



**COMMONWEALTH OF MASSACHUSETTS**  
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## **Filing Guidance Notice 2025-S**

**TO:** Commercial Health Insurers; Blue Cross Blue Shield of Massachusetts, Inc.; and Health Maintenance Organizations Offering or Renewing Insured Health Products in Massachusetts (“Carriers”)

**FROM:** Kevin P. Beagan, Deputy Commissioner, Health Care Access Bureau

**DATE:** July 31, 2025

**RE:** Coverage for Breast Cancer Screening Pursuant to Chapter 231 of the Acts of 2024

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The Division of Insurance (“Division”) distributes this Filing Guidance Notice 2025-S to inform insured health carriers (“Carriers”) regarding the filing requirements associated with Chapter 231 of the Acts of 2024 (“Chapter 231”), which add M.G.L. c. 175, §47ZZ; M.G.L. c. 176A, § 8AAA; M.G.L. c. 176B, § 4AAA; and M.G.L. c. 176G, § 4SS, applicable to all contracts entered into, renewed, or amended on or after January 1, 2026.

### **Breast Cancer Screening Coverage**

Section 2713 of the Public Health Service Act requires non-grandfathered insured health plans to provide coverage for breast cancer screening mammography, as recommended by the United States Preventive Services Task Force (USPSTF), without imposing any cost-sharing when performed by an in-network provider. As required under Chapter 231, an insured health plan that is “delivered, issued or renewed within the commonwealth that provides coverage for screening mammograms shall provide coverage for diagnostic examinations for breast cancer, digital breast tomosynthesis screening and medically necessary and appropriate screening with breast magnetic resonance imaging or screening breast ultrasound on a basis not less favorable than screening mammograms that are covered as medical benefits. There shall be no increase in patient cost sharing for: (i) screening mammograms; (ii) digital breast tomosynthesis; (iii) screening breast magnetic resonance imaging; (iv) screening breast ultrasound; or (v) diagnostic examinations for breast cancer.”

If a plan is governed by the federal Internal Revenue Code (*i.e.*, it is considered a High-Deductible Health Plan) the cost-sharing limitations pursuant to Chapter 231 will apply to preventive imaging services as described in 26 U.S.C. 233, but the cost-sharing limitations do not apply to imaging services that are not considered preventive imaging services under the applicable federal rules if the plan would lose its tax-exempt status as a result of the prohibition on cost sharing for the service.

**Filing Requirements**

As required under 211 CMR 52.05(7), Carriers are to submit material change documents - including the Carrier's Evidence of Coverage as described in 211 CMR 52.05(4)(i). Using SERFF (the System for Electronic Rate and Form Filing), with a subject header of "Chapter 231 of the Acts of 2024," please forward all form filings that update the Evidences of Coverage.

As noted in 211 CMR 52.13(6), Carriers are required to provide "to at least one adult Insured in each household residing in Massachusetts, or in the case of a group policy, to the group representative, notice of all Material Changes to the Evidence of Coverage." Carriers should forward via SERFF the document that will be used to explain the benefits required pursuant to Chapter 231.

If you have any questions, please contact Niels Puetthoff at [Niels.Puetthoff@mass.gov](mailto:Niels.Puetthoff@mass.gov).