



2024 South Dakota Legislature

House Bill 1122

Introduced by: **Representative Healy**

1 **An Act to prohibit cost sharing in certain health insurance policies for diagnostic and**
 2 **supplemental breast imaging examinations.**

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

4 **Section 1. That chapter 58-17 be amended with a NEW SECTION:**

5 A health insurance policy may not impose any cost-sharing requirements with
 6 respect to screening, diagnostic breast examinations, and supplemental breast
 7 examinations furnished to an individual enrolled under the policy.

8 Terms used in this section mean:

9 (1) "Cost-sharing requirement," a deductible, coinsurance, copayment, or similar out-
 10 of-pocket expense;

11 (2) "Diagnostic breast examination," a medically necessary and appropriate
 12 examination of the breast, in accordance with National Comprehensive Cancer
 13 Network Guidelines, including diagnostic mammography, contrast-enhanced
 14 mammography, breast magnetic resonance imaging, or breast ultrasound, that is:

15 (a) Used to evaluate an abnormality seen or suspected from a screening
 16 examination for breast cancer; or

17 (b) Used to evaluate an abnormality detected by another means of
 18 examination; and

19 (3) "Supplemental breast examination," a medically necessary and appropriate
 20 examination of the breast, in accordance with National Comprehensive Cancer
 21 Network Guidelines, including diagnostic mammography, contrast-enhanced
 22 mammography, breast magnetic resonance imaging, or breast ultrasound, that is:

23 (a) Used to screen for breast cancer when there is no abnormality seen or
 24 suspected; and

25 (b) Based on personal or family medical history, or additional factors that may
 26 increase the individual's risk of breast cancer.

1 **Section 2. That chapter 58-18 be amended with a NEW SECTION:**

2 A group health insurance policy may not impose any cost-sharing requirements
3 with respect to screening, diagnostic breast examinations, and supplemental breast
4 examinations furnished to an individual enrolled under the policy.

5 Terms used in this section mean:

6 (1) "Cost-sharing requirement," a deductible, coinsurance, copayment, or similar out-
7 of-pocket expense;

8 (2) "Diagnostic breast examination," a medically necessary and appropriate
9 examination of the breast, in accordance with National Comprehensive Cancer
10 Network Guidelines, including diagnostic mammography, contrast-enhanced
11 mammography, breast magnetic resonance imaging, or breast ultrasound, that is:

12 (a) Used to evaluate an abnormality seen or suspected from a screening
13 examination for breast cancer; or

14 (b) Used to evaluate an abnormality detected by another means of
15 examination; and

16 (3) "Supplemental breast examination," a medically necessary and appropriate
17 examination of the breast, in accordance with National Comprehensive Cancer
18 Network Guidelines, including diagnostic mammography, contrast-enhanced
19 mammography, breast magnetic resonance imaging, or breast ultrasound, that is:

20 (a) Used to screen for breast cancer when there is no abnormality seen or
21 suspected; and

22 (b) Based on personal or family medical history, or additional factors that may
23 increase the individual's risk of breast cancer.