

1                   A bill to be entitled  
 2           An act relating to state group insurance program  
 3           coverage for diagnostic and supplemental breast  
 4           examinations; amending s. 110.123, F.S.; defining  
 5           terms; amending s. 110.12303, F.S.; prohibiting the  
 6           state group insurance program from imposing any  
 7           enrollee cost-sharing liability upon an enrollee with  
 8           respect to coverage for diagnostic breast examinations  
 9           or supplemental breast examinations; providing  
 10          applicability; providing an effective date.

11  
 12 Be It Enacted by the Legislature of the State of Florida:

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 14           **Section 1. Present paragraphs (b) through (p), (q), and**  
 15 **(r) of subsection (2) of section 110.123, Florida Statutes, are**  
 16 **redesignated as paragraphs (c) through (q), (s), and (t),**  
 17 **respectively, new paragraphs (b) and (r) are added to that**  
 18 **subsection, and paragraphs (c) and (d) of subsection (14) of**  
 19 **that section are amended, to read:**

20           110.123 State group insurance program.—

21           (2) DEFINITIONS.—As used in ss. 110.123-110.1239, the  
 22 term:

23           (b) "Diagnostic breast examination" means a medically  
 24 necessary and appropriate imaging examination of the breast, as  
 25 determined in accordance with the most recent applicable

26 guidelines of the National Comprehensive Cancer Network,  
 27 including, but not limited to, an examination using diagnostic  
 28 mammography, breast magnetic resonance imaging, or breast  
 29 ultrasound, which is used to evaluate an abnormality that is  
 30 seen or suspected during a screening examination for breast  
 31 cancer.

32 (r) "Supplemental breast examination" means a medically  
 33 necessary and appropriate imaging examination of the breast,  
 34 conducted in accordance with the most recent applicable  
 35 guidelines of the National Comprehensive Cancer Network,  
 36 including, but not limited to, an examination using breast  
 37 magnetic resonance imaging or breast ultrasound, which is:

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

40 2. Based on personal or family medical history or  
 41 additional factors that may increase the person's risk of breast  
 42 cancer.

43 (14) OTHER-PERSONAL-SERVICES (OPS) EMPLOYEES ~~(OPS).~~-

44 (c) The initial measurement period used to determine  
 45 whether an employee hired before April 1, 2013, and paid from  
 46 OPS funds is a full-time state employee described in  
 47 subparagraph (2)(f)1. ~~(2)(e)1.~~ is the 6-month period from April  
 48 1, 2013, through September 30, 2013.

49 (d) All other measurement periods used to determine  
 50 whether an employee paid from OPS funds is a full-time state

51 employee described in paragraph (2) (f) ~~(2) (e)~~ must be for 12  
52 consecutive months.

53 **Section 2. Present subsections (5) and (6) of section**  
54 **110.12303, Florida Statutes, are redesignated as subsections (6)**  
55 **and (7), respectively, and a new subsection (5) is added to that**  
56 **section, to read::**

57 110.12303 State group insurance program; additional  
58 benefits; price transparency program; reporting.—

59 (5) In any contract or plan for state employee health  
60 benefits which provides coverages for diagnostic breast  
61 examinations or supplemental breast examinations, the state  
62 group insurance program may not impose any enrollee cost-sharing  
63 liability upon an enrollee. If, under federal law, the  
64 application of this subsection would result in health savings  
65 account ineligibility under s. 223 of the Internal Revenue Code,  
66 the prohibition under this subsection applies only to health  
67 savings account qualified high-deductible health plans with  
68 respect to the deductible of such a plan after the person has  
69 satisfied the minimum deductible under s. 223 of the Internal  
70 Revenue Code, except with respect to items or services that are  
71 preventive care pursuant to s. 223(c) (2) (C) of the Internal  
72 Revenue Code, in which case the requirements of s. 223(c) (2) (A)  
73 of the Internal Revenue Code apply regardless of whether the  
74 minimum deductible under s. 223 of the Internal Revenue Code has  
75 been satisfied.

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**Section 3.** This act shall take effect January 1, 2026.