

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 meeting specified criteria, subject to the
10 availability of funds and any limitations or
11 directions the Legislature provides in the General
12 Appropriations Act; requiring the agency to seek
13 federal approval, if needed, to implement specified
14 provisions; amending ss. 627.6418, 627.6613, and
15 641.31095, F.S.; defining the term "supplemental
16 breast cancer screening"; revising coverage for
17 mammograms under certain individual accident and
18 health insurance policies, certain group, blanket, and
19 franchise accident and health insurance policies, and
20 certain health maintenance contracts, respectively;
21 requiring coverages for supplemental breast cancer
22 screenings under such policies and contracts under
23 certain circumstances; revising applicability;
24 providing an effective date.

25
26 Be It Enacted by the Legislature of the State of Florida:

27
28 Section 1. Section 409.9064, Florida Statutes, is created
29 to read:

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30 409.9064 Coverage for mammograms and supplemental breast
31 cancer screenings.-

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

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

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

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

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

56 (b) One supplemental breast cancer screening to detect the
57 presence of breast cancer if:

58 1. Based on the breast imaging reporting and data system

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59 established by the American College of Radiology, the woman's
60 mammogram demonstrates that the woman has dense breast tissue;
61 or

62 2. The woman is at an increased risk of breast cancer due
63 to any of the following:

64 a. A personal or family history of breast cancer.

65 b. A personal history of biopsy-proven benign breast
66 disease.

67 c. Ancestry.

68 d. Genetic predisposition.

69 e. Not having given birth before the age of 30.

70 f. Other reasons as determined by the woman's health care
71 provider.

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

74 Section 2. Section 627.6418, Florida Statutes, is amended
75 to read:

76 627.6418 Coverage for mammograms and supplemental breast
77 cancer screenings.—

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

86 (2) An accident or health insurance policy issued, amended,
87 delivered, or renewed in this state on or after July 1, 2025,

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88 must provide coverage for at least the following for any woman
89 who is 25 years of age or older:

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

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

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

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

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

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117 office, facility, or health testing service that uses
118 radiological equipment registered with the Department of Health
119 for breast cancer screening. The coverage is subject to the
120 deductible and coinsurance provisions applicable to outpatient
121 visits, and is also subject to all other terms and conditions
122 applicable to other benefits. This section does not affect any
123 requirements or prohibitions relating to who may perform,
124 analyze, or interpret a mammogram or the persons to whom the
125 results of a mammogram may be furnished or released.

126 ~~(4)(3)~~ This section does not apply to disability income,
127 specified disease, or hospital indemnity policies.

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

133 Section 3. Section 627.6613, Florida Statutes, is amended
134 to read:

135 627.6613 Coverage for mammograms and supplemental breast
136 cancer screenings.-

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

144 (2) A group, blanket, or franchise accident or health
145 insurance policy issued, amended, delivered, or renewed in this

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146 state on or after July 1, 2025, must provide coverage for at
147 least the following for any woman who is 25 years of age or
148 older:

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

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

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

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

170 ~~(3) (2) Except as provided in paragraph (1) (b), for~~
171 ~~mammograms done more frequently than every 2 years for women 40~~
172 ~~years of age or older but younger than 50 years of age, The~~
173 ~~coverage required by subsection (2) (1) applies, with or without~~
174 ~~a physician prescription, if the insured obtains a mammogram~~

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

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

190 Section 4. Section 641.31095, Florida Statutes, is amended
191 to read:

192 641.31095 Coverage for mammograms and supplemental breast
193 cancer screenings.—

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

201 (2) Every health maintenance contract issued or renewed on
202 or after July 1, 2025, must January 1, 1996, shall provide
203 coverage for at least the following for any woman who is 25

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204 years of age or older:

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

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

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

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

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

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233 any deductible or copayment provisions in the contract.

234 Section 5. This act shall take effect July 1, 2025.