LAW WITHOUT GOVERNOR'S SIGNATURE

JUNE 28, 2023

CHAPTER

338

PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-THREE

H.P. 1168 - L.D. 1836

An Act Regarding Insurance Coverage for Diagnostic and Supplemental Breast Examinations

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 24-A MRSA §2745-A, as amended by PL 2007, c. 153, §1 and affected by §5, is further amended by amending the section headnote to read:

§2745-A. ~~Screening~~ Coverage for screening mammograms and diagnostic and supplemental breast examinations

Sec. 2. 24-A MRSA §2745-A, sub-§1, as amended by PL 2007, c. 153, §1 and affected by §5, is repealed.

Sec. 3. 24-A MRSA §2745-A, sub-§1-A is enacted to read:

1-A. Definitions. For the purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Cost-sharing requirements" means a deductible, coinsurance, copayment or out-of-pocket expense and any maximum limitation on the deductible, coinsurance, copayment or other out-of-pocket expense.

B. "Diagnostic breast examination" means a medically necessary examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, that is:

(1) Used to evaluate an abnormality seen on or suspected from a screening mammogram; or

(2) Used to evaluate an abnormality detected by another means of examination.

C. "Screening mammogram" means a radiologic procedure that is provided to an asymptomatic individual for the purpose of early detection of breast cancer and that consists of 2 radiographic views per breast. A screening mammogram also includes an additional radiologic procedure recommended by a provider when the results of an initial radiologic procedure are not definitive.

D. "Supplemental breast examination" means a medical examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, to screen for breast cancer when there is no abnormality seen or suspected, but, based on personal or family medical history or other additional factors, the individual has an increased risk of breast cancer.

Sec. 4. 24-A MRSA §2745-A, sub-§2-A is enacted to read:

2-A. No cost-sharing requirements. An individual insurance policy may not impose any cost-sharing requirements on a screening mammogram, diagnostic breast examination or supplemental breast examination performed by a provider in accordance with this section. This subsection does not apply to an individual policy offered for use with a health savings account unless the federal Internal Revenue Service determines that the requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2).

Sec. 5. 24-A MRSA §2837-A, as amended by PL 2007, c. 153, §2 and affected by §5, is further amended by amending the section headnote to read:

§2837-A. ~~Screening~~ Coverage for screening mammograms and diagnostic and supplemental breast examinations

Sec. 6. 24-A MRSA §2837-A, sub-§1, as amended by PL 2007, c. 153, §2 and affected by §5, is repealed.

Sec. 7. 24-A MRSA §2837-A, sub-§1-A is enacted to read:

1-A. Definitions. For the purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Cost-sharing requirements" means a deductible, coinsurance, copayment or out-of-pocket expense and any maximum limitation on the deductible, coinsurance, copayment or other out-of-pocket expense.

B. "Diagnostic breast examination" means a medically necessary examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, that is:

(1) Used to evaluate an abnormality seen on or suspected from a screening mammogram; or

(2) Used to evaluate an abnormality detected by another means of examination.

C. "Screening mammogram" means a radiologic procedure that is provided to an asymptomatic individual for the purpose of early detection of breast cancer and that consists of 2 radiographic views per breast. A screening mammogram also includes an additional radiologic procedure recommended by a provider when the results of an initial radiologic procedure are not definitive.

D. "Supplemental breast examination" means a medical examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, to screen for breast cancer when there is no abnormality seen or suspected, but, based on personal or family medical history or other additional factors, the individual has an increased risk of breast cancer.

Sec. 8. 24-A MRSA §2837-A, sub-§2-A is enacted to read:

2-A. No cost-sharing requirements. A group insurance policy may not impose any cost-sharing requirements on a screening mammogram, diagnostic breast examination or supplemental breast examination performed by a provider in accordance with this section. This subsection does not apply to a group policy offered for use with a health savings account unless the federal Internal Revenue Service determines that the requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2).

Sec. 9. 24-A MRSA §4237-A, as amended by PL 2007, c. 153, §3 and affected by §5, is further amended by amending the section headnote to read:

§4237-A. ~~Screening~~ Coverage for screening mammograms and diagnostic and supplemental breast examinations

Sec. 10. 24-A MRSA §4237-A, sub-§1, as amended by PL 2007, c. 153, §3 and affected by §5, is repealed.

Sec. 11. 24-A MRSA §4237-A, sub-§1-A is enacted to read:

1-A. Definitions. For the purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Cost-sharing requirements" means a deductible, coinsurance, copayment or out-of-pocket expense and any maximum limitation on the deductible, coinsurance, copayment or other out-of-pocket expense.

B. "Diagnostic breast examination" means a medically necessary examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, that is:

(1) Used to evaluate an abnormality seen on or suspected from a screening mammogram; or

(2) Used to evaluate an abnormality detected by another means of examination.

C. "Screening mammogram" means a radiologic procedure that is provided to an asymptomatic individual for the purpose of early detection of breast cancer and that consists of 2 radiographic views per breast. A screening mammogram also includes an additional radiologic procedure recommended by a provider when the results of an initial radiologic procedure are not definitive.

D. "Supplemental breast examination" means a medical examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, to screen for breast cancer when there is no abnormality seen or suspected, but, based on personal or family medical history or other additional factors, the individual has an increased risk of breast cancer.

Sec. 12. 24-A MRSA §4237-A, sub-§2-A is enacted to read:

2-A. No cost-sharing requirements. All individual and group coverage subject to this chapter may not impose any cost-sharing requirements on a screening mammogram, diagnostic breast examination or supplemental breast examination performed by a provider in accordance with this section. This subsection does not apply to individual or group coverage offered for use with a health savings account unless the federal Internal Revenue

Service determines that the requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2).

Sec. 13. Application. The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2024. For purposes of this Act, all policies, contracts and certificates are deemed to be renewed no later than the next yearly anniversary of the contract date.