

By Senator Davis

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1 A bill to be entitled
2 An act relating to coverage for mammograms and
3 supplemental breast cancer screenings; creating s.
4 409.9064, F.S.; defining the terms "mammogram" and
5 "supplemental breast cancer screening"; requiring the
6 Agency for Health Care Administration to provide
7 Medicaid coverage for annual mammograms and
8 supplemental breast cancer screenings for certain
9 women under certain circumstances; requiring the
10 agency to seek federal approval, if needed, to
11 implement specified provisions; amending ss. 627.6418,
12 627.6613, and 641.31095, F.S.; defining the term
13 "supplemental breast cancer screening"; revising
14 coverage for mammograms under certain individual
15 accident and health insurance policies, group,
16 blanket, and franchise accident and health insurance
17 policies, and health maintenance contracts,
18 respectively; requiring coverage for supplemental
19 breast cancer screenings under such policies and
20 contracts under certain circumstances; revising
21 applicability; providing an effective date.

22
23 Be It Enacted by the Legislature of the State of Florida:

24
25 Section 1. Section 409.9064, Florida Statutes, is created
26 to read:

27 409.9064 Coverage for mammograms and supplemental breast
28 cancer screenings.—

29 (1) As used in this section, the term:

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30 (a) "Mammogram" means an image of a radiologic examination
31 used to detect unsuspected breast cancer at an early stage in an
32 asymptomatic woman and includes the X-ray picture of the breast
33 captured using equipment that is dedicated specifically for
34 mammography, including, but not limited to, the X-ray tube,
35 filter, compression device, screens, film, and cassettes. The
36 radiologic examination must include two views of each breast.
37 The term also includes images from digital breast tomosynthesis
38 and the professional interpretation of images from any
39 mammography equipment, but does not include any diagnostic
40 mammography image.

41 (b) "Supplemental breast cancer screening" means a
42 clinically appropriate examination, in addition to a mammogram,
43 deemed medically necessary by a treating health care provider
44 for breast cancer screening in accordance with applicable
45 American College of Radiology guidelines, which examination
46 includes, but is not limited to, magnetic resonance imaging,
47 ultrasound, and molecular breast imaging.

48 (2) Subject to the availability of funds and subject to any
49 limitations or directions provided in the General Appropriations
50 Act, the agency must provide coverage for the following every
51 year for a Medicaid recipient who is a woman 25 years of age or
52 older:

53 (a) One mammogram to detect the presence of breast cancer.

54 (b) One supplemental breast cancer screening to detect the
55 presence of breast cancer if:

56 1. Based on the breast imaging reporting and data system
57 established by the American College of Radiology, the woman's
58 mammogram demonstrates that the woman has dense breast tissue;

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59 or

60 2. The woman is at an increased risk of breast cancer due
 61 to:

62 a. A personal or family history of breast cancer;

63 b. A personal history of biopsy-proven benign breast
 64 disease;

65 c. Ancestry;

66 d. Genetic predisposition;

67 e. Not having given birth before the age of 30; or

68 f. Other reasons as determined by the woman's health care
 69 provider.

70 (3) The agency shall seek federal approval, if needed, for
 71 the implementation of this section.

72 Section 2. Section 627.6418, Florida Statutes, is amended
 73 to read:

74 627.6418 Coverage for mammograms and supplemental breast
 75 cancer screenings.-

76 (1) As used in this section, the term "supplemental breast
 77 cancer screening" means a clinically appropriate examination, in
 78 addition to a mammogram, deemed medically necessary by a
 79 treating health care provider for breast cancer screening in
 80 accordance with applicable American College of Radiology
 81 guidelines, which examination includes, but is not limited to,
 82 magnetic resonance imaging, ultrasound, and molecular breast
 83 imaging.

84 (2) An accident or health insurance policy issued, amended,
 85 delivered, or renewed in this state on or after July 1, 2024,
 86 must provide coverage for at least the following for any woman
 87 who is 25 years of age or older:

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88 (a) One A baseline mammogram a year, including a digital
89 breast tomosynthesis mammogram for any woman who is 35 years of
90 age or older, but younger than 40 years of age.

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

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

96 (d) One supplemental breast cancer screening or more
97 mammograms a year, based upon a physician's recommendation, if
98 the for any woman who is at risk for breast cancer because of
99 dense breast tissue, as demonstrated by the woman's mammogram
100 and based on the breast imaging reporting and data system
101 established by the American College of Radiology; because of a
102 personal or family history of breast cancer; ~~because of having~~
103 a personal history of biopsy-proven benign breast disease;
104 because of ancestry; because of genetic predisposition; ~~because~~
105 ~~of having a mother, sister, or daughter who has or has had~~
106 ~~breast cancer, or because the a woman has not given birth before~~
107 ~~the age of 30; or because of other reasons as determined by the~~
108 woman's physician.

109 (3) ~~(2) Except as provided in paragraph (1) (b), for~~
110 ~~mammograms done more frequently than every 2 years for women 40~~
111 ~~years of age or older but younger than 50 years of age, The~~
112 ~~coverage required by subsection (2) (1) applies, with or without~~
113 ~~a physician prescription, if the insured obtains a mammogram~~
114 and, if applicable, a supplemental breast cancer screening in an
115 office, facility, or health testing service that uses
116 radiological equipment registered with the Department of Health

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117 for breast cancer screening. The coverage is subject to the
118 deductible and coinsurance provisions applicable to outpatient
119 visits, and is also subject to all other terms and conditions
120 applicable to other benefits. This section does not affect any
121 requirements or prohibitions relating to who may perform,
122 analyze, or interpret a mammogram or the persons to whom the
123 results of a mammogram may be furnished or released.

124 ~~(4)(3)~~ This section does not apply to disability income,
125 specified disease, or hospital indemnity policies.

126 ~~(5)(4)~~ Every insurer subject to the requirements of this
127 section shall make available to the policyholder as part of the
128 application, for an appropriate additional premium, the coverage
129 required in this section without such coverage being subject to
130 the deductible or coinsurance provisions of the policy.

131 Section 3. Section 627.6613, Florida Statutes, is amended
132 to read:

133 627.6613 Coverage for mammograms and supplemental breast
134 cancer screenings.—

135 (1) As used in this section, the term "supplemental breast
136 cancer screening" means a clinically appropriate examination, in
137 addition to a mammogram, deemed medically necessary by a
138 treating physician for breast cancer screening in accordance
139 with applicable American College of Radiology guidelines, which
140 examination includes, but is not limited to, magnetic resonance
141 imaging, ultrasound, and molecular breast imaging.

142 (2) A group, blanket, or franchise accident or health
143 insurance policy issued, amended, delivered, or renewed in this
144 state on or after July 1, 2024, must provide coverage for at
145 least the following for any woman who is 25 years of age or

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146 older:

147 (a) One ~~A~~ baseline mammogram a year, including a digital
148 breast tomosynthesis mammogram for any woman who is 35 years of
149 age or older, but younger than 40 years of age.

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

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

155 ~~(d)~~ One supplemental breast cancer screening or more
156 ~~mammograms~~ a year, based upon a physician's recommendation, if
157 the ~~for any woman who~~ is at risk for breast cancer because of
158 dense breast tissue as demonstrated by the woman's mammogram and
159 based on the breast imaging reporting and data system
160 established by the American College of Radiology; because of a
161 personal or family history of breast cancer; ~~;~~ because of having
162 a personal history of biopsy-proven benign breast disease;
163 because of ancestry; because of genetic predisposition; ~~;~~ because
164 of having a mother, sister, or daughter who has or has had
165 breast cancer, or because the ~~a~~ woman has not given birth before
166 the age of 30; or because of other reasons as determined by the
167 woman's physician.

168 ~~(3)~~ ~~(2)~~ ~~Except as provided in paragraph (1) (b), for~~
169 ~~mammograms done more frequently than every 2 years for women 40~~
170 ~~years of age or older but younger than 50 years of age, The~~
171 ~~coverage required by subsection (2) (1) applies, with or without~~
172 ~~a physician prescription, if the insured obtains a mammogram~~
173 ~~and, if applicable, a supplemental breast cancer screening in an~~
174 ~~office, facility, or health testing service that uses~~

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

183 (4)~~(3)~~ Every insurer referred to in subsection (2) ~~(1)~~
184 shall make available to the policyholder as part of the
185 application, for an appropriate additional premium, the coverage
186 required in this section without such coverage being subject to
187 the deductible or coinsurance provisions of the policy.

188 Section 4. Section 641.31095, Florida Statutes, is amended
189 to read:

190 641.31095 Coverage for mammograms and supplemental breast
191 cancer screenings.—

192 (1) As used in this section, the term “supplemental breast
193 cancer screening” means a clinically appropriate examination, in
194 addition to a mammogram, deemed medically necessary by a
195 treating physician for breast cancer screening in accordance
196 with applicable American College of Radiology guidelines, which
197 examination includes, but is not limited to, magnetic resonance
198 imaging, ultrasound, and molecular breast imaging.

199 (2) Every health maintenance contract issued or renewed on
200 or after July 1, 2024, must January 1, 1996, shall provide
201 coverage for at least the following for any woman who is 25
202 years of age or older:

203 (a) One ~~A~~ baseline mammogram a year, including a digital

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204 ~~breast tomosynthesis mammogram for any woman who is 35 years of~~
205 ~~age or older, but younger than 40 years of age.~~

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

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

211 (d) ~~One supplemental breast cancer screening or more~~
212 ~~mammograms a year, based upon a physician's recommendation, if~~
213 ~~the for any woman who is at risk for breast cancer because of~~
214 ~~dense breast tissue as demonstrated by the woman's mammogram and~~
215 ~~based on the breast imaging reporting and data system~~
216 ~~established by the American College of Radiology; because of a~~
217 ~~personal or family history of breast cancer; because of ~~having~~~~
218 ~~a personal history of biopsy-proven benign breast disease;~~
219 ~~because of ancestry; because of genetic predisposition; because~~
220 ~~of having a mother, sister, or daughter who has had breast~~
221 ~~cancer, or because the a woman has not given birth before the~~
222 ~~age of 30; or because of other reasons as determined by the~~
223 ~~woman's physician.~~

224 (3) ~~(2)~~ The coverage required by this section is subject to
225 the deductible and copayment provisions applicable to outpatient
226 visits, and is also subject to all other terms and conditions
227 applicable to other benefits. A health maintenance organization
228 shall make available to the subscriber as part of the
229 application, for an appropriate additional premium, the coverage
230 required in this section without such coverage being subject to
231 any deductible or copayment provisions in the contract.

232 Section 5. This act shall take effect July 1, 2024.