

# HOUSE BILL 376

J5, J4

(3lr0562)

## ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by **Delegates Sample–Hughes, D. Barnes, Bartlett, Fennell, Guzzone, R. Lewis, Patterson, Taveras, Turner, Wilkins, and Woods**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
Speaker.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health Insurance – Diagnostic and Supplemental Examinations *and Biopsies* for**  
3 **Breast Cancer – Cost-Sharing**

4 FOR the purpose of prohibiting, *except under certain circumstances*, insurers, nonprofit  
5 health service plans, and health maintenance organizations that provide coverage  
6 for diagnostic and supplemental breast examinations from imposing a copayment,  
7 coinsurance, or deductible requirement for the examination; *requiring the Maryland*  
8 *Health Care Commission to study and report on the financial impact of eliminating*  
9 *cost-sharing for diagnostic image-guided biopsies for breast cancer*; and generally  
10 relating to health insurance and diagnostic and supplemental examinations *and*  
11 *biopsies* for breast cancer.

12 BY adding to  
13 Article – Insurance

---

#### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

*Italics* indicate opposite chamber/conference committee amendments.



1 Section 15–814.1  
2 Annotated Code of Maryland  
3 (2017 Replacement Volume and 2022 Supplement)

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

6 **Article – Insurance**

7 **15–814.1.**

8 **(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS**  
9 **INDICATED.**

10 **(2) (I) “DIAGNOSTIC BREAST EXAMINATION” MEANS A MEDICALLY**  
11 **NECESSARY AND APPROPRIATE EXAMINATION OF THE BREAST THAT IS USED TO**  
12 **EVALUATE AN ABNORMALITY THAT IS:**

13 **1. SEEN OR SUSPECTED FROM A PRIOR SCREENING**  
14 **EXAMINATION FOR BREAST CANCER; OR**

15 **2. DETECTED BY ANOTHER MEANS OF PRIOR**  
16 **EXAMINATION.**

17 **(II) “DIAGNOSTIC BREAST EXAMINATION” INCLUDES AN**  
18 **EXAMINATION USING DIAGNOSTIC MAMMOGRAPHY, BREAST MAGNETIC RESONANCE**  
19 **IMAGING, OR BREAST ULTRASOUND.**

20 **(3) (I) “SUPPLEMENTAL BREAST EXAMINATION” MEANS A**  
21 **MEDICALLY NECESSARY EXAMINATION OF THE BREAST THAT IS USED TO SCREEN**  
22 **FOR BREAST CANCER WHEN:**

23 **1. THERE IS NO ABNORMALITY SEEN OR SUSPECTED**  
24 **FROM A PRIOR EXAMINATION; AND**

25 **2. THERE IS A PERSONAL OR FAMILY MEDICAL HISTORY**  
26 **OR ADDITIONAL FACTORS THAT MAY INCREASE AN INDIVIDUAL’S RISK OF BREAST**  
27 **CANCER.**

28 **(II) “SUPPLEMENTAL BREAST EXAMINATION” INCLUDES AN**  
29 **EXAMINATION USING BREAST MAGNETIC RESONANCE IMAGING OR BREAST**  
30 **ULTRASOUND.**

31 **(B) THIS SECTION APPLIES TO:**

1 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT  
 2 PROVIDE COVERAGE FOR DIAGNOSTIC BREAST EXAMINATIONS OR SUPPLEMENTAL  
 3 BREAST EXAMINATIONS UNDER INDIVIDUAL, GROUP, OR BLANKET HEALTH  
 4 INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE  
 5 STATE; AND

6 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE  
 7 COVERAGE FOR DIAGNOSTIC BREAST EXAMINATIONS OR SUPPLEMENTAL BREAST  
 8 EXAMINATIONS UNDER INDIVIDUAL OR GROUP CONTRACTS THAT ARE ISSUED OR  
 9 DELIVERED IN THE STATE.

10 (c) (1) ~~SUBJECT TO~~ EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS  
 11 SUBSECTION, AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A  
 12 COPAYMENT, COINSURANCE, OR DEDUCTIBLE REQUIREMENT ON COVERAGE FOR  
 13 DIAGNOSTIC BREAST EXAMINATIONS OR SUPPLEMENTAL BREAST EXAMINATIONS.

14 (2) ~~IF THE APPLICATION OF PARAGRAPH (1) OF THIS SUBSECTION TO~~  
 15 ~~A HEALTH SAVINGS ACCOUNT QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN WOULD~~  
 16 ~~RESULT IN HEALTH SAVINGS ACCOUNT INELIGIBILITY UNDER § 223 OF THE~~  
 17 ~~INTERNAL REVENUE CODE, PARAGRAPH (1) OF THIS SUBSECTION SHALL APPLY~~  
 18 ~~ONLY WITH RESPECT TO THE DEDUCTIBLE OF THE PLAN AFTER THE ENROLLEE HAS~~  
 19 ~~SATISFIED THE MINIMUM DEDUCTIBLE UNDER § 223 OF THE INTERNAL REVENUE~~  
 20 ~~CODE~~ IF AN INSURED OR ENROLLEE IS COVERED UNDER A HIGH-DEDUCTIBLE  
 21 HEALTH PLAN, AS DEFINED IN 26 U.S.C. § 223, AN ENTITY SUBJECT TO THIS SECTION  
 22 MAY SUBJECT DIAGNOSTIC BREAST EXAMINATIONS OR SUPPLEMENTAL BREAST  
 23 EXAMINATIONS TO THE DEDUCTIBLE REQUIREMENT OF THE HIGH-DEDUCTIBLE  
 24 HEALTH PLAN.

25 SECTION 2. AND BE IT FURTHER ENACTED, That on or before October 1, 2023,  
 26 the Maryland Health Care Commission shall study and report to the Governor and, in  
 27 accordance with § 2-1257 of the State Government Article, the Senate Finance Committee  
 28 and the House Health and Government Operations Committee, on the financial impact of  
 29 eliminating health insurance cost-sharing for diagnostic image-guided biopsies for breast  
 30 cancer.

31 SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall  
 32 apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the  
 33 State on or after January 1, 2024.

34 SECTION 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall  
 35 take effect January 1, 2024.

36 SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section  
 37 4 of this Act, this Act shall take effect July 1, 2023.