

**Adopted  
AMENDMENT NO 2 PROPOSED TO**

**Senate Bill No. 2858**

**BY: Representatives Turner, Creekmore IV**

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;"

