OF THE INTERNAL REVENUE
 CODE.

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, 2024.

10 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect 11 January 1, 2024.