By Senator Berman

| | 26-00164A-25 2025158 |
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| 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.; defining terms; amending s. 110.12303, F.S.; |
| 5 | prohibiting the state group insurance program from |
| 6 | imposing any cost-sharing requirement upon an enrollee |
| 7 | with respect to coverage for diagnostic breast |
| 8 | examinations or supplemental breast examinations; |
| 9 | providing applicability; providing an effective date. |
| 10 | |
| 11 | Be It Enacted by the Legislature of the State of Florida: |
| 12 | |
| 13 | Section 1. Present paragraphs (a), (b) through (p), (q), |
| 14 | and (r) of subsection (2) of section 110.123, Florida Statutes, |
| 15 | are redesignated as paragraphs (b), (d) through (r), (t), and |
| 16 | (u), respectively, new paragraphs (a) and (c) and paragraph (s) |
| 17 | are added to that subsection, and paragraphs (c) and (d) of |
| 18 | subsection (14) of that section are amended, to read: |
| 19 | 110.123 State group insurance program |
| 20 | (2) DEFINITIONSAs used in ss. 110.123-110.1239, the term: |
| 21 | (a) "Cost-sharing requirement" means an insured's |
| 22 | deductible, coinsurance, copayment, or similar out-of-pocket |
| 23 | expense. |
| 24 | (c) "Diagnostic breast examination" means a medically |
| 25 | necessary and appropriate imaging examination of the breast, as |
| 26 | determined in accordance with the most recent applicable |
| 27 | guidelines of the National Comprehensive Cancer Network, |
| 28 | including, but not limited to, an examination using diagnostic |
| 29 | mammography, breast magnetic resonance imaging, or breast |

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| 30 | ultrasound, which is used to evaluate an abnormality that is |
| 31 | seen or suspected during a screening examination for breast |
| 32 | cancer. |
| 33 | (s) "Supplemental breast examination" means a medically |
| 34 | necessary and appropriate imaging examination of the breast, |
| 35 | conducted in accordance with the most recent applicable |
| 36 | guidelines of the National Comprehensive Cancer Network, |
| 37 | including, but not limited to, an examination using breast |
| 38 | magnetic resonance imaging or breast ultrasound, which is: |
| 39 | 1. Used to screen for breast cancer when there is no |
| 40 | abnormality seen or suspected; and |
| 41 | 2. Based on personal or family medical history or |
| 42 | additional factors that may increase the person's risk of breast |
| 43 | cancer. |
| 44 | (14) OTHER-PERSONAL-SERVICES EMPLOYEES (OPS) |
| 45 | (c) The initial measurement period used to determine |
| 46 | whether an employee hired before April 1, 2013, and paid from |
| 47 | OPS funds is a full-time employee described in subparagraph |
| 48 | (2)(g)1. (2)(e)1. is the 6-month period from April 1, 2013, |
| 49 | through September 30, 2013. |
| 50 | (d) All other measurement periods used to determine whether |
| 51 | an employee paid from OPS funds is a full-time employee |
| 52 | described in paragraph <u>(2)(g)</u> (2)(e) must be for 12 consecutive |
| 53 | months. |
| 54 | Section 2. Present subsections (5) and (6) of section |
| 55 | 110.12303, Florida Statutes, are redesignated as subsections (6) |
| 56 | and (7), respectively, and a new subsection (5) is added to that |
| 57 | section, to read: |
| 58 | 110.12303 State group insurance program; additional |
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| 59 | benefits; price transparency program; reporting |
| 60 | (5) In any contract or plan for state employee health |
| 61 | benefits which provides coverage for diagnostic breast |
| 62 | examinations or supplemental breast examinations, the state |
| 63 | group insurance program may not impose any cost-sharing |
| 64 | requirement upon an enrollee. If, under federal law, the |
| 65 | application of this subsection would result in health savings |
| 66 | account ineligibility under s. 223 of the Internal Revenue Code, |
| 67 | the prohibition under this subsection applies only to health |
| 68 | savings account qualified high-deductible health plans with |
| 69 | respect to the deductible of such a plan after the person has |
| 70 | satisfied the minimum deductible under s. 223 of the Internal |
| 71 | Revenue Code, except with respect to items or services that are |
| 72 | preventive care pursuant to s. 223(c)(2)(C) of the Internal |
| 73 | Revenue Code, in which case the requirements of s. 223(c)(2)(A) |
| 74 | of the Internal Revenue Code apply regardless of whether the |
| 75 | minimum deductible under s. 223 of the Internal Revenue Code has |
| 76 | been satisfied. |
| 77 | Section 3. This act shall take effect January 1, 2026. |

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