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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.; providing definitions; requiring the
5 Agency for Health Care Administration to provide
6 coverage for yearly mammograms and yearly supplemental
7 breast cancer screenings for certain women under
8 certain circumstances; requiring the agency to seek
9 federal approval under a specified circumstance;
10 amending ss. 627.6418, 627.6613, and 641.31095, F.S.;
11 defining the term "supplemental breast cancer
12 screening"; revising coverages for mammograms under
13 certain individual accident and health insurance
14 policies, group, blanket, and franchise accident and
15 health insurance policies, and health maintenance
16 contracts, respectively; requiring coverages for
17 supplemental breast cancer screenings under such
18 policies and contracts under certain circumstances;
19 providing applicability; providing an effective date.

20
21 Be It Enacted by the Legislature of the State of Florida:

22
23 Section 1. Section 409.9064, Florida Statutes, is created
24 to read:

25 409.9064 Coverage for mammograms and supplemental breast

26 | cancer screenings.-

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

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

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

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

51 (a) One mammogram to detect the presence of breast cancer.
 52 (b) One supplemental breast cancer screening to detect the
 53 presence of breast cancer if:

54 1. The woman's mammogram demonstrates, based on the breast
 55 imaging reporting and data system established by the American
 56 College of Radiology, that the woman has dense breast tissue; or

57 2. The woman is at an increased risk of breast cancer due
 58 to:

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

60 b. A personal history of biopsy-proven benign breast
 61 disease;

62 c. Ancestry;

63 d. Genetic predisposition;

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

65 f. Other reasons as determined by the woman's health care
 66 provider.

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

69 Section 2. Section 627.6418, Florida Statutes, is amended,
 70 to read:

71 627.6418 Coverage for mammograms and supplemental breast
 72 cancer screenings.—

73 (1) As used in this section, the term "supplemental breast
 74 cancer screening" means a clinically appropriate examination, in
 75 addition to a mammogram, deemed medically necessary by a

76 treating health care provider for breast cancer screening in
 77 accordance with applicable American College of Radiology
 78 guidelines, which includes, but is not limited to, magnetic
 79 resonance imaging, ultrasound, and molecular breast imaging.

80 (2)(1) An accident or health insurance policy issued,
 81 amended, delivered, or renewed in this state on or after July 1,
 82 2024, must provide coverage for at least the following for any
 83 woman who is 25 years of age or older:

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

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

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

92 (b)(d) One supplemental breast cancer screening ~~or more~~
 93 ~~mammograms~~ a year, based upon a physician's recommendation, if
 94 the ~~for any~~ woman ~~who~~ is at risk for breast cancer because of
 95 dense breast tissue as demonstrated by the woman's mammogram,
 96 based on the breast imaging reporting and data system
 97 established by the American College of Radiology; because of a
 98 personal or family history of breast cancer;; because of ~~having~~
 99 a personal history of biopsy-proven benign breast disease;
 100 because of ancestry; because of genetic predisposition; ~~;~~ because

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101 ~~of having a mother, sister, or daughter who has or has had~~
 102 ~~breast cancer, or because~~ the a woman has not given birth before
 103 the age of 30; or because of other reasons as determined by the
 104 woman's physician.

105 ~~(3)(2) Except as provided in paragraph (1)(b), for~~
 106 ~~mammograms done more frequently than every 2 years for women 40~~
 107 ~~years of age or older but younger than 50 years of age, The~~
 108 coverage required by subsection (2) ~~(1)~~ applies, ~~with or without~~
 109 ~~a physician prescription,~~ if the insured obtains a mammogram or,
 110 if applicable, a supplemental breast cancer screening in an
 111 office, facility, or health testing service that uses
 112 radiological equipment registered with the Department of Health
 113 for breast cancer screening. The coverage is subject to the
 114 deductible and coinsurance provisions applicable to outpatient
 115 visits, and is also subject to all other terms and conditions
 116 applicable to other benefits. This section does not affect any
 117 requirements or prohibitions relating to who may perform,
 118 analyze, or interpret a mammogram or the persons to whom the
 119 results of a mammogram may be furnished or released.

120 ~~(4)(3)~~ This section does not apply to disability income,
 121 specified disease, or hospital indemnity policies.

122 ~~(5)(4)~~ Every insurer subject to the requirements of this
 123 section shall make available to the policyholder as part of the
 124 application, for an appropriate additional premium, the coverage
 125 required in this section without such coverage being subject to

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126 | the deductible or coinsurance provisions of the policy.

127 | Section 3. Section 627.6613, Florida Statutes, is amended
 128 | to read:

129 | 627.6613 Coverage for mammograms and supplemental breast
 130 | cancer screenings.-

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

138 | (2)~~(1)~~ A group, blanket, or franchise accident or health
 139 | insurance policy issued, amended, delivered, or renewed in this
 140 | state on or after July 1, 2024, must provide coverage for at
 141 | least the following for any woman who is 25 years of age or
 142 | older:

143 | (a) One A-baseline mammogram a year, including a digital
 144 | breast tomosynthesis mammogram ~~for any woman who is 35 years of~~
 145 | ~~age or older, but younger than 40 years of age.~~

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

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

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

164 ~~(3)-(2) Except as provided in paragraph (1) (b), for~~
165 ~~mammograms done more frequently than every 2 years for women 40~~
166 ~~years of age or older but younger than 50 years of age, The~~
167 coverage required by subsection (2) (1) applies, ~~with or without~~
168 ~~a physician prescription,~~ if the insured obtains a mammogram or,
169 if applicable, a supplemental breast cancer screening in an
170 office, facility, or health testing service that uses
171 radiological equipment registered with the Department of Health
172 for breast cancer screening. The coverage is subject to the
173 deductible and coinsurance provisions applicable to outpatient
174 visits, and is also subject to all other terms and conditions
175 applicable to other benefits. This section does not affect any

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176 requirements or prohibitions relating to who may perform,
177 analyze, or interpret a mammogram or the persons to whom the
178 results of a mammogram may be furnished or released.

179 (4)~~(3)~~ Every insurer referred to in subsection (2) ~~(1)~~
180 shall make available to the policyholder as part of the
181 application, for an appropriate additional premium, the coverage
182 required in this section without such coverage being subject to
183 the deductible or coinsurance provisions of the policy.

184 Section 4. Section 641.31095, Florida Statutes, is amended
185 to read:

186 641.31095 Coverage for mammograms and supplemental breast
187 cancer screenings.—

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

195 (2)~~(1)~~ Every health maintenance contract issued or renewed
196 on or after July 1, 2024, must ~~January 1, 1996, shall~~ provide
197 coverage for at least the following for any woman who is 25
198 years of age or older:

199 (a) One ~~A~~ baseline mammogram a year, including a digital
200 breast tomosynthesis mammogram ~~for any woman who is 35 years of~~

201 ~~age or older, but younger than 40 years of age.~~

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

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

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

220 ~~(3)(2)~~ The coverage required by this section is subject to
 221 the deductible and copayment provisions applicable to outpatient
 222 visits, and is also subject to all other terms and conditions
 223 applicable to other benefits. A health maintenance organization
 224 shall make available to the subscriber as part of the
 225 application, for an appropriate additional premium, the coverage

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226 | required in this section without such coverage being subject to
227 | any deductible or copayment provisions in the contract.

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