

2025 South Dakota Legislature House Bill 1070

Introduced by: **Representative** Schaefbauer

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

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

4 Section 1. That a NEW SECTION be added to chapter 58-17:

5		A health insurance policy may not impose any cost-sharing requirement on an
6	<u>indivi</u>	dual enrolled under the policy with respect to a screening examination, diagnostic
7	<u>breas</u>	t examination, or supplemental breast examination, when the examination is
8	<u>medic</u>	ally necessary.
9		Terms used in this section mean:
10	<u>(1)</u>	"Cost-sharing requirement," a deductible, coinsurance, copayment, or similar out-
11		of-pocket expense, and any maximum limitation on the application of the
12		deductible, coinsurance, or copayment;
13	<u>(2)</u>	"Diagnostic breast examination," a medically necessary and appropriate
14		examination of the breast, in accordance with nationally recognized guidelines, that
15		<u>is:</u>
16		(a) Used to evaluate an abnormality seen or suspected from a screening
17		examination for breast cancer; or
18		(b) Used to evaluate an abnormality detected by another means of
19		examination; and
20	<u>(3)</u>	"Supplemental breast examination," a medically necessary and appropriate
21		examination of the breast, in accordance with nationally recognized guidelines, that
22		<u>is:</u>
22 23		is: (a) Used to screen for breast cancer when no abnormality is seen or suspected;

1		(b) Based on personal or family medical history, extremely dense or
2		heterogeneously dense breasts, or other factors that increase the
3		individual's risk of breast cancer.
4		If an application of this section would result in the ineligibility of a health savings
5	accou	nt under 26 U.S.C. § 223 (June 1, 2025), this section applies only to a health savings
6	<u>accou</u>	nt-qualified high deductible health plan's deductible after the enrolled individual has
7	<u>satisfi</u>	ed the minimum deductible under 26 U.S.C. § 223. An item or service that is for
8	preve	ntative care, pursuant to 26 U.S.C. § 223(c)(2)(C) (June 1, 2025), may not be
9	<u>consic</u>	ered as satisfying the minimum deductible.
10	Section 2	2. That a NEW SECTION be added to chapter 58-18:
11		A group health insurance policy may not impose any cost-sharing requirement on
12	<u>an ind</u>	ividual enrolled under the policy with respect to a screening examination, diagnostic
13	breast	<u>examination, or supplemental breast examination, when the examination is</u>
14	<u>medic</u>	ally necessary.
15		Terms used in this section mean:
16	<u>(1)</u>	"Cost-sharing requirement," a deductible, coinsurance, copayment, or similar out-
17		of-pocket expense, and any maximum limitation on the application of the
18		deductible, coinsurance, or copayment;
19	<u>(2)</u>	"Diagnostic breast examination," a medically necessary and appropriate
20		examination of the breast, in accordance with nationally recognized guidelines, that
21		<u>is:</u>
22		(a) Used to evaluate an abnormality seen or suspected from a screening
23		examination for breast cancer; or
24		(b) Used to evaluate an abnormality detected by another means of
25		examination; and
26	<u>(3)</u>	"Supplemental breast examination," a medically necessary and appropriate
27		examination of the breast, in accordance with nationally recognized guidelines, that
28		is:
29		(a) Used to screen for breast cancer when no abnormality is seen or suspected;
30		and
31		(b) Based on personal or family medical history, extremely dense or
32		heterogeneously dense breasts, or other factors that increase the
33		individual's risk of breast cancer.

1	If an application of this section would result in the ineligibility of a health savings
2	account under 26 U.S.C. § 223 (June 1, 2025), this section applies only to a health savings
3	account-qualified high deductible health plan's deductible after the enrolled individual has
4	satisfied the minimum deductible under 26 U.S.C. § 223. An item or service that is for
5	preventative care, pursuant to 26 U.S.C. § 223(c)(2)(C) (June 1, 2025), may not be
6	considered as satisfying the minimum deductible.