

Senate Bill 487

By: Senators McNeill of the 3rd, Rhett of the 33rd, Gooch of the 51st, James of the 35th, Kirkpatrick of the 32nd 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 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) 'Covered person' means an individual who is covered under a health benefit policy.
- 22 (5) 'Diagnostic breast examination' means a medically necessary and clinically  
23 appropriate examination of the breast, including such examination using breast MRI,  
24 breast ultrasound, or mammogram, that is:
- 25 (A) Used to evaluate an abnormality seen or suspected from a screening examination  
26 for breast cancer; or
- 27 (B) Used to evaluate an abnormality detected by another means of examination.
- 28 (6) 'Health benefit policy' means any individual or group plan, policy, or contract for  
29 health care services issued, delivered, issued for delivery, executed, or renewed by an  
30 insurer in this state.
- 31 (7) 'Insurer' means any person, corporation, or other entity authorized to provide health  
32 benefit policies under this title.
- 33 (8) 'Mammogram' means a diagnostic or screening mammography exam using a  
34 low-dose X-ray to produce an image of the breast.
- 35 (9) 'Supplemental breast screening examination' means a medically necessary and  
36 clinically appropriate examination of the breast, including such examination using breast  
37 MRI, breast ultrasound, or mammogram, that is:
- 38 (A) Used to screen for breast cancer when there is no abnormality seen or suspected  
39 in the breast; or
- 40 (B) Based on personal or family medical history or additional factors that may increase  
41 the individual's risk of breast cancer.

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

46 **SECTION 2.**

47 This Act shall become effective upon its approval by the Governor or upon its becoming law  
48 without such approval and shall apply to all applicable insurance policies issued, delivered,  
49 issued for delivery, or renewed on or after July 1, 2022.

50 **SECTION 3.**

51 All laws and parts of laws in conflict with this Act are repealed.