

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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BILL #: [HB 141](#)

TITLE: State Group Insurance Program Coverage for Diagnostic and Supplemental Breast Examinations

SPONSOR(S): Woodson

COMPANION BILL: [SB 158](#) (Berman)

LINKED BILLS: None

RELATED BILLS: [SB 158](#) (Berman)

Committee References

[Health Care Facilities & Systems](#)

15 Y, 0 N

[Budget](#)

[Health & Human Services](#)

SUMMARY

Effect of the Bill:

The bill requires state group health insurance products which provide coverage for diagnostic and supplemental breast examinations to provide the coverage without imposing any cost sharing liability on the insured, such as a deductible, copayment, coinsurance, or any other cost-sharing.

Fiscal or Economic Impact:

The bill has a significant, negative fiscal impact on the state employee group health plan. See Fiscal or Economic Impact.

[JUMP TO](#)

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

[BILL HISTORY](#)

ANALYSIS

EFFECT OF THE BILL:

State Group Health Insurance Program

The State of Florida offers its eligible employees, retirees, and their dependents a rich benefits package which includes comprehensive health insurance coverage. The [state group health insurance program](#) covers 100 percent of the costs of breast cancer screenings and preventative mammograms, (consistent with federal requirements related to essential health benefits coverage). While current plans provide diagnostic breast examinations without cost sharing, cost sharing for supplemental examinations vary among the current plans.

The bill requires state group health insurance products which provide coverage for diagnostic and supplemental breast examinations to provide the coverage without imposing any cost sharing liability on the insured, such as a deductible, copayment, coinsurance, or any other cost-sharing. (Section [2](#))

The bill provides parameters for what constitutes as a supplemental breast examination, prohibiting cost sharing for examinations that are:

- Medically necessary and appropriate, which may include magnetic resonance imaging and ultrasounds and other types of examinations;
- Used when no abnormality is seen or suspected; and
- Based on family medical history or other increased risk factors. (Section [1](#))

The bill provides an effective date of January 1, 2026. (Section [3](#))

FISCAL OR ECONOMIC IMPACT:

STORAGE NAME: h0141a.HFS

DATE: 4/10/2025

STATE GOVERNMENT:

The Division of State Group Insurance within the Department of Management Services (DMS) estimates the cost to comply with the bill is \$3.6 million annually in increased claim costs to state health plans due to the elimination of cost-sharing and a projected increase in utilization.¹

DMS included the following fiscal impact breakdown between self-insured health maintenance organization (HMO), self-insured preferred provider organization (PPO), and full-insured HMO:²

- The self-insured PPO plan anticipates an estimated fiscal impact of \$2.3 million. The majority of the estimated increase is attributed to the removal of cost sharing as it relates to advanced imaging. The remaining factor impacting the fiscal analysis is due to an estimated 13-27% increase in utilization for both the under age 45 population, as well as the 45 and over age population.
- The self-insured HMOs estimated a combined fiscal impact of \$1.31 million. The removal of cost sharing, as well as increased utilization, are the primary cost drivers.

The fully-insured HMO estimated the impact to be much lower, at approximately \$11,309, due to the already limited cost share responsibility

RELEVANT INFORMATION

SUBJECT OVERVIEW:

[State Employee Health Plan](#)

The Division of State Group Insurance (DSGI) within the Department of Management Services (DMS) administers the state group health insurance program (Program) under Ch. 110, F.S. The Program is a cafeteria plan managed consistent with section 125 of the Internal Revenue Service Code.³ To administer the program, DSGI contracts with third party administrators for self-insured plans and fully insured health maintenance organizations (HMOs) to offer both standard and high deductible policies. For the 2025 Plan Year which began January 1, 2025, the HMO plans under contract with DSGI are Aetna, Capital Health Plan, and United Healthcare, and the preferred provider organization (PPO) plan is Florida Blue.⁴

Breast Cancer

Breast cancer is the most common form of cancer diagnosed in women and it is estimated that one in eight women will be diagnosed with breast cancer in her lifetime.⁵ It accounts for 30 percent of all new female cancers in the United States each year.⁶ The median age at which a woman is diagnosed is age 62 with a very small percentage of women who are diagnosed under the age of 45.⁷

¹ Department of Management Services, *2025 Agency Legislative Bill Analysis for House Bill 141*, on file with the Health Care Facilities & Systems Subcommittee.

² *Id.*

³ A section 125 cafeteria plan is a type of employer offered, flexible health insurance plan that provides employees a menu of pre-tax and taxable qualified benefits to choose from, but employees must be offered at least one taxable benefit such as cash, and one qualified benefit, such as a Health Savings Account.

⁴ Department of Management Services, Division of State Group Insurance, *Division of State Group Insurance Benefits Guide*, available at <https://dms-media.ccplatform.net/content/download/169601/file/2025%20Benefit%20Guide.pdf> last visited January 28, 2025).

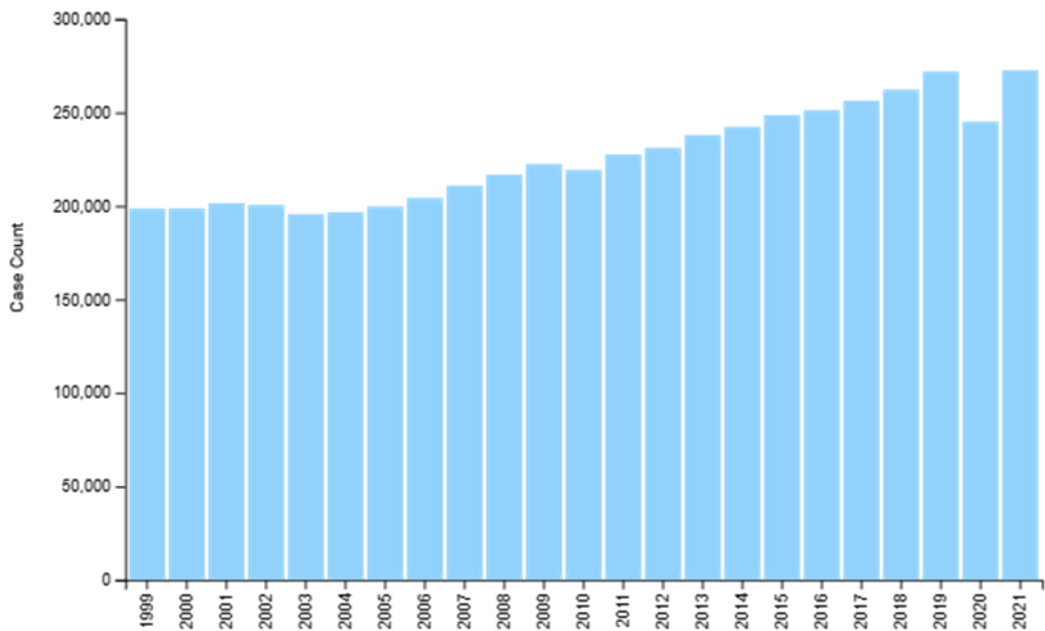
⁵ American Cancer Society, *Key Statistics for Breast Cancer*, <https://www.cancer.org/cancer/types/breast-cancer/about/how-common-is-breast-cancer.html> (last visited January 28, 2025).

⁶ *Id.*

⁷ *Id.*

Incidence rates have increased by 1% each year, in recent years.⁸ The chart below shows the number of new female breast cancer diagnoses annually for the most recent 10-year period in which data is available.⁹

Annual Number of New Breast Cancers, Female, all Races and Ethnicities – Florida 1999-2021



Breast cancer is the second leading cause of cancer death in women.¹⁰ Over 3,200 Floridians died of breast cancer in 2023, for a five-year impact adding up to 15,923 deaths.¹¹ For 2023, the statewide age-adjusted rate of breast cancer deaths was 18.1 per 100,000 women.¹²

The survival rate for female breast cancer is high. At five years, the relative survival rate for all races and ethnicities is 91 percent.¹³ When broken down by race and ethnicity, the five-year survival rate shows an almost 10-point difference between Black, non-Hispanic women and several other race and ethnicity groups, as shown below.

5-Year Relative Survival: Female Breast Cancer By Race and Ethnicity – National Rates	
Race, Ethnicity	5-Year Survival %
White, Non-Hispanic	92.2
Black, Non-Hispanic	83.5
American Indian and Alaska Native, Non-Hispanic	88.4
Asian and Pacific Islander, Non-Hispanic	92.1

⁸ *Supra*, note 5.

⁹ Centers for Disease Control and Prevention, *U.S. Cancer Statistics Data Visualizations Tool*, (1999-2021 data), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute (released in June 2024); available at [USCS Data Visualizations - CDChttps://gis.cdc.gov/Cancer/USCS/-/Trends/](https://gis.cdc.gov/Cancer/USCS/-/Trends/) (last visited January 28, 2025).

¹⁰ *Supra*, note 5.

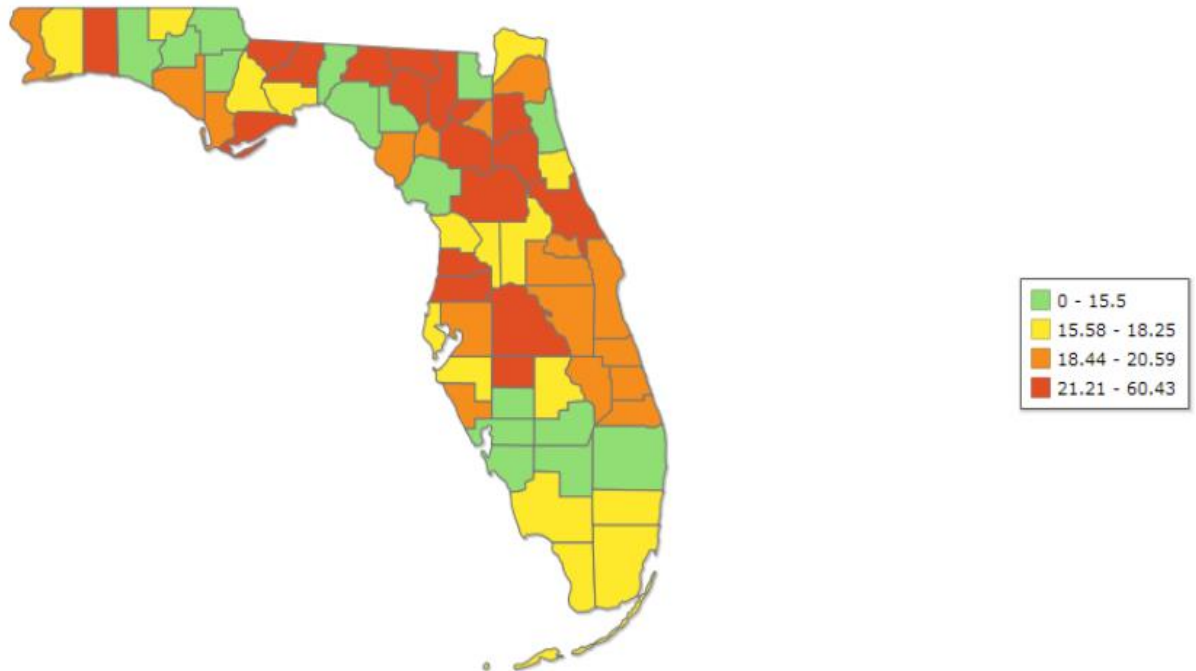
¹¹ Florida Department of Health, *FLHealthCharts, Deaths Counts Query* (query run January 28, 2025) available at: https://www.flhealthcharts.gov/FLQUERY_New/Death/Count (last visited January 28, 2025).

¹² *Id.*

¹³ *Id.*

Hispanic	89.5
Total	91.0

Age-adjusted Deaths From Female Breast Cancer, Rate Per 100,000 Female Population, 2023



Risks and Risk Factors

There are no absolute ways to prevent breast cancer as there might be with other forms of cancer; however, there are some risk factors that may increase a woman's chances of receiving a diagnosis. Some risk factors that are out of an individual's control are:¹⁴

- Being born female;
- Aging beyond 55;
- Inheriting certain gene changes;
- Having a family or personal history of breast cancer;
- Being of certain race or ethnicity;
- Being taller;
- Having dense breast tissue;
- Having certain benign breast conditions;
- Starting menstrual periods early, usually before age 12;
- Having radiation to the chest; and
- Being exposed to the drug, diethylstilbestrol (DES).

For many of the factors above, it is unclear why these particular characteristics make an individual more susceptible to a cancer diagnosis other than perhaps being female. Other risk factors can be related to personal

¹⁴ American Cancer Society, *Breast Cancer Risk Factors You Cannot Change*, available at <https://www.cancer.org/cancer/types/breast-cancer/risk-and-prevention/breast-cancer-risk-factors-you-cannot-change.html> (last visited January 28, 2025).

behaviors such as drinking alcohol excessively, being overweight or obese, not having children, or being less physically active.¹⁵

However, men can and do receive breast cancer diagnoses, just in very small numbers. About one in every 100 breast cancers diagnosed in the United States is found in a man. For men, unique risk factors from those listed above may include genetic mutations, liver disease, conditions which affect the testicles, and the genetic condition known as Klinefelter syndrome.¹⁶

Prevention and Screenings

Having regular screenings for breast cancer are important as screenings aid in finding cancer early. Early detection with breast cancer gives an individual the best chance at successful treatment and higher incidences of survival.

A mammogram is an x-ray picture of the breast which may be able to detect breast cancer up to three years before it can be felt.¹⁷ A screening mammography can often find evidence before there is any other evidence or symptoms of the cancer.

The U.S. Preventive Services Task Force (USPSTF) makes recommendations about the effectiveness of specific preventative care services for patients to improve the health of people nationwide. In their 2024 recommendations for breast cancer screening, the USPSTF recommends biennial screenings for women aged 40-74. For those aged 75 and older, the USPSTF found insufficient evidence to be able to assess whether screening mammograms offered a net benefit. For women with dense breasts, the USPSTF found insufficient evidence to assess whether supplemental screening using breast ultrasonography or magnetic resonance imaging offered a net benefit when the women has a negative screening mammogram. While a screening mammogram's risks as a procedure is considered to be a low risk, the principal harms identified were concerns of both over-diagnosis and under-diagnosis coupled with the anxiety caused by the follow-up procedures and false positives.¹⁸

Biennial breast cancer screenings are included on the USPSTF list of recommended preventive services as part of the Essential Health Benefits coverages for women ages 40 to 74 years old with a "B" score.¹⁹ With inclusion in the Essential Health Benefits package, preventive breast cancer screenings for insured women within the recommended age range qualify for the service from a network provider at no cost sharing. Should more detailed testing or diagnostic mammograms be necessary; however, those services are generally no longer considered to be preventive. Depending on the insured's insurance coverage plan, the additional diagnostic services, if covered, would incur the insured's regular out of pocket costs for diagnostic testing and be subject potentially to the insured's co-insurance or deductible requirements.

A health care provider may order additional tests like these below to make a further evaluation of a screening mammogram or to make additional treatment decisions:²⁰

¹⁵ American Cancer Society, *Lifestyle-related Breast Cancer Risk Factors*, available at <https://www.cancer.org/cancer/types/breast-cancer/risk-and-prevention/lifestyle-related-breast-cancer-risk-factors.html> (last visited January 28, 2025).

¹⁶ Centers for Disease Control and Prevention, *About Breast Cancer in Men*, available at <https://www.cdc.gov/breast-cancer/about/men.html> (last visited January 28, 2025).

¹⁷ Centers for Disease Control and Prevention, *What is a Mammogram?* available at: [What Is a Mammogram? | CDC](https://www.cdc.gov/breast-cancer/what-is-a-mammogram/) What Is a Mammogram? | CDC, (last visited January 28, 2024).

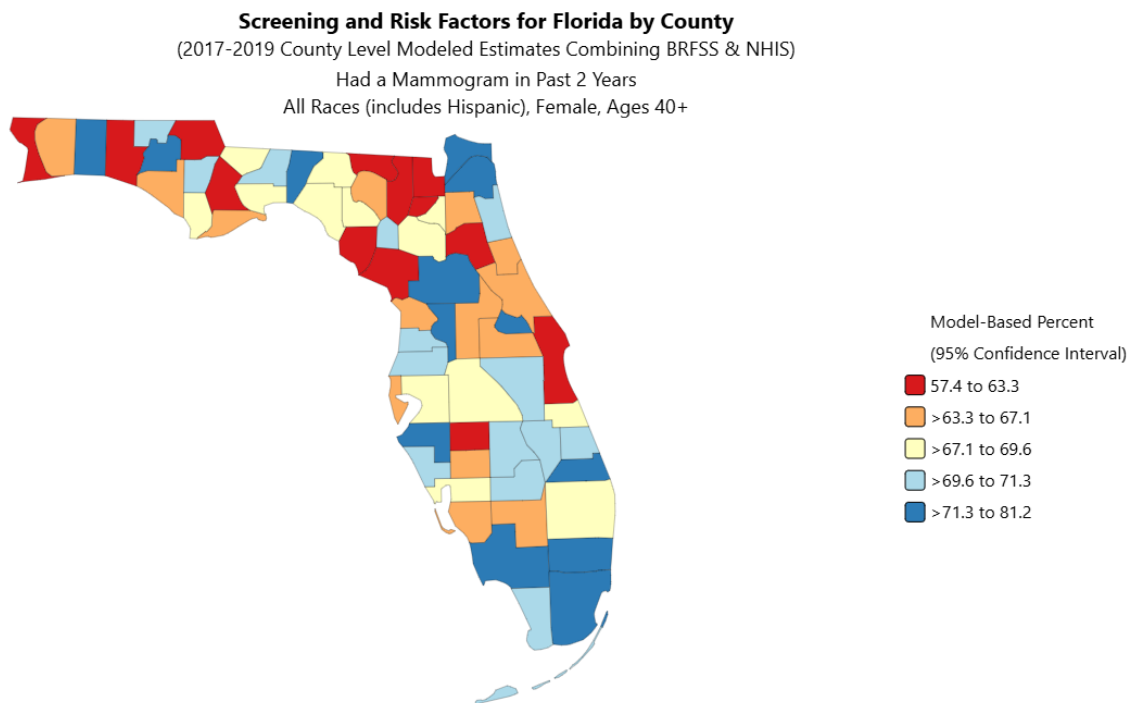
¹⁸ U.S. Preventive Services Task Force, *Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement*, *JAMA Network (April 30, 2024, Clinical Guideline)* available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening> (last visited January 28, 2025).

¹⁹ Under the Affordable Care Act, benefits identified by the United States Preventive Services Task Force as having an "A" or "B" effectiveness rating must be covered as an essential health benefit with no cost sharing to an individual insured under a qualified health plan with in-network providers.

²⁰ Centers for Disease Control and Prevention, *Diagnosing Breast Cancer*, Available at <https://www.cdc.gov/breast-cancer/screening/diagnosis.html> (last visited January 28, 2025).

- **A breast ultrasound** uses machine-generated sound waves, called sonograms, to make pictures of areas inside the breast.
- **Diagnostic mammogram** may be used if a problem such as a lump, or an abnormal area has been located on a screening mammogram. The diagnostic mammogram is more a detailed x-ray of the breast.
- **Breast magnetic resonance imaging (MRI)** scans the body with a magnet linked to a computer. The MRI can make detailed pictures of areas inside the breast.
- **Biopsy** is a test that removes tissue or fluid from the breast to be looked at under a microscope and to perform more testing. A biopsy can be done as a fine-needle, aspiration, core biopsy, or an open biopsy.

The percentage of Florida women over the age of 40 who undergo breast cancer screenings has steadily increased. However, women in certain Florida communities and women who are uninsured or underinsured women face challenges in accessing breast cancer screenings. Florida's overall screening rate for women over the age of 40 is 71.1 percent which is slightly higher than the national average of 70.2 percent.²¹



RECENT LEGISLATION:

YEAR	BILL #	HOUSE SPONSOR(S)	SENATE SPONSOR	OTHER INFORMATION
2024	CS/CS/SB 932	Woodson	Berman	Died in House Messages

²¹ National Cancer Institute, *State Cancer Profiles – Florida* (map and data generated on January 28, 2024) available at <https://statecancerprofiles.cancer.gov/risk/index.php?topic=women&risk=v06&race=00&datatype=0&type=risk&sortVariableName=name&sortOrder=asc#results> (last visited January 28, 2025).

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Care Facilities & Systems Subcommittee	15 Y, 0 N	4/10/2025	Calamas	Clenord
Budget Committee				
Health & Human Services Committee				