**South Carolina General Assembly**

125th Session, 2023-2024

**S. 184**

**STATUS INFORMATION**

General Bill

Sponsors: Senator Fanning

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Introduced in the Senate on January 10, 2023

Currently residing in the Senate Committee on **Banking and Insurance**

Summary: Health Insurance

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 11/30/2022 Senate Prefiled

 11/30/2022 Senate Referred to Committee on **Banking and Insurance**

 1/10/2023 Senate Introduced and read first time (Senate Journal‑page 99)

 1/10/2023 Senate Referred to Committee on **Banking and Insurance** (Senate Journal‑page 99)

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**VERSIONS OF THIS BILL**

[11/30/2022](https://www.scstatehouse.gov/sess125_2023-2024/prever/184_20221130.docx)

A bill

to amend the South Carolina Code of Laws by amending Section 38‑71‑145, relating to medical procedures requiring coverage by health insurance policies, so as to require individual and group health insurance and health maintenance ORGANIZATION policies to cover annual well‑woman examinations.

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

SECTION 1. Section 38‑71‑145 of the S.C. Code is amended to read:

 Section 38‑71‑145. (A) All individual and group health insurance and health maintenance organization policies in this State shall include coverage in the policy for:

 (1) mammograms;

 (2) annual pap smears;

 (3) prostate cancer examinations, screenings, and laboratory work for diagnostic purposes in accordance with the most recent published guidelines of the American Cancer Society; and

 (4) annual well‑woman examinations.

 (B) The coverage required to be offered under subsection (A) may not contain any exclusions, reductions, or other limitations as to coverages, deductibles, or coinsurance provisions which apply to that coverage unless these provisions apply generally to other similar benefits provided and paid for under the health insurance policy.

 (C) Nothing in this section prohibits a health insurance policy from providing benefits greater than those required to be offered by subsections (A) and (B) or more favorable to the enrollee than those required to be offered by subsections (A) and (B).

 (D) This section applies to individual and group health insurance policies issued by a fraternal benefit society, an insurer, a health maintenance organization, or any similar entity, except as exempted by ERISA.

 (E) For purposes of this section:

 (1) “Mammogram” means a radiological examination of the breast for purposes of detecting breast cancer when performed as a result of a physician referral or by a health testing service which utilizes radiological equipment approved by the Department of Health and Environmental Control, which examination may be made with the following minimum frequency:

 (a) once as a base‑line mammogram for a female who is at least thirty‑five years of age but less than forty years of age;

 (b) once every two years for a female who is at least forty years of age but less than fifty years of age;

 (c) once a year for a female who is at least fifty years of age; or

 (d) in accordance with the most recent published guidelines of the American Cancer Society.

 (2) “Pap smear” means an examination of the tissues of the cervix of the uterus for the purpose of detecting cancer when performed upon the recommendation of a medical doctor licensed health care practitioner, which examination may be made once a year or more often if recommended by a medical doctor health care practitioner.

 (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) “Well‑woman examination” means a physical examination that includes a pelvic examination, breast examination, and contraceptive counseling.

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

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