

By: Representatives Creekmore IV, Lancaster, To: Insurance
Mickens, Foster

HOUSE BILL NO. 1144

1 AN ACT TO PROHIBIT GROUP HEALTH PLANS AND HEALTH INSURANCE
2 ISSUERS THAT PROVIDE BENEFITS WITH RESPECT TO SCREENING,
3 DIAGNOSTIC BREAST EXAMINATIONS AND SUPPLEMENTAL BREAST
4 EXAMINATIONS FURNISHED TO INDIVIDUALS ENROLLED UNDER SUCH PLANS
5 FROM IMPOSING ANY COST-SHARING REQUIREMENTS FOR THOSE SERVICES; TO
6 AMEND SECTION 83-9-108, MISSISSIPPI CODE OF 1972, TO CONFORM TO
7 THE PRECEDING PROVISIONS; AND FOR RELATED PURPOSES.

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

9 **SECTION 1.** As used in this section, the following terms
10 shall be defined as provided in this subsection:

11 (a) "Cost-sharing requirements" means a deductible,
12 coinsurance, copayment or similar out-of-pocket expense.

13 (b) "Diagnostic breast examinations" means a medically
14 necessary and appropriate (in accordance with National
15 Comprehensive Cancer Network Guidelines) examination of the
16 breast, including, but not limited to, such an examination using
17 contrast-enhanced mammography, diagnostic mammography, breast
18 magnetic resonance imaging, or breast ultrasound, that is:

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



21 (ii) Used to evaluate an abnormality detected by
22 another means of examination.

23 (c) "Supplemental breast examinations" means a
24 medically necessary and appropriate (in accordance with National
25 Comprehensive Cancer Network Guidelines) examination of the
26 breast, including, but not limited to, such an examination using
27 contrast-enhanced mammography, diagnostic mammography, breast
28 magnetic resonance imaging, or breast ultrasound, that is:

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

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

34 (2) If a group health plan, or a health insurance issuer
35 offering group or individual health insurance coverage, provides
36 benefits with respect to screening, diagnostic breast examinations
37 and supplemental breast examinations furnished to an individual
38 enrolled under such plan, such plan shall not impose any
39 cost-sharing requirements for those services.

40 (3) If under federal law, application of subsection (2) of
41 this section would result in health savings account ineligibility
42 under Section 223 of the federal Internal Revenue Code, this
43 requirement shall apply only for health savings account-qualified
44 high deductible health plans with respect to the deductible of
45 such a plan after the enrollee has satisfied the minimum



46 deductible under Section 223, except for with respect to items or
47 services that are preventive care pursuant to Section 223(c)(2)(C)
48 of the federal Internal Revenue Code, in which case the
49 requirements of subsection (2) shall apply regardless of whether
50 the minimum deductible under Section 223 has been satisfied.

51 **SECTION 2.** Section 83-9-108, Mississippi Code of 1972, is
52 amended as follows:

53 83-9-108. (1) Every insurer shall offer in each group or
54 individual policy, contract or certificate of health insurance
55 issued or renewed for persons who are residents of this state,
56 coverage for annual screenings by low-dose mammography for all
57 women thirty-five (35) years of age or older for the presence of
58 occult breast cancer within the provisions of the policy, contract
59 or certificate. This coverage shall be offered on an optional
60 basis, and each primary insured must accept or reject such
61 coverage in writing and accept responsibility for premium payment.

62 (2) Such benefits shall be at least as favorable as for
63 other radiological examinations and subject to the same dollar
64 limits, deductibles and coinsurance factors. For purposes of this
65 section, "low-dose mammography" means the X-ray examination of the
66 breast using equipment dedicated specifically for mammography,
67 including the X-ray tube, filter, compression device, screens,
68 films and cassettes with a radiation exposure which is
69 diagnostically valuable and in keeping with the recommended



70 "Average Patient Exposure Guides" as published by the Conference
71 of Radiation Control Program Directors, Inc.

72 (3) Except for cancer policies, nothing in this section
73 shall apply to accident-only, specified disease, hospital
74 indemnity, Medicare supplement, long-term care or limited benefit
75 health insurance policies.

76 (4) The provisions of Section 1 of this act shall be
77 applicable to the coverage for mammography screenings provided by
78 insurers under the provisions of this section.

79 **SECTION 3.** This act shall take effect and be in force from
80 and after July 1, 2024.

