

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.



Section 15–814.1
Annotated Code of Maryland
(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:

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.

(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) ~~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 DIAGNOSTIC BREAST EXAMINATIONS OR SUPPLEMENTAL BREAST EXAMINATIONS.

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

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

SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 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.

SECTION ~~3~~ 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take effect January 1, 2024.

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