



26 409.9064 Coverage for mammograms and supplemental breast  
 27 cancer screenings.—

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

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

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

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

51 between 25 and 40 years of age, inclusive:  
 52 (a) One mammogram to detect the presence of breast cancer.  
 53 (b) One supplemental breast cancer screening to detect the  
 54 presence of breast cancer if:  
 55 1. The woman's mammogram demonstrates, based on the breast  
 56 imaging reporting and data system established by the American  
 57 College of Radiology, that the woman has dense breast tissue; or  
 58 2. The woman is at an increased risk of breast cancer due  
 59 to:  
 60 a. A personal or family history of breast cancer;  
 61 b. A personal history of biopsy-proven benign breast  
 62 disease;  
 63 c. Ancestry;  
 64 d. Genetic predisposition;  
 65 e. Not having given birth before the age of 30; or  
 66 f. Other reasons as determined by the woman's health care  
 67 provider.  
 68 (3) The agency shall seek federal approval, if needed, for  
 69 the implementation of this section.

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

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

74 (1) As used in this section, the term "supplemental breast  
 75 cancer screening" means a clinically appropriate examination, in

76 addition to a mammogram, deemed medically necessary by a  
77 treating physician for breast cancer screening in accordance  
78 with applicable American College of Radiology guidelines, which  
79 includes, but is not limited to, magnetic resonance imaging,  
80 ultrasound, and molecular breast imaging.

81 (2)(1) An accident or health insurance policy issued,  
82 amended, delivered, or renewed in this state on or after July 1,  
83 2025, must provide coverage for at least the following for any  
84 woman between 25 and 40 years of age, inclusive:

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

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

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

93 (b)(d) One supplemental breast cancer screening each ~~or~~  
94 ~~more mammograms~~ a year, based upon a physician's recommendation,  
95 if the ~~for any woman who~~ is at risk for breast cancer because of  
96 dense breast tissue as the woman's mammogram demonstrates, based  
97 on the breast imaging reporting and data system established by  
98 the American College of Radiology; because of a personal or  
99 family history of breast cancer; ~~7~~ because of having a personal  
100 history of biopsy-proven benign breast disease; because of

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

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

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

123 (5) ~~(4)~~ Every insurer subject to the requirements of this  
124 section shall make available to the policyholder as part of the  
125 application, for an appropriate additional premium, the coverage

126 required in this section without such coverage being subject to  
127 the deductible or coinsurance provisions of the policy.

128 **Section 3. Section 627.6613, Florida Statutes, is amended**  
129 **to read:**

130 627.6613 Coverage for mammograms and supplemental breast  
131 cancer screenings.—

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

139 (2)~~(1)~~ A group, blanket, or franchise accident or health  
140 insurance policy issued, amended, delivered, or renewed in this  
141 state on or after July 1, 2025, must provide coverage for at  
142 least the following for any woman between 25 and 40 years of  
143 age, inclusive:

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

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

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

151 ~~of age or older.~~

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

165 (3) (2) ~~Except as provided in paragraph (1) (b), for~~  
166 ~~mammograms done more frequently than every 2 years for women 40~~  
167 ~~years of age or older but younger than 50 years of age, The~~  
168 coverage required by subsection (2) (1) applies, ~~with or without~~  
169 ~~a physician prescription,~~ if the insured obtains a mammogram or,  
170 if applicable, a supplemental breast cancer screening in an  
171 office, facility, or health testing service that uses  
172 radiological equipment registered with the Department of Health  
173 for breast cancer screening. The coverage is subject to the  
174 deductible and coinsurance provisions applicable to outpatient  
175 visits, and is also subject to all other terms and conditions

176 applicable to other benefits. This section does not affect any  
 177 requirements or prohibitions relating to who may perform,  
 178 analyze, or interpret a mammogram or the persons to whom the  
 179 results of a mammogram may be furnished or released.

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

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

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

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

196 ~~(2)(1)~~ Every health maintenance contract issued or renewed  
 197 on or after July 1, 2025, must ~~January 1, 1996,~~ shall provide  
 198 coverage for at least the following for any woman between 25 and  
 199 40 years of age, inclusive:

200 (a) One ~~A~~ baseline mammogram each year, including a



201 ~~digital breast tomosynthesis for any woman who is 35 years of~~  
202 ~~age or older, but younger than 40 years of age.~~

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

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

208 ~~(b)(d)~~ One supplemental breast cancer screening each or  
209 ~~more mammograms a year, based upon a physician's recommendation,~~  
210 if the ~~for any woman who~~ is at risk for breast cancer because of  
211 dense breast tissue as the woman's mammogram demonstrates, based  
212 on the breast imaging reporting and data system established by  
213 the American College of Radiology; because of a personal or  
214 family history of breast cancer;~~7~~ because of having a personal  
215 history of biopsy-proven benign breast disease; because of  
216 ancestry; because of genetic predisposition;~~7~~ ~~because of having~~  
217 ~~a mother, sister, or daughter who has had breast cancer, or~~  
218 ~~because the~~ a woman has not given birth before the age of 30; or  
219 because of other reasons as determined by the 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

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, 2025.