**South Carolina General Assembly**

126th Session, 2025-2026

**H. 3202**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Davis, Pope, Spann-Wilder, M.M. Smith, B.L. Cox, Holman, Wetmore, Cobb-Hunter, Bauer, Crawford, B.J. Cox and Sanders

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Introduced in the House on January 14, 2025

Currently residing in the House

Summary: Diagnostic and supplemental breast examination insurance

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 12/5/2024 House Prefiled

 12/5/2024 House Referred to Committee on **Labor, Commerce and Industry**

 1/14/2025 House Introduced and read first time (House Journal‑page 127)

 1/14/2025 House Referred to Committee on **Labor, Commerce and Industry** (House Journal‑page 127)

 1/29/2025 House Member(s) request name added as sponsor: M.M.
 Smith, B.L. Cox, Holman, Wetmore

 2/5/2025 House Member(s) request name added as sponsor: Bauer

 2/26/2025 House Member(s) request name added as sponsor:
 Crawford, B.J. Cox

 2/27/2025 House Member(s) request name added as sponsor: Sanders

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**VERSIONS OF THIS BILL**

[12/05/2024](https://www.scstatehouse.gov/sess126_2025-2026/prever/3202_20241205.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING SECTION 38‑71‑148 SO AS TO REQUIRE HEALTH INSURANCE POLICIES IN THIS STATE TO PROVIDE DIAGNOSTIC AND SUPPLEMENTAL BREAST EXAMINATIONS COVERAGE WITHOUT COST‑SHARING REQUIREMENTS, TO DEFINE TERMS, TO PROVIDE EXCEPTIONS CONCERNING APPLICATION OF CERTAIN FEDERAL LAW, AND TO PROVIDE THESE PROVISIONS ARE IN ADDITION to OTHER EXISTING PROVISIONS CONCERNING HEALTH INSURANCE POLICY COVERAGE OF MAMMOGRAMS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the S.C. Code is amended by adding:

 Section 38‑71‑148. (A) For purposes of this section:

 (1) “Cost‑sharing requirements” means a deductible, coinsurance, copayment, and any maximum limitation on the application of such a deductible, coinsurance, copayment, or similar out‑of‑pocket expense.

 (2) “Diagnostic breast examinations” means a medically necessary and appropriate, in accordance with the National Comprehensive Cancer Network Guidelines, examination of the breast that:

 (a) includes, but is not limited to, such examination using contrast‑enhanced mammography, diagnostic mammography, breast magnetic resonance imaging, breast ultrasound, or molecular breast imaging; and

 (b) is used to evaluate an abnormality:

 (i) seen or suspected from a screening examination for breast cancer; or

 (ii) seen or detected by another means of examination.

 (3) “Health insurance policy” means a health benefit plan, contract, or evidence of coverage providing health insurance coverage as defined in Section 38‑71‑670(6) and Section 38‑71‑840(14).

 (4) “Supplemental breast examination” means a medically necessary and appropriate, in accordance with National Comprehensive Cancer Network Guidelines, examination of the breast that:

 (a) includes, but is not limited to, such examination using contrast‑enhanced mammography, breast magnetic resonance imaging, breast ultrasound, or molecular breast imaging; and

 (b) is used to screen for breast cancer:

 (i) when there is no abnormality seen or suspected; but

 (ii) based on personal or family medical history or additional factors that increase the individual’s risk of breast cancer, such as heterogeneously or extremely dense breasts.

 (B) All health insurance policies in this State may not impose any cost‑sharing requirements on diagnostic breast examination and supplemental breast examinations furnished to an individual enrolled in the plan.

 (C) If under federal law the application of subsection (B) would result in a Health Savings Account ineligibility under Section 223 of the Internal Revenue Code, this requirement only applies for Health Savings Account‑qualified high deductible health plans with respect to the deductible of such a plan after the enrollee has satisfied the minimum deductible under Section 223, except with respect to items or services that are preventive care pursuant to Section 223(c)(2)(C) of the federal Internal Revenue Code, in which case the requirements of subsection (B) apply regardless of whether or not the minimum deductible under Section 223 has been satisfied.

 (D) The provisions of this section are in addition to the provisions of Section 38‑71‑145.

SECTION 2. This act takes effect upon approval by the Governor.

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