

# MAINE STATE LEGISLATURE

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# 131st MAINE LEGISLATURE

## FIRST SPECIAL SESSION-2023

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Legislative Document

No. 1836

H.P. 1168

House of Representatives, April 27, 2023

### **An Act Regarding Insurance Coverage for Diagnostic and Supplemental Breast Examinations**

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Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

A handwritten signature in cursive script that reads "R B. Hunt".

ROBERT B. HUNT  
Clerk

Presented by Representative MATHIESON of Kittery.  
Cosponsored by Representative GRAMLICH of Old Orchard Beach, Senator MOORE of Washington, Senator BRENNER of Cumberland and  
Representatives: JAVNER of Chester, MASTRACCIO of Sanford, MATLACK of St. George, MEYER of Eliot, PERRY of Calais, PRINGLE of Windham, SUPICA of Bangor.

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

2 **Sec. 1. 24-A MRSA §2745-A**, as amended by PL 2007, c. 153, §1 and affected by  
3 §5, is further amended by amending the section headnote to read:

4 **§2745-A. Screening Coverage for screening mammograms and diagnostic and**  
5 **supplemental breast examinations**

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7 affected by §5, is repealed.

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

9 **1-A. Definitions.** For the purposes of this section, unless the context otherwise  
10 indicates, the following terms have the following meanings.

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

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

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

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

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

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

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

31 **2-A. No cost-sharing requirements.** An individual insurance policy may not impose  
32 any cost-sharing requirements on a screening mammogram, diagnostic breast examination  
33 or supplemental breast examination performed by a provider in accordance with this  
34 section.

35 **Sec. 5. 24-A MRSA §2837-A**, as amended by PL 2007, c. 153, §2 and affected by  
36 §5, is further amended by amending the section headnote to read:

37 **§2837-A. Screening Coverage for screening mammograms and diagnostic and**  
38 **supplemental breast examinations**

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

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

2           **1-A. Definitions.** For the purposes of this section, unless the context otherwise  
3 indicates, the following terms have the following meanings.

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

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

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

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

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

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

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

24           **2-A. No cost-sharing requirements.** A group insurance policy may not impose any  
25 cost-sharing requirements on a screening mammogram, diagnostic breast examination or  
26 supplemental breast examination performed by a provider in accordance with this section.

27           **Sec. 9. 24-A MRSA §4237-A**, as amended by PL 2007, c. 153, §3 and affected by  
28 §5, is further amended by amending the section headnote to read:

29           **§4237-A. Screening Coverage for screening mammograms and diagnostic and**  
30 **supplemental breast examinations**

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

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

34           **1-A. Definitions.** For the purposes of this section, unless the context otherwise  
35 indicates, the following terms have the following meanings.

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

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

