

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 (2)(g) ~~(2)(e)~~ must be for 12 consecutive

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
58 examinations or supplemental breast examinations, the state
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
71 deductible under s. 223 of the Internal Revenue Code has been
72 satisfied.

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