By Senator Berman

26-01578-24 2024932

A bill to be entitled

An act relating to coverage for diagnostic and supplemental breast examinations; amending s. 110.123, F.S.; prohibiting the state group insurance program from imposing any enrollee cost-sharing liability with respect to coverage for diagnostic breast examinations and supplemental breast examinations; creating ss. 627.64181, 627.66131, and 641.31093, F.S.; defining terms; prohibiting the imposition of cost-sharing requirements for diagnostic and supplemental breast examinations by individual accident and health insurance policies; group, blanket, or franchise accident and health insurance policies; and health maintenance contracts, respectively, which provide such coverage; providing applicability; authorizing the Financial Services Commission to adopt rules; providing an effective date.

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

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Section 1. Paragraph (c) of subsection (3) of section 110.123, Florida Statutes, is amended to read:

- 110.123 State group insurance program.-
- (3) STATE GROUP INSURANCE PROGRAM.-
- (c) $\underline{1}$. Notwithstanding any provision in this section to the contrary, it is the intent of the Legislature that the department shall be responsible for all aspects of the purchase of health care for state employees under the state group health insurance plan or plans, TRICARE supplemental insurance plans,

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26-01578-24 2024932

and the health maintenance organization plans. Responsibilities shall include, but not be limited to, the development of requests for proposals or invitations to negotiate for state employee health benefits, the determination of health care benefits to be provided, and the negotiation of contracts for health care and health care administrative services. Prior to the negotiation of contracts for health care services, the Legislature intends that the department shall develop, with respect to state collective bargaining issues, the health benefits and terms to be included in the state group health insurance program. The department shall adopt rules necessary to perform its responsibilities pursuant to this section. The department is responsible for the contract management and dayto-day management of the state employee health insurance program, including, but not limited to, employee enrollment, premium collection, payment to health care providers, and other administrative functions related to the program.

- 2. In any contract or plan for state employee health benefits which provides coverage for diagnostic breast examinations or supplemental breast examinations, as those terms are defined in s. 627.64181(1), the state group insurance program may not impose any enrollee cost-sharing liability.
- Section 2. Section 627.64181, Florida Statutes, is created to read:
- 627.64181 Coverage for diagnostic and supplemental breast examinations; cost-sharing requirements prohibited.—
 - (1) As used in this section, the term:
- (a) "Cost-sharing requirement" means an insured's deductible, coinsurance, copayment, or similar out-of-pocket

26-01578-24 2024932

expense.

(b) "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.

- (c) "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.
- (2) An accident or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2025, which provides coverage for diagnostic breast examinations and supplemental breast examinations may not impose any cost-sharing requirement with respect to such coverage.
- (3) If, under federal law, the application of subsection
 (2) would result in health savings account ineligibility under
 s. 223 of the Internal Revenue Code, the prohibition under
 subsection (2) 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

26-01578-24 2024932

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.

- (4) The commission may adopt rules to administer this section.
- Section 3. Section 627.66131, Florida Statutes, is created to read:
- <u>627.66131 Coverage for diagnostic and supplemental breast</u> examinations; cost-sharing requirements prohibited.—
- (1) As used in this section, the terms "cost-sharing requirement," "diagnostic breast examination," and "supplemental breast examination" have the same meanings as in s. 627.64181(1).
- (2) A group, blanket, or franchise accident or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2025, which provides coverage for diagnostic breast examinations and supplemental breast examinations may not impose any cost-sharing requirement with respect to such coverage.
- (3) If, under federal law, the application of subsection (2) would result in health savings account ineligibility under s. 223 of the Internal Revenue Code, the prohibition under subsection (2) 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

26-01578-24 2024932

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.

- (4) The commission may adopt rules to administer this section.
- Section 4. Section 641.31093, Florida Statutes, is created to read:
- 641.31093 Coverage for diagnostic and supplemental breast examinations; cost-sharing requirements prohibited.—
- (1) As used in this section, the terms "cost-sharing requirement," "diagnostic breast examination," and "supplemental breast examination" have the same meanings as in s. 627.64181(1).
- (2) A health maintenance contract issued, amended, delivered, or renewed on or after January 1, 2025, which provides coverage for diagnostic breast examinations and supplemental breast examinations may not impose any cost-sharing requirement with respect to such coverage.
- (3) If, under federal law, the application of subsection
 (2) would result in health savings account ineligibility under
 s. 223 of the Internal Revenue Code, the prohibition under
 subsection (2) 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

	2024932	
146	under s. 223 of the Internal Revenue Code has been satisfied.	
147	(4) The commission may adopt rules to administer this	
148	section.	
149	Section 5. This act shall take effect July 1, 2024.	