

By: Senator(s) Wiggins

To: Insurance

SENATE BILL NO. 2263

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; AND FOR RELATED PURPOSES.

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

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

10 83-9-108. (1) Every insurer shall offer in each group or  
 11 individual policy, contract or certificate of health insurance  
 12 issued or renewed for persons who are residents of this state,  
 13 coverage for annual screenings by low-dose mammography for all  
 14 women thirty-five (35) years of age or older for the presence of  
 15 occult breast cancer within the provisions of the policy, contract  
 16 or certificate. This coverage shall be offered on an optional  
 17 basis, and each primary insured must accept or reject such  
 18 coverage in writing and accept responsibility for premium payment.

19 (2) Such benefits shall be at least as favorable as for  
 20 other radiological examinations and subject to the same dollar



21 limits, deductibles and coinsurance factors. For purposes of this  
22 section, "low-dose mammography" means the X-ray examination of the  
23 breast using equipment dedicated specifically for mammography,  
24 including the X-ray tube, filter, compression device, screens,  
25 films and cassettes with a radiation exposure which is  
26 diagnostically valuable and in keeping with the recommended  
27 "Average Patient Exposure Guides" as published by the Conference  
28 of Radiation Control Program Directors, Inc.

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

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

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

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

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



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

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

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

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

57 (5) A group health plan or health insurance issuer that  
58 offers group or individual health insurance coverage shall not  
59 impose any cost-sharing requirements for breast cancer screenings,  
60 diagnostic breast examinations or supplemental breast  
61 examinations.

62 **SECTION 2.** This act shall take effect and be in force from  
63 and after July 1, 2024.

