

HB 773

2024

1                           A bill to be entitled  
2           An act relating to coverage for diagnostic and  
3           supplemental breast examinations; amending s. 110.123,  
4           F.S.; prohibiting the state group insurance program  
5           from imposing any enrollee cost-sharing liability with  
6           respect to coverage for diagnostic breast examinations  
7           and supplemental breast examinations; defining the  
8           terms "diagnostic breast examination" and  
9           "supplemental breast examination"; creating ss.  
10          627.64181, 627.66131, and 641.31093, F.S.; defining  
11          terms; prohibiting the imposition of cost-sharing  
12          requirements for diagnostic and supplemental breast  
13          examinations by individual accident and health  
14          insurance policies; group, blanket, and franchise  
15          accident and health insurance policies; and health  
16          maintenance contracts, respectively, which provide  
17          such coverage; providing applicability; authorizing  
18          the Financial Services Commission to adopt rules;  
19          providing an effective date.

20  
21   Be It Enacted by the Legislature of the State of Florida:

22  
23           Section 1. Paragraph (c) of subsection (3) of section  
24   110.123, Florida Statutes, is amended to read:  
25           110.123 State group insurance program.—

26 (3) STATE GROUP INSURANCE PROGRAM.—

27 (c)1. Notwithstanding any provision in this section to the  
 28 contrary, it is the intent of the Legislature that the  
 29 department shall be responsible for all aspects of the purchase  
 30 of health care for state employees under the state group health  
 31 insurance plan or plans, TRICARE supplemental insurance plans,  
 32 and the health maintenance organization plans. Responsibilities  
 33 shall include, but not be limited to, the development of  
 34 requests for proposals or invitations to negotiate for state  
 35 employee health benefits, the determination of health care  
 36 benefits to be provided, and the negotiation of contracts for  
 37 health care and health care administrative services. Prior to  
 38 the negotiation of contracts for health care services, the  
 39 Legislature intends that the department shall develop, with  
 40 respect to state collective bargaining issues, the health  
 41 benefits and terms to be included in the state group health  
 42 insurance program. The department shall adopt rules necessary to  
 43 perform its responsibilities pursuant to this section. The  
 44 department is responsible for the contract management and day-  
 45 to-day management of the state employee health insurance  
 46 program, including, but not limited to, employee enrollment,  
 47 premium collection, payment to health care providers, and other  
 48 administrative functions related to the program.

49 2. In any contract or plan for state employee health  
 50 benefits which provides coverages for diagnostic breast

HB 773

2024

51 examinations or supplemental breast examinations, as those terms  
52 are defined in s. 627.64181(1), the state group insurance  
53 program may not impose any enrollee cost-sharing liability.

54 Section 2. Section 627.64181, Florida Statutes, is created  
55 to read:

56 627.64181 Coverage for diagnostic and supplemental breast  
57 examinations; cost-sharing requirements prohibited.-

58 (1) As used in this section, the term:

59 (a) "Cost-sharing requirement" means an insured's  
60 deductible, coinsurance, copayment, or similar out-of-pocket  
61 expense.

62 (b) "Diagnostic breast examination" means a medically  
63 necessary and appropriate examination of the breast, including,  
64 but not limited to, an examination using diagnostic mammography,  
65 breast magnetic resonance imaging, or breast ultrasound, which  
66 is used to evaluate an abnormality that is seen or suspected  
67 from a screening examination for breast cancer.

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

72 1. Used to screen for breast cancer when there is no  
73 abnormality seen or suspected; and

74 2. Based on personal or family medical history or  
75 additional factors that may increase the person's risk of breast

76 cancer.

77 (2) An accident or health insurance policy issued,  
 78 amended, delivered, or renewed on or after January 1, 2025,  
 79 which provides coverage for diagnostic breast examinations and  
 80 supplemental breast examinations may not impose any cost-sharing  
 81 requirement with respect to such coverage.

82 (3) If, under federal law, the application of subsection  
 83 (2) would result in health savings account ineligibility under  
 84 s. 223 of the Internal Revenue Code, the prohibition under  
 85 subsection (2) applies only to health savings account qualified  
 86 high-deductible health plans with respect to the deductible of  
 87 such a plan after the person has satisfied the minimum  
 88 deductible under s. 223 of the Internal Revenue Code, except  
 89 with respect to items or services that are preventive care  
 90 pursuant to s. 223(c)(2)(C) of the Internal Revenue Code, in  
 91 which case the requirements of s. 223(c)(2)(A) of the Internal  
 92 Revenue Code apply regardless of whether the minimum deductible  
 93 under s. 223 of the Internal Revenue Code has been satisfied.

94 (4) The commission may adopt rules to administer this  
 95 section.

96 Section 3. Section 627.66131, Florida Statutes, is created  
 97 to read:

98 627.66131 Coverage for diagnostic and supplemental breast  
 99 examinations; cost-sharing requirements prohibited.-

100 (1) As used in this section, the terms "cost-sharing

HB 773

2024

101 requirement," "diagnostic breast examination," and "supplemental  
102 breast examination" have the same meanings as in s.  
103 627.64181(1).

104 (2) A group, blanket, or franchise accident or health  
105 insurance policy issued, amended, delivered, or renewed on or  
106 after January 1, 2025, which provides coverage for diagnostic  
107 breast examinations and supplemental breast examinations may not  
108 impose any cost-sharing requirement with respect to such  
109 coverage.

110 (3) If, under federal law, the application of subsection  
111 (2) would result in health savings account ineligibility under  
112 s. 223 of the Internal Revenue Code, the prohibition under  
113 subsection (2) applies only to health savings account qualified  
114 high-deductible health plans with respect to the deductible of  
115 such a plan after the person has satisfied the minimum  
116 deductible under s. 223 of the Internal Revenue Code, except  
117 with respect to items or services that are preventive care  
118 pursuant to s. 223(c)(2)(C) of the Internal Revenue Code, in  
119 which case the requirements of s. 223(c)(2)(A) of the Internal  
120 Revenue Code apply regardless of whether the minimum deductible  
121 under s. 223 of the Internal Revenue Code has been satisfied.

122 (4) The commission may adopt rules to administer this  
123 section.

124 Section 4. Section 641.31093, Florida Statutes, is created  
125 to read:

HB 773

2024

126 641.31093 Coverage for diagnostic and supplemental breast  
127 examinations; cost-sharing requirements prohibited.-

128 (1) As used in this section, the term:

129 (a) "Cost-sharing requirement" means a subscriber's  
130 deductible, coinsurance, copayment, or similar out-of-pocket  
131 expense.

132 (b) "Diagnostic breast examination" has the same meaning  
133 as in s. 627.64181(1).

134 (c) "Supplemental breast examination" has the same meaning  
135 as in s. 627.64181(1).

136 (2) A health maintenance contract issued, amended,  
137 delivered, or renewed on or after January 1, 2025, which  
138 provides coverage for diagnostic breast examinations and  
139 supplemental breast examinations may not impose any cost-sharing  
140 requirement with respect to such coverage.

141 (3) If, under federal law, the application of subsection  
142 (2) would result in health savings account ineligibility under  
143 s. 223 of the Internal Revenue Code, the prohibition under  
144 subsection (2) applies only to health savings account qualified  
145 high-deductible health plans with respect to the deductible of  
146 such a plan after the person has satisfied the minimum  
147 deductible under s. 223 of the Internal Revenue Code, except  
148 with respect to items or services that are preventive care  
149 pursuant to s. 223(c)(2)(C) of the Internal Revenue Code, in  
150 which case the requirements of s. 223(c)(2)(A) of the Internal

HB 773

2024

151 | Revenue Code apply regardless of whether the minimum deductible  
152 | under s. 223 of the Internal Revenue Code has been satisfied.

153 | (4) The commission may adopt rules to administer this  
154 | section.

155 | Section 5. This act shall take effect July 1, 2024.