

By: Senator(s) Michel

To: Insurance

SENATE BILL NO. 2219

1 AN ACT TO AMEND SECTION 83-9-108, MISSISSIPPI CODE OF 1972,  
 2 TO PROVIDE THAT ANY GROUP HEALTH PLAN OR A HEALTH INSURANCE ISSUER  
 3 OFFERING GROUP OR INDIVIDUAL HEALTH INSURANCE COVERAGE SHALL NOT  
 4 IMPOSE ANY COST-SHARING REQUIREMENTS FOR BREAST CANCER SCREENING,  
 5 DIAGNOSTIC BREAST EXAMINATIONS AND SUPPLEMENTAL BREAST  
 6 EXAMINATIONS IF IT PROVIDES THESE BENEFITS TO AN INDIVIDUAL  
 7 ENROLLED UNDER SUCH PLAN OR SUCH COVERAGE; AND FOR RELATED  
 8 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 subsections (1)  
32 and (2) of this 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 terms shall have the meanings ascribed  
36 herein:

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

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



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

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

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

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

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

58 (5) Any group health plan or a health insurance issuer  
59 offering group or individual health insurance coverage shall not  
60 impose any cost-sharing requirements for breast cancer screening,  
61 diagnostic breast examinations and supplemental breast  
62 examinations if it provides these benefits to an individual  
63 enrolled under such plan or such coverage.

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

