

House Amendments to Senate Bill No. 2858

TO THE SECRETARY OF THE SENATE:

THIS IS TO INFORM YOU THAT THE HOUSE HAS ADOPTED THE AMENDMENTS SET OUT BELOW:

AMENDMENT NO. 1

1 **AMEND** on line 47 by deleting "subdivision." and inserting
2 "paragraph; or";

3 and by inserting the following after line 47:

4 "(vi) An individual who has documentation from his
5 or her physician that the individual has been diagnosed with the
6 human immunodeficiency virus (HIV)."

7 **AMEND FURTHER** on line 51 by inserting the following after the
8 word "profile": ", or long-acting injectable antiretroviral drugs
9 for the treatment of patients with HIV"

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AMENDMENT NO. 2

1 **AMEND** by inserting the following after line 210 and
2 renumbering the succeeding section:

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

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

7 (b) "Diagnostic breast examinations" means a medically
8 necessary and appropriate (in accordance with National
9 Comprehensive Cancer Network Guidelines) examination of the
10 breast, including, but not limited to, such an examination using
11 contrast-enhanced mammography, diagnostic mammography, breast
12 magnetic resonance imaging, or breast ultrasound, that is:

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

15 (ii) Used to evaluate an abnormality detected by
16 another means of examination.

17 (c) "Supplemental breast examinations" means a
18 medically necessary and appropriate (in accordance with National
19 Comprehensive Cancer Network Guidelines) examination of the
20 breast, including, but not limited to, such an examination using
21 contrast-enhanced mammography, diagnostic mammography, breast
22 magnetic resonance imaging, or breast ultrasound, that is:

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

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

28 (2) If a group health plan, or a health insurance issuer
29 offering group or individual health insurance coverage, provides
30 benefits with respect to screening, diagnostic breast examinations
31 and supplemental breast examinations furnished to an individual
32 enrolled under such plan, such plan shall not impose any
33 cost-sharing requirements for those services.

34 (3) If under federal law, application of subsection (2) of
35 this section would result in health savings account ineligibility
36 under Section 223 of the federal Internal Revenue Code, this
37 requirement shall apply only for health savings account-qualified
38 high deductible health plans with respect to the deductible of
39 such a plan after the enrollee has satisfied the minimum
40 deductible under Section 223, except for with respect to items or
41 services that are preventive care pursuant to Section 223(c)(2)(C)
42 of the federal Internal Revenue Code, in which case the
43 requirements of subsection (2) shall apply regardless of whether
44 the minimum deductible under Section 223 has been satisfied.

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

47 83-9-108. (1) Every insurer shall offer in each group or
48 individual policy, contract or certificate of health insurance
49 issued or renewed for persons who are residents of this state,
50 coverage for annual screenings by low-dose mammography for all
51 women thirty-five (35) years of age or older for the presence of
52 occult breast cancer within the provisions of the policy, contract

53 or certificate. This coverage shall be offered on an optional
54 basis, and each primary insured must accept or reject such
55 coverage in writing and accept responsibility for premium payment.

56 (2) Such benefits shall be at least as favorable as for
57 other radiological examinations and subject to the same dollar
58 limits, deductibles and coinsurance factors. For purposes of this
59 section, "low-dose mammography" means the X-ray examination of the
60 breast using equipment dedicated specifically for mammography,
61 including the X-ray tube, filter, compression device, screens,
62 films and cassettes with a radiation exposure which is
63 diagnostically valuable and in keeping with the recommended
64 "Average Patient Exposure Guides" as published by the Conference
65 of Radiation Control Program Directors, Inc.

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

70 (4) The provisions of Section 10 of this act shall be
71 applicable to the coverage for mammography screenings provided by
72 insurers under the provisions of this section."

73 **AMEND FURTHER** the title on line 22 by inserting the following
74 language after the semicolon: "TO PROHIBIT GROUP HEALTH PLANS AND
75 HEALTH INSURANCE ISSUERS THAT PROVIDE BENEFITS WITH RESPECT TO
76 SCREENING, DIAGNOSTIC BREAST EXAMINATIONS AND SUPPLEMENTAL BREAST
77 EXAMINATIONS FURNISHED TO INDIVIDUALS ENROLLED UNDER SUCH PLANS

78 FROM IMPOSING ANY COST-SHARING REQUIREMENTS FOR THOSE SERVICES; TO
79 AMEND SECTION 83-9-108, MISSISSIPPI CODE OF 1972, TO CONFORM TO
80 THE PRECEDING PROVISIONS;"

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Andrew Ketchings
Clerk of the House of Representatives