

Chapter 353

(Senate Bill 965)

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~~

~~(2019 Replacement Volume and 2022 Supplement)~~

~~BY repealing and reenacting, with amendments,~~

~~Article – Insurance~~

~~Section 15–814~~

~~Annotated Code of Maryland~~

~~(2017 Replacement Volume and 2022 Supplement)~~

BY adding to

Article – Insurance

Section 15–859

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 – Health – General~~

~~SUBTITLE 48. BREAST AND LUNG CANCER SCREENING AWARENESS PROGRAM.~~

~~13-4801.~~

~~IN THIS SUBTITLE, “PROGRAM” MEANS THE BREAST AND LUNG CANCER SCREENING AWARENESS PROGRAM.~~

~~13-4802.~~

~~(A) THERE IS A BREAST AND LUNG CANCER SCREENING AWARENESS PROGRAM IN THE DEPARTMENT.~~

~~(B) THE PURPOSE OF THE PROGRAM IS TO:~~

~~(1) EDUCATE INDIVIDUALS ABOUT THE IMPORTANCE OF BREAST AND LUNG CANCER SCREENINGS AND INSURANCE BENEFITS THAT INDIVIDUALS MAY HAVE FOR THE SCREENINGS UNDER §§ 15-814 AND 15-859 OF THE INSURANCE ARTICLE; AND~~

~~(2) ASSIST INDIVIDUALS WHO HAVE BEEN RECOMMENDED TO RECEIVE A BREAST OR LUNG CANCER SCREENING BY A HEALTH CARE PROVIDER WITH TRANSPORTATION COSTS ASSOCIATED WITH THE SCREENINGS.~~

~~13-4803.~~

~~THE DEPARTMENT SHALL ADOPT REGULATIONS TO IMPLEMENT THE PROGRAM.~~

~~SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:~~

Article – Insurance

~~15-814.~~

~~(a) (1) In this section [“digital tomosynthesis”] THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.~~

~~(2) “DIAGNOSTIC IMAGING” MEANS AN IMAGING EXAMINATION INCLUDING MAMMOGRAPHY, ULTRASOUND IMAGING, MAGNETIC RESONANCE IMAGING, IMAGE-GUIDED BREAST BIOPSY, OR OTHER IMAGING, USED TO EVALUATE:~~

~~(i) A SUBJECTIVE OR OBJECTIVE ABNORMALITY DETECTED BY A PHYSICIAN OR PATIENT IN A BREAST;~~

~~(II) AN ABNORMALITY SEEN BY A PHYSICIAN ON A SCREENING MAMMOGRAM;~~

~~(III) AN ABNORMALITY PREVIOUSLY IDENTIFIED BY A PHYSICIAN AS PROBABLY BENIGN IN A BREAST FOR WHICH FOLLOW-UP IMAGING IS RECOMMENDED BY A PHYSICIAN; OR~~

~~(IV) AN INDIVIDUAL WITH A PERSONAL HISTORY OF BREAST CANCER OR DENSE BREAST TISSUE.~~

~~(3) "DIGITAL TOMOSYNTHESIS" means a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast.~~

~~(b) This section applies to:~~

~~(1) insurers and nonprofit health service plans that provide hospital, medical, or surgical benefits to individuals or groups on an expense incurred basis under health insurance policies or contracts that are issued or delivered in the State; and~~

~~(2) health maintenance organizations that provide hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State.~~

~~(c) (1) Subject to paragraph (2) of this subsection, an entity subject to this section shall provide coverage for breast cancer screening AND DIAGNOSIS in accordance with the latest screening AND DIAGNOSTIC guidelines issued by the American Cancer Society.~~

~~(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.~~

~~(e) (1) [An] SUBJECT TO PARAGRAPH (4) OF THIS SUBSECTION, AN entity subject to this section may not impose a deductible on the coverage required under this section.~~

~~(2) Each health insurance policy and certificate issued by an entity subject to this section shall contain a notice of the prohibition established by paragraph (1) of this subsection in a form approved by the Commissioner.~~

~~(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.~~

~~(4) IF THE APPLICATION OF PARAGRAPH (1) OR (3) 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) OR (3) 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.~~

15-859.

(A) THIS SECTION APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(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.

(2) THE COVERAGE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE DIAGNOSTIC ULTRASOUND, MAGNETIC RESONANCE IMAGING, COMPUTED TOMOGRAPHY, AND IMAGE-GUIDED BIOPSY.

(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, COINSURANCE, OR DEDUCTIBLE REQUIREMENT FOR BREAST CANCER SCREENING AND DIAGNOSIS.

~~(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 FOLLOW-UP DIAGNOSTIC LUNG IMAGING TO THE DEDUCTIBLE REQUIREMENT OF THE HIGH-DEDUCTIBLE HEALTH PLAN.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(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.

(b) The assessment required under subsection (a) of this section shall include an examination of current programs overseen by the Department and local health departments.

(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.

(2) The stakeholder workgroup established under paragraph (1) of this subsection shall include:

(i) representatives of communities traditionally underserved by the health care system;

(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

(iii) representatives of religious organizations, health educators, community health workers, and peer outreach workers with experience in engaging communities of color in health care.

(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.

SECTION 3. AND BE IT FURTHER ENACTED, That Section ~~2~~ 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 4. AND BE IT FURTHER ENACTED, That Section ~~2~~ 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 ~~October~~ July 1, 2023.

Approved by the Governor, May 3, 2023.