

SENATE BILL 184

J5, J4

(3lr0561)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by **Senators Beidle, Benson, Gile, Hester, and King**

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.

President.

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
14 Section 15–814.1

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 Annotated Code of Maryland
2 (2017 Replacement Volume and 2022 Supplement)

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

5 **Article – Insurance**

6 **15-814.1.**

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

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

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

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

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

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

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

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

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

30 **(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
 22 SECTION MAY SUBJECT DIAGNOSTIC BREAST EXAMINATIONS OR SUPPLEMENTAL
 23 BREAST EXAMINATIONS TO THE DEDUCTIBLE REQUIREMENT OF THE
 24 HIGH-DEDUCTIBLE 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 ~~3~~ 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.