**South Carolina General Assembly**

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**H. 3586**

**STATUS INFORMATION**

General Bill

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Currently residing in the House Committee on **Labor, Commerce and Industry**

Summary: Health insurance coverage

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 12/12/2024 House Prefiled

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

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**VERSIONS OF THIS BILL**

[12/12/2024](https://www.scstatehouse.gov/sess126_2025-2026/prever/3586_20241212.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING SECTION 38‑71‑660 SO AS TO REQUIRE ISSUERS OF INDIVIDUAL HEALTH INSURANCE COVERAGE IN THIS STATE TO ISSUE INDIVIDUAL HEALTH INSURANCE COVERAGE FOR MINOR CHILDREN REGARDLESS OF WHETHER THE CHILD IS A DEPENDENT OF AN INSURED OF THE ISSUER; AND TO AMEND SECTION 38‑71‑145, RELATING TO REQUIRED COVERAGE IN INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES AND HEALTH MAINTENANCE ORGANIZATION POLICES, SO AS TO REQUIRE COVERAGE FOR MATERNITY CARE, AND TO DEFINE “MATERNITY CARE.”

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

SECTION 1. SubArticle 7, Article 3, Chapter 71, Title 38 of the S.C. Code is amended by adding:

 Section 38‑71‑660. Notwithstanding another provision of law, an issuer of individual health insurance coverage in this State shall offer this coverage to a minor child regardless of whether the child is a dependent of an insured of the issuer.

SECTION 2. Section 38‑71‑145 of the S.C. Code is amended to read:

 Section 38‑71‑145. (A) All individual andhealth insurance policies, group health insurance policies, and health maintenance organization policies in this State shallmust 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;.

 (4) maternity care. For the purposes of this section, “maternity care coverage” includes:

 (a) prenatal care, which must include coverage for regular healthcare visits and childbirth education in addition to ongoing assessment of nutritional and other individual needs consistent with nationally recognized standards and guidelines such as those promulgated by the Institute for Clinical Systems Improvement (ICSI) or the American College of Obstetricians and Gynecologists (ACOG), except when in conflict with another provision of this chapter;

 (b) childbirth and postdelivery care including minimum coverage for delivery and postdelivery care for a mother and her newborn in compliance with the provisions of Sections 38‑71‑135 and 38‑7‑140; and

 (c) postpartum care, which shall be provided consistent with nationally recognized standards and guidelines, such as those promulgated by ACOG or AAP, except when in conflict with another provision of this chapter.

 (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, which examination may be made once a year or more often if recommended by a medical doctor.

 (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).

SECTION 3. This act takes effect upon approval by the Governor.

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