## **SENATE BILL 965**

J5, J4, J1 3lr2949 **CF HB 815** By: Senators Benson, Carter, and Lewis Young Introduced and read first time: February 27, 2023 Assigned to: Rules Re-referred to: Finance, March 6, 2023 Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 15, 2023 CHAPTER AN ACT concerning Breast and Lung Cancer - Establishment of Screening Awareness Program and Insurance Coverage and Cost Sharing Cancer Screening - Health Insurance and Assessment of Outreach, Education, and Health Disparities FOR the purpose of establishing the Breast and Lung Cancer Screening Awareness Program in the Maryland Department of Health; requiring insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for breast cancer diagnosis, including diagnostic imaging, and certain lung cancer diagnostic imaging and limiting the copayment, coinsurance, or deductible requirement that the entities can require for the diagnostic imaging for breast cancer and lung cancer screening and diagnosis; requiring the Maryland Department of Health to conduct an assessment on certain outreach, education, and health disparities in cancer screening; and generally relating to breast and lung cancer screenings. BY adding to Article - Health - General Section 13-4801 through 13-4803 to be under the new subtitle "Subtitle 48. Breast and Lung Cancer Screening Awareness Program" Annotated Code of Maryland

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

(2019 Replacement Volume and 2022 Supplement)

[Brackets] indicate matter deleted from existing law.

BY repealing and reenacting, with amendments,

<u>Underlining</u> indicates amendments to bill.

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



1	Article - Insurance
2	Section 15-814
3	Annotated Code of Maryland
4	(2017 Replacement Volume and 2022 Supplement)
5	BY adding to
6	Article – Insurance
7	Section 15–859
8	Annotated Code of Maryland
9	(2017 Replacement Volume and 2022 Supplement)
10	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
11	That the Laws of Maryland read as follows:
12	Article - Health - General
12	<del>Afticle - Health - General</del>
13	SUBTITLE 48. Breast and Lung Cancer Screening Awareness Program.
14	<del>13-4801.</del>
11	10 1001.
15	IN THIS SUBTITLE, "PROGRAM" MEANS THE BREAST AND LUNG CANCER
16	SCREENING AWARENESS PROGRAM.
17	<del>13-4802.</del>
18	(A) THERE IS A BREAST AND LUNG CANCER SCREENING AWARENESS
19	PROGRAM IN THE DEPARTMENT.
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20	(B) THE PURPOSE OF THE PROGRAM IS TO:
21	(1) EDUCATE INDIVIDUALS ABOUT THE IMPORTANCE OF BREAST AND
22	LUNG CANCER SCREENINGS AND INSURANCE BENEFITS THAT INDIVIDUALS MAY
23	HAVE FOR THE SCREENINGS UNDER §§ 15 814 AND 15 859 OF THE INSURANCE
24	ARTICLE; AND
25	(2) ASSIST INDIVIDUALS WHO HAVE BEEN RECOMMENDED TO
26	RECEIVE A BREAST OR LUNG CANCER SCREENING BY A HEALTH CARE PROVIDER
27	WITH TRANSPORTATION COSTS ASSOCIATED WITH THE SCREENINGS.
28	<del>13-4803.</del>
29	THE DEPARTMENT SHALL ADOPT REGULATIONS TO IMPLEMENT THE
30	Program.

$1\\2$	SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:
3	Article – Insurance
4	<del>15-814.</del>
5	(a) (1) In this section [, "digital tomosynthesis"] THE FOLLOWING WORDS
6	HAVE THE MEANINGS INDICATED.
7	(2) "DIAGNOSTIC IMAGING" MEANS AN IMAGING EXAMINATION
8	INCLUDING MAMMOGRAPHY, ULTRASOUND IMAGING, MAGNETIC RESONANCE
9	IMAGING, IMAGE-GUIDED BREAST BIOPSY, OR OTHER IMAGING, USED TO EVALUATE:
10	(I) A SUBJECTIVE OR OBJECTIVE ABNORMALITY DETECTED BY
11	A PHYSICIAN OR PATIENT IN A BREAST;
12	(II) AN ABNORMALITY SEEN BY A PHYSICIAN ON A SCREENING
13	MAMMOGRAM;
14	(HI) AN ABNORMALITY PREVIOUSLY IDENTIFIED BY A PHYSICIAN
15	AS PROBABLY BENIGN IN A BREAST FOR WHICH FOLLOW-UP IMAGING IS
16	RECOMMENDED BY A PHYSICIAN; OR
1 =	(T1)
17	(IV) AN INDIVIDUAL WITH A PERSONAL HISTORY OF BREAST
18	CANCER OR DENSE BREAST TISSUE.
19	(3) "DIGITAL TOMOSYNTHESIS" means a radiologic procedure that
20	involves the acquisition of projection images over the stationary breast to produce
21	eross-sectional digital three-dimensional images of the breast.
22	(b) This section applies to:
23	(1) insurers and nonprofit health service plans that provide hospital,
24	medical, or surgical benefits to individuals or groups on an expense-incurred basis under
25	health insurance policies or contracts that are issued or delivered in the State; and
26	(2) health maintenance organizations that provide hospital, medical, or
27	surgical benefits to individuals or groups under contracts that are issued or delivered in
28	the State.
29	(c) Subject to paragraph (2) of this subsection, an entity subject to this
30	section shall provide coverage for breast cancer screening AND DIAGNOSIS in accordance
31	with the latest screening AND DIAGNOSTIC guidelines issued by the American Cancer
32	<del>Society.</del>

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- (2) The coverage required under this section shall include coverage for digital tomosynthesis AND DIAGNOSTIC IMAGING that, under accepted standards in the practice of medicine, the [treating physician] HEALTH CARE PROVIDER determines is medically appropriate and necessary for an enrollee or insured.
- (d) An entity subject to this section is not required to cover breast cancer screenings used to identify breast cancer in asymptomatic women that are provided by a facility that is not accredited by the American College of Radiology or certified or licensed under a program established by the State.
- 9 (e) (1) [An] SUBJECT TO PARAGRAPH (1) OF THIS SUBSECTION, AN entity
  10 subject to this section may not impose a deductible on the coverage required under this
  11 section.
- 12 (2) Each health insurance policy and certificate issued by an entity subject
  13 to this section shall contain a notice of the prohibition established by paragraph (1) of this
  14 subsection in a form approved by the Commissioner.
- 15 (3) An entity subject to this section may not impose a copayment or coinsurance requirement for digital tomosynthesis OR DIAGNOSTIC IMAGING that is greater than a copayment or coinsurance requirement for other breast cancer screenings for which coverage is required under this section.
- 19 (4) IF THE APPLICATION OF PARAGRAPH (1) OR (3) OF THIS
  20 SUBSECTION TO A HEALTH SAVINGS ACCOUNT QUALIFIED HIGH DEDUCTIBLE
  21 HEALTH PLAN WOULD RESULT IN HEALTH SAVINGS ACCOUNT INELIGIBILITY UNDER
  22 § 223 OF THE INTERNAL REVENUE CODE, PARAGRAPH (1) OR (3) OF THIS
  23 SUBSECTION SHALL APPLY ONLY WITH RESPECT TO THE DEDUCTIBLE OF THE PLAN
  24 AFTER THE ENROLLEE HAS SATISFIED THE MINIMUM DEDUCTIBLE UNDER § 223 OF
  25 THE INTERNAL REVENUE CODE.
- 26 **15–859**.

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- (A) THIS SECTION APPLIES TO:
- 28 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
  29 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS
  30 ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR
  31 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND
- 32 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE 33 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER 34 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

- 1 (B) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR RECOMMENDED FOLLOW-UP DIAGNOSTIC IMAGING TO ASSIST IN THE DIAGNOSIS OF LUNG CANCER FOR INDIVIDUALS FOR WHICH LUNG CANCER SCREENING IS RECOMMENDED BY THE U.S. PREVENTATIVE SERVICES TASK FORCE.
- 6 (2) THE COVERAGE REQUIRED UNDER PARAGRAPH (1) OF THIS
  7 SUBSECTION SHALL INCLUDE DIAGNOSTIC ULTRASOUND, MAGNETIC RESONANCE
  8 IMAGING, COMPUTED TOMOGRAPHY, AND IMAGE-GUIDED BIOPSY.
- 9 (C) (1) SUBJECT TO 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 THAT IS GREATER THAN THE COPAY OR COINSURANCE, OR DEDUCTIBLE REQUIREMENT FOR BREAST CANCER SCREENING AND DIAGNOSIS.
- 15 **(2)** IF THE APPLICATION OF PARAGRAPH (1) OF THIS SUBSECTION TO 16 A HEALTH SAVINGS ACCOUNT-QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN WOULD 17 RESULT IN HEALTH SAVINGS ACCOUNT INELIGIBILITY UNDER § 223 OF THE 18 INTERNAL REVENUE CODE, PARAGRAPH (1) OF THIS SUBSECTION SHALL APPLY ONLY WITH RESPECT TO THE DEDUCTIBLE OF THE PLAN AFTER THE ENROLLEE HAS 19 20 SATISFIED THE MINIMUM DEDUCTIBLE UNDER § 223 OF THE INTERNAL REVENUE 21CODE 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 2223SECTION MAY SUBJECT FOLLOW-UP DIAGNOSTIC LUNG IMAGING TO THE 24DEDUCTIBLE REQUIREMENT OF THE HIGH-DEDUCTIBLE HEALTH PLAN.

## SECTION 2. AND BE IT FURTHER ENACTED, That:

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- 26 (a) The Maryland Department of Health shall conduct an assessment on current outreach, education, and health disparities in cancer screening, including the availability of biomarker testing, in the State.
- 29 <u>(b) The assessment required under subsection (a) of this section shall include an</u> 30 <u>examination of current programs overseen by the Department and local health</u> 31 <u>departments.</u>
- 32 (c) (1) In conducting the assessment required under subsection (a) of this section, the Department shall establish a stakeholder workgroup to advise on the current state of cancer screening in the State and make recommendations on the development of an outreach plan to educate communities negatively impacted by health disparities in cancer screening and cancer care.

$\frac{1}{2}$	(2) The stakeholder workgroup established under paragraph (1) of this subsection shall include:
3 4	(i) representatives of communities traditionally underserved by the health care system;
5 6 7	(ii) representatives of organizations, networks, or associations of health care professionals that are composed of a majority of Black and Indigenous people of color; and
8 9 10	(iii) representatives of religious organizations, health educators, community health workers, and peer outreach workers with experience in engaging communities of color in health care.
11 12 13	(d) On or before January 1, 2024, the Department shall report to the General Assembly, in accordance with § 2–1257 of the State Government Article, on the assessment required under subsection (a) of this section.
14 15 16	SECTION 3. AND BE IT FURTHER ENACTED, That Section $\frac{2}{2}$ of 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.
17 18	SECTION 4. AND BE IT FURTHER ENACTED, That Section $\frac{2}{2}$ of this Act shall take effect January 1, 2024.
19 20	SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section 4 of this Act, this Act shall take effect <del>October</del> <u>July</u> 1, 2023.
	Approved:
	Governor.
	President of the Senate.
	Speaker of the House of Delegates.