

SESSION OF 2026

**SUPPLEMENTAL NOTE ON SENATE BILL NO. 409**

As Recommended by Senate Committee on  
Financial Institutions and Insurance

**Brief\***

SB 409 would require that health insurance plans impose no cost-sharing requirements for diagnostic and supplemental breast examinations relating to breast cancer.

**Definitions**

The bill would define the following terms:

- “Cost sharing” would mean a deductible, coinsurance, copayment, and any maximum limitation on the application of such deductible, coinsurance, copayment, or similar out-of-pocket expense;
- “Diagnostic breast examination” would mean, in accordance with National Comprehensive Cancer Network guidelines, an examination of the breast using contrast-enhanced mammography, diagnostic mammography, breast magnetic resonance imaging (MRI), breast ultrasound, digital breast tomosynthesis, molecular breast imaging, or other equipment dedicated specifically for mammography conducted to evaluate an abnormality that was detected or suspected in a screening examination for breast cancer or by another means of examination;

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\*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <https://klrd.gov/>

- “HSA-qualified health insurance policy” would mean a policy of individual or group health insurance coverage that satisfies the criteria for a high-deductible health plan under the Internal Revenue Code for Health Savings Accounts (HSA) and any regulations or guidance promulgated thereunder; and
- “Supplemental breast examination” would mean an examination of the breast using contrast-enhanced mammography, diagnostic mammography, breast MRI, breast ultrasound, digital breast tomosynthesis, molecular breast imaging, or other equipment dedicated specifically for mammography conducted based on:
  - The insured’s personal or family medical history of breast cancer; or
  - Other factors that may increase the insured’s risk of breast cancer, including heterogeneous or extremely dense breasts.

***Cost-sharing Requirements***

The bill would require that no cost-sharing requirements be imposed for diagnostic or supplemental breast examinations when furnished to an individual enrolled in a plan that provides coverage for accident and health services that is delivered, issued for delivery, amended, or renewed on or after January 1, 2027. Cost-sharing would be prohibited for every:

- Individual or group health insurance policy;
- Medical service plan;
- Contract;
- Hospital service corporation contract;
- Hospital and medical service corporation contract;
- Fraternal benefit society; and
- Health maintenance organization.

This bill would provide an exemption for HSA-qualified health insurance policies from any prohibition on cost-sharing requirements for a covered benefit under any general or special law to the extent that the exemption is necessary to allow the policy to be an HSA-qualified health insurance policy. The exemption would not apply to any coverage required under any general or special law pertaining to preventative care, as described in the Internal Revenue Code for HSAs.

The bill would be exempt from state laws requiring an impact report and a State Employee Health Plan pilot for new mandated health benefits.

### **Background**

This bill was introduced by the Senate Committee on Financial Institutions and Insurance at the request of a representative of the Kansas Department of Insurance (KDOI).

### ***Senate Committee on Financial Institutions and Insurance***

In the Senate Committee hearing, **proponent** testimony was provided by the Commissioner of Insurance and representatives of American Cancer Society Cancer Action Network, American Telemammography, Susan G. Komen, and the University of Kansas Health System, and one private citizen. The proponents stated the bill is necessary for woman who have to choose between additional screenings and the cost of such tests. The proponents also stated that many states near Kansas require these screenings to have no cost-sharing, including Missouri, Oklahoma, and Colorado.

Written-only proponent testimony was provided by Representatives Featherston and L. Williams.

**Neutral** testimony was provided by a representative of Blue Cross and Blue Shield of Kansas, who stated that the bill would affect plans in existence before March 23, 2010, that do not have to comply with provisions of the Affordable Care Act.

**Opponent** testimony was provided by a representative of Employers for Affordable Healthcare, who stated that this legislation would cost employers money due to the cost no longer being shared by the individuals.

Written-only opponent testimony was provided by the Kansas Chamber of Commerce.

No other testimony was provided.

### **Fiscal Information**

According to the fiscal note prepared by the Division of the Budget on the bill, the Division of State Employee Health Benefits Program in the Department of Administration indicates enactment of the bill would require \$38,510 in FY 2027 and \$79,137 in FY 2028 from the Health Benefits Administration Clearing Fund to provide the additional coverage. Revenue in this fund comes from premiums collected for the State Employee Health Benefits Plan. The FY 2028 amount includes a full year of coverage and assumes a 6.0 percent increase in the cost of providing the coverage as compared with the FY 2027 amount. The Department notes that the State Employee Health Plan covers preventive and diagnostic mammograms, MRIs, and ultrasounds with no member cost-share and the bill would add other technologies at no member cost-share. KDOI indicates enactment of the bill would not have a fiscal effect on the agency. Any fiscal effect associated with this bill is not reflected in *The FY 2027 Governor's Budget Report*.

Insurance; cost-sharing requirement; breast examinations; breast cancer