

House Bill 928

By: Representatives Willis of the 55th, Crawford of the 89th, McQueen of the 61st, Jackson of the 165th, and Miller of the 62nd

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 utilization review by an insurer shall not be
3 required in the instance in which a physician has determined the existence of dense breast
4 tissue and the medical necessity of a breast ultrasound; to provide for a definition; to provide
5 for related matters; to provide for an effective date and applicability; to repeal conflicting
6 laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

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

12 "33-24-59.32.

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

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

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

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

23 (4) 'Dense breast tissue' means heterogeneously or extremely dense breast tissue based
24 on nationally recognized guidelines or systems for breast imaging reporting of
25 mammography, including, but not limited to, the Breast Imaging Reporting and Data
26 System established by the American College of Radiology.

27 ~~(4)~~(5) 'Diagnostic breast examination' means a medically necessary and clinically
28 appropriate examination of the breast, including such examination using breast MRI,
29 breast ultrasound, or mammogram, that is:

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

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

33 ~~(5)~~(6) 'Health benefit policy' means any individual or group plan, policy, or contract for
34 ~~health care~~ healthcare services issued, delivered, issued for delivery, executed, or
35 renewed by an insurer in this state.

36 ~~(6)~~(7) 'Insurer' means any person, corporation, or other entity authorized to provide
37 health benefit policies under this title.

38 ~~(7)~~(8) 'Mammogram' means a diagnostic or screening mammography exam using a
39 low-dose X-ray to produce an image of the breast.

40 ~~(8)~~(9) 'Supplemental breast screening examination' means a medically necessary and
41 clinically appropriate examination of the breast, including such examination using breast
42 MRI, breast ultrasound, or mammogram, that is:

- 43 (A) Used to screen for breast cancer when there is no abnormality seen or suspected
44 in the breast; or
- 45 (B) Based on personal or family medical history or additional factors that may increase
46 the individual's risk of breast cancer.
- 47 (b) A health benefit policy that provides coverage for diagnostic breast examinations for
48 ~~breast cancer~~ shall include provisions that ensure that the cost-sharing requirements
49 applicable to diagnostic breast examinations and supplemental breast screening
50 examinations are no less favorable than the cost-sharing requirements applicable to
51 screening mammography for breast cancer.
- 52 (c) Nothing in this Code section shall be construed to preclude existing utilization review
53 provided under Chapter 46 of this title, except that, if a supplemental breast screening
54 examination reveals the existence of dense breast tissue, following the patient notification
55 required in Code Section 31-1-17, the diagnosing physician may determine whether a
56 breast ultrasound is medically necessary, and such determination shall not be disputed
57 through utilization review or any other procedure by an insurer for purposes of denying
58 insurance coverage for such examinee.
- 59 (d) If under federal law application of subsection (b) of this Code section would result in
60 Health Savings Account ineligibility under Section 223 of the Internal Revenue Code, such
61 cost-sharing requirement shall apply only for Health Savings Account qualified High
62 Deductible Health Plans with respect to the deductible of such plan after the enrollee has
63 satisfied the minimum deductible under Section 223 of the Internal Revenue Code, except
64 with respect to items or services that are preventive care pursuant to Section 223(c)(2)(C)
65 of the Internal Revenue Code, in which case the requirements of subsection (b) of this
66 Code section shall apply regardless of whether the minimum deductible under Section 223
67 of the Internal Revenue Code has been satisfied.

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

71 **SECTION 2.**

72 This Act shall become effective on July 1, 2025, and shall apply to all applicable policies,
73 contracts, and certificates executed, delivered, issued for delivery, or renewed in this state
74 on or after October 1, 2025.

75 **SECTION 3.**

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