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By the Appropriations Committee on Agriculture, Environment, and General Government; and Senators Berman, Davis, and Stewart

601-03257-24 2024932c1

A bill to be entitled

An act relating to coverage for diagnostic and supplemental breast examinations; amending s. 110.123, F.S.; defining terms; amending s. 110.12303, F.S.; prohibiting the state group insurance program from imposing on an enrollee any cost-sharing requirement with respect to coverage for diagnostic breast examinations and supplemental breast examinations; providing applicability; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Present paragraphs (a), (b) through (p), (q), and (r) of subsection (2) of section 110.123, Florida Statutes, are redesignated as paragraphs (b), (d) through (r), (t), and (u), respectively, new paragraphs (a) and (c) and paragraph (s) are added to that subsection, and paragraphs (c) and (d) of subsection (14) of that section are amended, to read:

- 110.123 State group insurance program.-
- (2) DEFINITIONS.—As used in ss. 110.123-110.1239, the term:
- (a) "Cost-sharing requirement" means an insured's deductible, coinsurance, copayment, or similar out-of-pocket expense.
- (c) "Diagnostic breast examination" means a medically necessary and appropriate examination of the breast, including, but not limited to, an examination using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound, which is used to evaluate an abnormality that is seen or suspected from a screening examination for breast cancer.

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(s) "Supplemental breast examination" means a medically necessary and appropriate examination of the breast, including, but not limited to, an examination using breast magnetic resonance imaging or breast ultrasound, which is:

- 1. Used to screen for breast cancer when there is no abnormality seen or suspected; and
- 2. Based on personal or family medical history or additional factors that may increase the person's risk of breast cancer.
 - (14) OTHER-PERSONAL-SERVICES EMPLOYEES (OPS).-
- (c) The initial measurement period used to determine whether an employee hired before April 1, 2013, and paid from OPS funds is a full-time employee described in subparagraph (2)(g)1. is the 6-month period from April 1, 2013, through September 30, 2013.
- (d) All other measurement periods used to determine whether an employee paid from OPS funds is a full-time employee described in paragraph (2)(g) (2)(e) must be for 12 consecutive months.
- Section 2. Subsection (5) is added to section 110.12303, Florida Statutes, to read:
- 110.12303 State group insurance program; additional benefits; price transparency program; reporting.—
- (5) In any contract or plan for state employee health benefits which provides coverages for diagnostic breast examinations or supplemental breast examinations, the state group insurance program may not impose on an enrollee any cost-sharing requirement. If, under federal law, the application of this subsection would result in health savings account

ineligibility under s. 223 of the Internal Revenue Code, the prohibition under this subsection applies only to health savings account qualified high-deductible health plans with respect to the deductible of such a plan after the person has satisfied the minimum deductible under s. 223 of the Internal Revenue Code, except with respect to items or services that are preventive care pursuant to s. 223(c)(2)(C) of the Internal Revenue Code, in which case the requirements of s. 223(c)(2)(A) of the Internal Revenue Code apply regardless of whether the minimum deductible under s. 223 of the Internal Revenue Code has been satisfied.

Section 3. This act shall take effect January 1, 2025.

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