

Senate Bill 509

By: Senators Williams of the 25th, Burns of the 23rd, Dickerson of the 21st, Robertson of the 29th, Ginn of the 47th and others

A BILL TO BE ENTITLED  
AN ACT

1 To amend Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated,  
2 relating to general provisions relative to insurance generally, so as to provide for certain  
3 health benefit policies to cover an annual chest imaging test and any additional medically  
4 necessary chest imaging tests for a covered person who has undergone a mastectomy or other  
5 cancer treatment; to provide definitions; to provide for related matters; to provide for an  
6 effective date and applicability; to repeal conflicting laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to  
10 general provisions relative to insurance generally, is amended by revising Code Section  
11 33-24-59.32, relating to cost-sharing requirements for diagnostic and supplemental breast  
12 screening examinations, as follows:

13 "33-24-59.32.

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

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

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

21 (3) 'Chest imaging test' means a diagnostic and screening tool used to create detailed,  
22 visual imagery of the chest to diagnose and monitor the absence, presence, or spread of  
23 a disease, including, but not limited to, cancer. Such term shall include X-rays,  
24 ultrasounds, magnetic resonance imaging, positron emission tomography scans, and  
25 computed tomography scans of the chest.

26 (4) 'Cost-sharing requirement' means a deductible, coinsurance, or copayment and any  
27 maximum limitation on the application of such a deductible, coinsurance, copayment, or  
28 similar out-of-pocket expense.

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

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

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

35 (5)(6) 'Health benefit policy' means any individual or group plan, policy, or contract for  
36 ~~health care~~ healthcare services issued, delivered, issued for delivery, executed, or  
37 renewed by an insurer in this state, including, but not limited to, those contracts executed  
38 by the state on behalf of indigents and on behalf of state employees under Article 1 of  
39 Chapter 18 of Title 45, by a healthcare corporation, health maintenance organization,  
40 preferred provider organization, accident and sickness insurer, fraternal benefit society,  
41 or other insurer or similar entity. Such term shall not include any policy of limited

42 benefit insurance as defined in paragraph (4) of subsection (e) of Code Section 33-30-12.  
43 Such term shall not include any self-insured health benefit plan subject to the exclusive  
44 jurisdiction of the federal Employee Retirement Income Security Act of 1974, 29 U.S.C.  
45 Section 1001, et seq.

46 ~~(6)~~(7) 'Insurer' means any person, corporation, or other entity authorized to provide  
47 health benefit policies under this title.

48 ~~(7)~~(8) 'Mammogram' means a diagnostic or screening mammography exam using a  
49 low-dose X-ray to produce an image of the breast.

50 (9) 'Mastectomy' means surgical removal of one or both breasts.

51 ~~(8)~~(10) 'Supplemental breast screening examination' means a medically necessary and  
52 clinically appropriate examination of the breast, including such examination using breast  
53 MRI, breast ultrasound, or mammogram, that is:

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

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

58 (b) A health benefit policy that provides coverage for diagnostic breast examinations ~~for~~  
59 ~~breast cancer~~ shall include provisions that ensure that the cost-sharing requirements  
60 applicable to diagnostic breast examinations and supplemental breast screening  
61 examinations are no less favorable than the cost-sharing requirements applicable to  
62 screening mammography for breast cancer.

63 (b.1) A health benefit policy that provides coverage for diagnostic breast examinations  
64 shall provide coverage for an annual chest imaging test and any additional medically  
65 necessary and clinically appropriate chest imaging tests for a covered person who has  
66 undergone a mastectomy or other cancer treatment, such as chemotherapy or radiation  
67 therapy.

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

70 (d) If under federal law application of subsection (b) of this Code section would result in  
71 Health Savings Account ineligibility under Section 223 of the Internal Revenue Code, such  
72 cost-sharing requirement shall apply only for Health Savings Account qualified High  
73 Deductible Health Plans with respect to the deductible of such plan after the enrollee has  
74 satisfied the minimum deductible under Section 223 of the Internal Revenue Code, except  
75 with respect to items or services that are preventive care pursuant to Section 223(c)(2)(C)  
76 of the Internal Revenue Code, in which case the requirements of subsection (b) of this  
77 Code section shall apply regardless of whether the minimum deductible under Section 223  
78 of the Internal Revenue Code has been satisfied.

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

82 **SECTION 2.**

83 This Act shall become effective on July 1, 2026, and shall apply to all policies or contracts  
84 issued, delivered, issued for delivery, or renewed in this state on or after such date.

85 **SECTION 3.**

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