

By: Representative Zuber

To: Insurance

HOUSE BILL NO. 1138

1 AN ACT TO AMEND SECTION 83-9-108, MISSISSIPPI CODE OF 1972,
 2 TO PROVIDE THAT A GROUP HEALTH PLAN OR HEALTH INSURANCE ISSUER
 3 THAT OFFERS GROUP OR INDIVIDUAL HEALTH INSURANCE COVERAGE SHALL
 4 NOT IMPOSE ANY COST-SHARING REQUIREMENTS FOR BREAST CANCER
 5 SCREENINGS, DIAGNOSTIC BREAST EXAMINATIONS OR SUPPLEMENTAL BREAST
 6 EXAMINATIONS IF THE GROUP HEALTH PLAN OR HEALTH INSURANCE ISSUER
 7 PROVIDES THESE BENEFITS TO AN INDIVIDUAL ENROLLED UNDER SUCH PLAN
 8 OR COVERAGE; AND FOR RELATED PURPOSES.

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

10 **SECTION 1.** Section 83-9-108, Mississippi Code of 1972, is
 11 amended as follows:

12 83-9-108. (1) Every insurer shall offer in each group or
 13 individual policy, contract or certificate of health insurance
 14 issued or renewed for persons who are residents of this state,
 15 coverage for annual screenings by low-dose mammography for all
 16 women thirty-five (35) years of age or older for the presence of
 17 occult breast cancer within the provisions of the policy, contract
 18 or certificate. This coverage shall be offered on an optional
 19 basis, and each primary insured must accept or reject such
 20 coverage in writing and accept responsibility for premium payment.



21 (2) Such benefits shall be at least as favorable as for
22 other radiological examinations and subject to the same dollar
23 limits, deductibles and coinsurance factors. For purposes of this
24 section, "low-dose mammography" means the x-ray examination of the
25 breast using equipment dedicated specifically for mammography,
26 including the x-ray tube, filter, compression device, screens,
27 films and cassettes with a radiation exposure which is
28 diagnostically valuable and in keeping with the recommended
29 "Average Patient Exposure Guides" as published by the Conference
30 of Radiation Control Program Directors, Inc.

31 (3) Except for cancer policies, nothing in this subsections
32 (1) and (2) section shall apply to accident-only, specified
33 disease, hospital indemnity, Medicare supplement, long-term care
34 or limited benefit health insurance policies.

35 (4) The following words and phrases shall have the meanings
36 as defined in this section unless the context clearly indicates
37 otherwise:

38 (a) "Cost-sharing requirements" means a deductible,
39 coinsurance, copayment and any maximum limitation on the
40 application of such a deductible, coinsurance, copayment or
41 similar out-of-pocket expense.

42 (b) "Diagnostic breast examination" means a medically
43 necessary and appropriate examination of the breast, including
44 such an examination using diagnostic mammography, breast magnetic
45 resonance imaging or breast ultrasound, that is:



46 (i) Used to evaluate an abnormality seen or
47 suspected from a screening examination for breast cancer; or

48 (ii) Used to evaluate an abnormality detected by
49 another means of examination.

50 (c) "Supplemental breast examination" means a medically
51 necessary and appropriate examination of the breast, including
52 such an examination using breast magnetic resonance imaging or
53 breast ultrasound, that is:

54 (i) Used to screen for breast cancer when there is
55 no abnormality seen or suspected; and

56 (ii) Based on personal or family medical history
57 or additional factors that may increase the individual's risk of
58 breast cancer.

59 (5) A group health plan or health insurance issuer that
60 offers group or individual health insurance coverage shall not
61 impose any cost-sharing requirements for breast cancer screenings,
62 diagnostic breast examinations or supplemental breast examinations
63 if the group health plan or health insurance issuer provides these
64 benefits to an individual enrolled under such plan or coverage.

65 **SECTION 2.** This act shall take effect and be in force from
66 and after July 1, 2023.

