

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

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

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

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, including, but not
45 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 physician.

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 physician for breast cancer screening in accordance
77 with applicable American College of Radiology guidelines,
78 including, but not limited to, magnetic resonance imaging,
79 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 2026, must provide coverage for at least the following for any
83 woman between 25 and 40 years of age, inclusive:

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

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

the deductible or coinsurance provisions of the policy.

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

627.6613 Coverage for mammograms and supplemental breast cancer screenings.—

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

(2)~~(1)~~ A group, blanket, or franchise accident or health insurance policy issued, amended, delivered, or renewed in this state on or after July 1, 2026, must provide coverage for at least the following for any woman between 25 and 40 years of age, inclusive:

(a) One A-baseline mammogram each year, including a digital breast tomosynthesis ~~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 patient's physician's recommendation.~~

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

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

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 (2) ~~(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 4. Section 641.31095, Florida Statutes, is amended to read:

641.31095 Coverage for mammograms and supplemental breast cancer screenings.—

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

(2)~~(1)~~ Every health maintenance contract issued or renewed on or after July 1, 2026, must ~~January 1, 1996, shall~~ provide coverage for at least the following for any woman between 25 and 40 years of age, inclusive:

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

219 (3)(2) The coverage required by this section is subject to
220 the deductible and copayment provisions applicable to outpatient
221 visits, and is also subject to all other terms and conditions
222 applicable to other benefits. A health maintenance organization
223 shall make available to the subscriber as part of the
224 application, for an appropriate additional premium, the coverage
225 required in this section without such coverage being subject to

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226 | any deductible or copayment provisions in the contract.

227 | **Section 5.** This act shall take effect July 1, 2026.