A bill to be entitled

An act relating to mammography reports; amending ss. 627.6418, 627.6613, and 641.31095, F.S.; requiring that mammography reports include a specified notice regarding breast density; making technical changes; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 627.6418, Florida Statutes, is amended to read:

627.6418 Coverage for mammograms.—

(1) An accident or health insurance policy issued, amended, delivered, or renewed in this state must provide coverage for at least the following:

(a) A baseline mammogram for any woman who is 35 years of age or older, but younger than 40 years of age.

(b) A mammogram every 2 years for any woman who is 40 years of age or older, but younger than 50 years of age, or more frequently based on the recommendation of the patient's physician ~~physician's recommendation~~.

(c) A mammogram every year for any woman who is 50 years of age or older.

(d) One or more mammograms a year, based upon a physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast

cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.

(2) Each mammography report provided to a patient must include information about breast density based on the Breast Imaging Reporting and Data System established by the American College of Radiology and must include the following notice: "Dense breast tissue may hide small abnormalities. If your mammogram indicates that you have dense breast tissue, you may benefit from supplementary screening tests, including a breast ultrasound screening, a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, including information about your breast density, has been sent to your physician's office. If you have any questions or concerns about this report, you should contact your physician."

(3) ~~(2)~~ Except as provided in paragraph (1)(b), for mammograms done more frequently than every 2 years for women 40 years of age or older but younger than 50 years of age, the coverage required by subsection (1) applies, with or without a physician prescription, if the insured obtains a mammogram in an office, facility, or health testing service that uses radiological equipment registered with the Department of Health for breast cancer screening. The coverage is subject to the deductible and coinsurance provisions applicable to outpatient

visits, and is also subject to all other terms and conditions applicable to other benefits. This section does not affect any requirements or prohibitions relating to who may perform, analyze, or interpret a mammogram or the persons to whom the results of a mammogram may be furnished or released.

(4) ~~(3)~~ This section does not apply to disability income, specified disease, or hospital indemnity policies.

(5) ~~(4)~~ Every insurer subject to the requirements of this section shall make available to the policyholder as part of the application, for an appropriate additional premium, the coverage required in this section without such coverage being subject to the deductible or coinsurance provisions of the policy.

Section 2. Section 627.6613, Florida Statutes, is amended to read:

627.6613 Coverage for mammograms.—

(1) A group, blanket, or franchise accident or health insurance policy issued, amended, delivered, or renewed in this state must provide coverage for at least the following:

(a) A baseline mammogram for any woman who is 35 years of age or older, but younger than 40 years of age.

(b) A mammogram every 2 years for any woman who is 40 years of age or older, but younger than 50 years of age, or more frequently based on the recommendation of the patient's physician ~~physician's recommendation~~.

(c) A mammogram every year for any woman who is 50 years of age or older.

(d) One or more mammograms a year, based upon a physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.

(2) Each mammography report provided to a patient must include information about breast density based on the Breast Imaging Reporting and Data System established by the American College of Radiology and must include the following notice: "Dense breast tissue may hide small abnormalities. If your mammogram indicates that you have dense breast tissue, you may benefit from supplementary screening tests, including a breast ultrasound screening, a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, including information about your breast density, has been sent to your physician's office. If you have any questions or concerns about this report, you should contact your physician."

(3) ~~(2)~~ Except as provided in paragraph (1)(b), for mammograms done more frequently than every 2 years for women 40 years of age or older but younger than 50 years of age, the coverage required by subsection (1) applies, with or without a physician prescription, if the insured obtains a mammogram in an office, facility, or health testing service that uses

radiological equipment registered with the Department of Health for breast cancer screening. The coverage is subject to the deductible and coinsurance provisions applicable to outpatient visits, and is also subject to all other terms and conditions applicable to other benefits. This section does not affect any requirements or prohibitions relating to who may perform, analyze, or interpret a mammogram or the persons to whom the results of a mammogram may be furnished or released.

(4) ~~(3)~~ Every insurer referred to in subsection (1) shall make available to the policyholder as part of the application, for an appropriate additional premium, the coverage required in this section without such coverage being subject to the deductible or coinsurance provisions of the policy.

Section 3. Section 641.31095, Florida Statutes, is amended to read:

641.31095 Coverage for mammograms.—

(1) Every health maintenance contract issued or renewed on or after January 1, 1996, shall provide coverage for at least the following:

(a) A baseline mammogram for any woman who is 35 years of age or older, but younger than 40 years of age.

(b) A mammogram every 2 years for any woman who is 40 years of age or older, but younger than 50 years of age, or more frequently based on the recommendation of the patient's physician ~~physician's recommendations~~.

(c) A mammogram every year for any woman who is 50 years

of age or older.

(d) One or more mammograms a year, based upon a physician's recommendation for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has had breast cancer, or because a woman has not given birth before the age of 30.

(2) Each mammography report provided to a patient must include information about breast density based on the Breast Imaging Reporting and Data System established by the American College of Radiology and must include the following notice: "Dense breast tissue may hide small abnormalities. If your mammogram indicates that you have dense breast tissue, you may benefit from supplementary screening tests, including a breast ultrasound screening, a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, including information about your breast density, has been sent to your physician's office. If you have any questions or concerns about this report, you should contact your physician."

(3) ~~(2)~~ The coverage required by this section is subject to the deductible and copayment provisions applicable to outpatient visits, and is also subject to all other terms and conditions applicable to other benefits. A health maintenance organization shall make available to the subscriber as part of the

application, for an appropriate additional premium, the coverage required in this section without such coverage being subject to any deductible or copayment provisions in the contract.

Section 4. This act shall take effect October 1, 2016.