

# HOUSE BILL 815

J5, J4, J1

3lr2051  
CF 3lr2949

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By: **Delegates Fennell, D. Barnes, Ivey, and Sample–Hughes**

Introduced and read first time: February 8, 2023

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Breast and Lung Cancer – Establishment of Screening Awareness Program and**  
3 **Insurance Coverage and Cost Sharing**

4 FOR the purpose of establishing the Breast and Lung Cancer Screening Awareness  
5 Program in the Maryland Department of Health; requiring insurers, nonprofit  
6 health service plans, and health maintenance organizations to provide coverage for  
7 breast cancer diagnosis, including diagnostic imaging, and certain lung cancer  
8 diagnostic imaging and limiting the copayment, coinsurance, or deductible  
9 requirement that the entities can require for the diagnostic imaging for breast cancer  
10 and lung cancer screening and diagnosis; and generally relating to breast and lung  
11 cancer.

12 BY adding to  
13 Article – Health – General  
14 Section 13–4801 through 13–4803 to be under the new subtitle “Subtitle 48. Breast  
15 and Lung Cancer Screening Awareness Program”  
16 Annotated Code of Maryland  
17 (2019 Replacement Volume and 2022 Supplement)

18 BY repealing and reenacting, with amendments,  
19 Article – Insurance  
20 Section 15–814  
21 Annotated Code of Maryland  
22 (2017 Replacement Volume and 2022 Supplement)

23 BY adding to  
24 Article – Insurance  
25 Section 15–859  
26 Annotated Code of Maryland  
27 (2017 Replacement Volume and 2022 Supplement)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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.**

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

4                   **(I) A SUBJECTIVE OR OBJECTIVE ABNORMALITY DETECTED BY**  
5 **A PHYSICIAN OR PATIENT IN A BREAST;**

6                   **(II) AN ABNORMALITY SEEN BY A PHYSICIAN ON A SCREENING**  
7 **MAMMOGRAM;**

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

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

13           **(3) “DIGITAL TOMOSYNTHESIS”** means a radiologic procedure that  
14 involves the acquisition of projection images over the stationary breast to produce  
15 cross-sectional digital three-dimensional images of the breast.

16           (b) This section applies to:

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

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

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

27                   (2) The coverage required under this section shall include coverage for  
28 digital tomosynthesis **AND DIAGNOSTIC IMAGING** that, under accepted standards in the  
29 practice of medicine, the [treating physician] **HEALTH CARE PROVIDER** determines is  
30 medically appropriate and necessary for an enrollee or insured.

31           (d) An entity subject to this section is not required to cover breast cancer  
32 screenings used to identify breast cancer in asymptomatic women that are provided by a  
33 facility that is not accredited by the American College of Radiology or certified or licensed  
34 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.**

1           **(C) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, AN ENTITY**  
2 **SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT, COINSURANCE, OR**  
3 **DEDUCTIBLE REQUIREMENT ON COVERAGE FOR LUNG CANCER SCREENING AND**  
4 **DIAGNOSIS THAT IS GREATER THAN THE COPAY OR COINSURANCE REQUIREMENT**  
5 **FOR BREAST CANCER SCREENING AND DIAGNOSIS.**

6           **(2) IF THE APPLICATION OF PARAGRAPH (1) OF THIS SUBSECTION TO**  
7 **A HEALTH SAVINGS ACCOUNT–QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN WOULD**  
8 **RESULT IN HEALTH SAVINGS ACCOUNT INELIGIBILITY UNDER § 223 OF THE**  
9 **INTERNAL REVENUE CODE, PARAGRAPH (1) OF THIS SUBSECTION SHALL APPLY**  
10 **ONLY WITH RESPECT TO THE DEDUCTIBLE OF THE PLAN AFTER THE ENROLLEE HAS**  
11 **SATISFIED THE MINIMUM DEDUCTIBLE UNDER § 223 OF THE INTERNAL REVENUE**  
12 **CODE.**

13           SECTION 3. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall  
14 apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the  
15 State on or after January 1, 2024.

16           SECTION 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take  
17 effect January 1, 2024.

18           SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section  
19 4 of this Act, this Act shall take effect October 1, 2023.