CS/HB 773

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.; providing definitions; amending s. 110.12303,
5	F.S.; prohibiting the state group insurance program
6	from imposing on an enrollee any cost-sharing
7	requirement with respect to coverage for diagnostic
8	breast examinations and supplemental breast
9	examinations; providing applicability; providing an
10	effective date.
11	
12	Be It Enacted by the Legislature of the State of Florida:
13	
14	Section 1. Paragraph (a), paragraphs (b) through (p), and
15	paragraphs (q) and (r) of subsection (2) of section 110.123,
16	Florida Statutes, are redesignated as paragraph (b), paragraphs
17	(d) through (r), and paragraphs (t) and (u), respectively,
18	paragraphs (c) and (d) of subsection (14) are amended, and new
19	paragraphs (a), (c), and (s) are added to subsection (2) of that
20	section, to read:
21	110.123 State group insurance program
22	(2) DEFINITIONSAs used in ss. 110.123-110.1239, the
23	term:
24	(a) "Cost-sharing requirement" means an insured's
25	deductible, coinsurance, copayment, or similar out-of-pocket
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26	expense.
27	(c) "Diagnostic breast examination" means a medically
28	necessary and appropriate examination of the breast, including,
29	but not limited to, an examination using diagnostic mammography,
30	breast magnetic resonance imaging, or breast ultrasound, which
31	is used to evaluate an abnormality that is seen or suspected
32	from a screening examination for breast cancer.
33	(s) "Supplemental breast examination" means a medically
34	necessary and appropriate examination of the breast, including,
35	but not limited to, an examination using breast magnetic
36	resonance imaging or breast ultrasound, which is:
37	1. Used to screen for breast cancer when there is no
38	abnormality seen or suspected; and
39	2. Based on personal or family medical history or
40	additional factors that may increase the person's risk of breast
41	cancer.
42	(14) OTHER-PERSONAL-SERVICES EMPLOYEES (OPS)
43	(c) The initial measurement period used to determine
44	whether an employee hired before April 1, 2013, and paid from
45	OPS funds is a full-time employee described in subparagraph
46	(2)(g)1. $(2)(e)1.$ is the 6-month period from April 1, 2013,
47	through September 30, 2013.
48	(d) All other measurement periods used to determine
49	whether an employee paid from OPS funds is a full-time employee
50	described in paragraph <u>(2)(g)</u> (2)(e) must be for 12 consecutive
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51 months. 52 Section 2. Subsection (5) is added to section 110.12303, 53 Florida Statutes, to read: 54 110.12303 State group insurance program; additional 55 benefits; price transparency program; reporting.-56 (5) In any contract or plan for state employee health 57 benefits which provides coverages for diagnostic breast examinations or supplemental breast examinations, the state 58 59 group insurance program may not impose on an enrollee any cost-60 sharing requirement. If, under federal law, the application of 61 this subsection would result in health savings account 62 ineligibility under s. 223 of the Internal Revenue Code, the 63 prohibition under this subsection applies only to health savings 64 account qualified high-deductible health plans with respect to 65 the deductible of such a plan after the person has satisfied the 66 minimum deductible under s. 223 of the Internal Revenue Code, 67 except with respect to items or services that are preventive 68 care pursuant to s. 223(c)(2)(C) of the Internal Revenue Code, 69 in which case the requirements of s. 223(c)(2)(A) of the 70 Internal Revenue Code apply regardless of whether the minimum deductible under s. 223 of the Internal Revenue Code has been 71 72 satisfied. 73 Section 3. This act shall take effect January 1, 2025.

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