

The Senate Committee on Insurance and Labor offered the following substitute to SB 487:

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 that diagnostic breast examinations shall not be treated
3 less favorably than screening mammography for breast cancer with respect to cost-sharing
4 requirements; to provide for definitions; to provide for related matters; to provide for an
5 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 adding a new Code section to read as follows:

10 "33-24-59.31.

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

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

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

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

21 (4) 'Diagnostic breast examination' means a medically necessary and clinically
22 appropriate examination of the breast, including such examination using breast MRI,
23 breast ultrasound, or mammogram, that is:

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

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

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

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

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

34 (8) 'Supplemental breast screening examination' means a medically necessary and
35 clinically appropriate examination of the breast, including such examination using breast
36 MRI, breast ultrasound, or mammogram, that is:

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

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

41 (b) A health benefit policy that provides coverage for diagnostic examinations for breast
42 cancer shall include provisions that ensure that the cost-sharing requirements applicable
43 to diagnostic and supplemental breast screening examinations are no less favorable than
44 the cost-sharing requirements applicable to screening mammography for breast cancer.
45 (c) Nothing in this Code Section shall be construed to preclude existing utilization review
46 provided under Chapter 46 of this title."

47 **SECTION 2.**

48 This Act shall become effective upon its approval by the Governor or upon its becoming law
49 without such approval and shall apply to all applicable insurance policies issued, delivered,
50 issued for delivery, or renewed on or after January 1, 2023.

51 **SECTION 3.**

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