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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.

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

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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) DEFINITIONS.—As 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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ultrasound, which is used to evaluate an abnormality that is seen or suspected during a screening examination for breast cancer.

(s) "Supplemental breast examination" means a medically necessary and appropriate imaging examination of the breast, conducted in accordance with the most recent applicable guidelines of the National Comprehensive Cancer Network, 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.

(14) OTHER-PERSONAL-SERVICES EMPLOYEES (OPS).—

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

(d) All other measurement periods used to determine whether an employee paid from OPS funds is a full-time employee described in paragraph (2)(g) ~~(2)(e)~~ must be for 12 consecutive months.

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

110.12303 State group insurance program; additional

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benefits; price transparency program; reporting.—

(5) In any contract or plan for state employee health benefits which provides coverage for diagnostic breast examinations or supplemental breast examinations, the state group insurance program may not impose any cost-sharing requirement upon an enrollee. If, under federal law, the application of this subsection would result in health savings account ineligibility under s. 223 of the Internal Revenue Code, the prohibition under this subsection 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 under s. 223 of the Internal Revenue Code has been satisfied.

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