

## House Bill 315

By: Representatives Taylor of the 173<sup>rd</sup>, Cooper of the 45<sup>th</sup>, Silcox of the 53<sup>rd</sup>, Mathiak of the 74<sup>th</sup>, Bennett of the 94<sup>th</sup>, and others

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to  
2 insurance generally, so as to provide for the Commissioner of Insurance to promulgate rules  
3 and regulations regarding cost-sharing requirements for diagnostic and supplemental breast  
4 screening examinations; to revise definitions; to provide for related matters; to provide for  
5 an effective date and applicability; to repeal conflicting laws; and for other purposes.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

7 **SECTION 1.**

8 Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance  
9 generally, is amended by revising Code Section 33-24-59.32, relating to cost-sharing  
10 requirements for diagnostic and supplemental breast screening examinations, as follows:

11 "33-24-59.32.

12 (a) As used in this Code section, the term:

13 (1) 'Breast magnetic resonance imaging' or 'breast MRI' means a diagnostic and  
14 screening tool, including standard and abbreviated breast MRI, that uses radio waves and  
15 magnets to produce detailed images of structures within the breast.

16 (2) 'Breast ultrasound' means a noninvasive diagnostic and screening tool that uses  
17 high-frequency sound waves and their echoes to produce detailed images of structures  
18 within the breast.

19 (3) 'Cost-sharing requirement' means a deductible, coinsurance, or copayment and any  
20 maximum limitation on the application of such a deductible, coinsurance, copayment, or  
21 similar out-of-pocket expense.

22 (4) 'Diagnostic breast examination' means a medically necessary and clinically  
23 appropriate, ~~as defined by the guidelines established by the National Comprehensive~~  
24 ~~Cancer Network as of January 1, 2022,~~ examination of the breast, including such  
25 examination using breast MRI, breast ultrasound, or mammogram, that is:

26 (A) Used to evaluate an abnormality seen or suspected from a screening examination  
27 for breast cancer; or

28 (B) Used to evaluate an abnormality detected by another means of examination.

29 (5) 'Health benefit policy' means any individual or group plan, policy, or contract for  
30 health care services issued, delivered, issued for delivery, executed, or renewed by an  
31 insurer in this state.

32 (6) 'Insurer' means any person, corporation, or other entity authorized to provide health  
33 benefit policies under this title.

34 (7) 'Mammogram' means a diagnostic or screening mammography exam using a  
35 low-dose X-ray to produce an image of the breast.

36 (8) 'Supplemental breast screening examination' means a medically necessary and  
37 clinically appropriate, ~~as defined by the guidelines established by the National~~  
38 ~~Cancer Network as of January 1, 2022,~~ examination of the breast,  
39 including such examination using breast MRI, breast ultrasound, or mammogram, that  
40 is:

41 (A) Used to screen for breast cancer when there is no abnormality seen or suspected  
42 in the breast; or

43 (B) Based on personal or family medical history or additional factors that may increase  
44 the individual's risk of breast cancer.

45 (b) A health benefit policy that provides coverage for diagnostic examinations for breast  
46 cancer shall include provisions that ensure that the cost-sharing requirements applicable  
47 to diagnostic and supplemental breast screening examinations are no less favorable than  
48 the cost-sharing requirements applicable to screening mammography for breast cancer.

49 (c) Nothing in this Code section shall be construed to preclude existing utilization review  
50 provided under Chapter 46 of this title.

51 (d) If under federal law application of subsection (b) of this Code section would result in  
52 Health Savings Account ineligibility under Section 223 of the Internal Revenue Code, such  
53 cost-sharing requirement shall apply only for Health Savings Account qualified High  
54 Deductible Health Plans with respect to the deductible of such plan after the enrollee has  
55 satisfied the minimum deductible under Section 223 of the Internal Revenue Code, except  
56 with respect to items or services that are preventive care pursuant to Section 223(c)(2)(C)  
57 of the Internal Revenue Code, in which case the requirements of subsection (b) of this  
58 Code section shall apply regardless of whether the minimum deductible under Section 223  
59 of the Internal Revenue Code has been satisfied.

60 (e) The Commissioner shall promulgate rules and regulations necessary to implement the  
61 provisions of this Code section in accordance with current guidelines established by  
62 professional medical organizations such as the National Comprehensive Cancer Network."

63 **SECTION 2.**

64 This Act shall become effective upon its approval by the Governor or upon its becoming law  
65 without such approval and shall apply to all applicable insurance policies issued, delivered,  
66 issued for delivery, or renewed on or after January 1, 2024.

67

**SECTION 3.**

68 All laws and parts of laws in conflict with this Act are repealed.