

By Senator Davis

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breast cancer screening and diagnosis; specifying that specified health insurance policies are subject to certain provisions; providing an effective date.

34 Be It Enacted by the Legislature of the State of Florida:

36 Section 1. Section 627.6418, Florida Statutes, is amended
37 to read:

38 | 627.6418 Coverage for mammograms.-

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

40 (a) "BI-RADS" means the American College of Radiology

41 | Breast Imaging Reporting and Data System.

51 (c) "Increased risk" means, in accordance with the National
52 Comprehensive Cancer Network, any one of the following
53 categories which enhances the likelihood that a woman may
54 develop breast cancer, including:

55 1. Having a known genetic predisposition or a pedigree
56 suggestive of a genetic predisposition for breast cancer.

57 2. Having a lifetime risk of breast cancer equal to or
58 greater than 20 percent as defined by models that include a

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59 comprehensive family history, including first-, second-, and,
60 when relevant to the model, third-degree relatives.

61 3. Having previously received thoracic radiation between 10
62 and 30 years of age.

63 4. Being 35 years of age or older with a 5-year risk of
64 invasive breast cancer equal to or greater than 1.7 percent.

65 5. Having a lifetime risk equal to or greater than 20
66 percent based on a history of atypical ductal hyperplasia,
67 lobular carcinoma in situ, or atypical lobular hyperplasia.

68 6. Having heterogeneously or extremely dense breast tissue
69 as defined under the BI-RADS and based on a woman's most
70 recently completed mammogram results.

71 (d) "Screening mammogram" means a radiologic examination
72 using equipment dedicated specifically for mammography,
73 including digital breast tomosynthesis mammography but not
74 including any diagnostic mammography imaging, for the purpose of
75 detecting any potential breast cancer, which examination results
76 in the production of at least two radiographic images of each
77 breast.

78 (e) "Supplemental breast cancer screening" means an imaging
79 examination of the breast, including, but not limited to, breast
80 magnetic resonance imaging, breast ultrasound, contrast-enhanced
81 mammography, or molecular breast imaging, which is used to
82 screen for breast cancer when there is no abnormality seen or
83 suspected.

84 (2) (1) A major medical or similar comprehensive An accident
85 or health insurance policy issued, amended, delivered, or
86 renewed in this state on or after January 1, 2027, must provide
87 all of the following minimum coverage in accordance with the

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88 most recent applicable National Comprehensive Cancer Network's
89 Breast Cancer Screening and Diagnosis guidelines coverage for at
90 least the following:

91 (a) A baseline 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 screening mammogram every year for any woman who is
97 40 50 years of age or older.

98 (d) One or more medically necessary screening mammograms
99 a year, based upon a physician's recommendation of a physician
100 licensed under chapter 458 or chapter 459, for any woman who is
101 at an increased risk of developing for breast cancer because of
102 a personal or family history of breast cancer, because of having
103 a history of biopsy-proven benign breast disease, because of
104 having a mother, sister, or daughter who has or has had breast
105 cancer, or because a woman has not given birth before the age of
106 30.

107 (c) One medically necessary supplemental breast cancer
108 screening a year, based upon a recommendation of a physician
109 licensed under chapter 458 or chapter 459, for any woman who is
110 at an increased risk of developing breast cancer.

111 (3) A major medical or similar comprehensive health
112 insurance policy issued for an insured who has dense breast
113 tissue by itself in the absence of any evidence of an
114 abnormality or suspicious abnormality of the breast as defined
115 by BI-RADS is subject to the coverage requirements provided in
116 paragraphs (2) (b) and (c).

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117 (4) A major medical or similar comprehensive health
118 insurance policy is subject to this section after treatment for
119 any breast cancer is completed, even if the insured is in a
120 remission and surveillance period prior to any clinical
121 designation that the insured is in long-term remission or cured,
122 provided any examination conducted during such period does not
123 meet the definition of a diagnostic breast examination.

124 (5)-(2) Except as provided in paragraph (1)(b), for
125 mammograms done more frequently than every 2 years for women 40
126 years of age or older but younger than 50 years of age, The
127 coverage required by paragraphs (2)(a) and (b) subsection (1)
128 applies, with or without a licensed treating physician's
129 physician prescription, if the insured obtains a screening
130 mammogram in an office, facility, or health testing service that
131 uses radiological equipment registered with the Department of
132 Health for breast cancer screening. The coverage is subject to
133 the deductible and coinsurance provisions applicable to
134 outpatient visits, and is also subject to all other terms and
135 conditions applicable to other benefits. This section does not
136 affect any requirements or prohibitions relating to who may
137 perform, analyze, or interpret a screening mammogram or the
138 persons to whom the results of a screening mammogram may be
139 furnished or released.

140 (6)-(3) This section applies does not apply to disability
141 income, specified disease, or hospital indemnity policies
142 providing major medical or similar comprehensive coverage or
143 benefits.

144 (7)-(4) Every insurer subject to the requirements of this
145 section shall make available to the policyholder as part of the

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146 application, for an appropriate additional premium, the coverage
147 required in this section without such coverage being subject to
148 the deductible or coinsurance provisions of the policy.

149 Section 2. Section 627.6613, Florida Statutes, is amended
150 to read:

151 627.6613 Coverage for mammograms.—

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

153 (a) "BI-RADS" means the American College of Radiology
154 Breast Imaging Reporting and Data System.

155 (b) "Diagnostic breast examination" means a medically
156 necessary imaging examination of the breast, including, but not
157 limited to, an examination using diagnostic mammography, breast
158 magnetic resonance imaging, or breast ultrasound, which is used
159 to evaluate an abnormality that is seen or reasonably suspected
160 during a screening examination for breast cancer. For purposes
161 of this paragraph, the term "reasonably suspected" means the
162 screening examination evidences at least one observable sign of
163 a potential abnormality.

164 (c) "Increased risk" means, in accordance with the National
165 Comprehensive Cancer Network, any one of the following
166 categories which enhances the likelihood that a woman may
167 develop breast cancer, including:

168 1. Having a known genetic predisposition or a pedigree
169 suggestive of a genetic predisposition for breast cancer.

170 2. Having a lifetime risk of breast cancer equal to or
171 greater than 20 percent as defined by models that include a
172 comprehensive family history, including first-, second-, and,
173 when relevant to the model, third-degree relatives.

174 3. Having previously received thoracic radiation between 10

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175 and 30 years of age.

176 4. Being 35 years of age or older with a 5-year risk of
177 invasive breast cancer equal to or greater than 1.7 percent.178 5. Having a lifetime risk equal to or greater than 20
179 percent based on a history of atypical ductal hyperplasia,
180 lobular carcinoma in situ, or atypical lobular hyperplasia.181 6. Having heterogeneously or extremely dense breast tissue
182 as defined under the BI-RADS and based on a woman's most
183 recently completed mammogram results.184 (d) "Screening mammogram" means a radiologic examination
185 using equipment dedicated specifically for mammography,
186 including digital breast tomosynthesis mammography but not
187 including any diagnostic mammography imaging, for the purpose of
188 detecting any potential breast cancer, which examination results
189 in the production of at least two radiographic images of each
190 breast.191 (e) "Supplemental breast cancer screening" means an imaging
192 examination of the breast, including, but not limited to, breast
193 magnetic resonance imaging, breast ultrasound, contrast-enhanced
194 mammography, or molecular breast imaging, which is used to
195 screen for breast cancer when there is no abnormality seen or
196 suspected.197 (2)-(1) A group, blanket, or franchise major medical or
198 similar comprehensive accident or health insurance policy
199 issued, amended, delivered, or renewed in this state on or after
200 January 1, 2027, must provide all of the following minimum
201 coverage in accordance with the most recent applicable National
202 Comprehensive Cancer Network's Breast Cancer Screening and
203 Diagnosis guidelines coverage for at least the following:

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204 (a) A baseline 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 recommendation.

209 (c) A screening mammogram every year for any woman who is
210 40-50 years of age or older.

211 (d) One or more medically necessary screening mammograms
212 a year, based upon a physician's recommendation of a physician
213 licensed under chapter 458 or chapter 459, for any woman who is
214 at an increased risk of developing for breast cancer because of
215 a personal or family history of breast cancer, because of having
216 a history of biopsy-proven benign breast disease, because of
217 having a mother, sister, or daughter who has or has had breast
218 cancer, or because a woman has not given birth before the age of
219 30.

220 (e) One medically necessary supplemental breast cancer
221 screening a year, based upon a recommendation of a physician
222 licensed under chapter 458 or chapter 459, for any woman who is
223 at an increased risk of developing breast cancer.

224 (3) A group, blanket, or franchise major medical or similar
225 comprehensive health insurance policy issued for an insured who
226 has dense breast tissue by itself in the absence of any evidence
227 of an abnormality or suspicious abnormality of the breast as
228 defined by BI-RADS is subject to the coverage requirements
229 provided in paragraphs (2)(b) and (c).

230 (4) A group, blanket, or franchise major medical or similar
231 comprehensive health insurance policy is subject to this section
232 after treatment for any breast cancer is completed, even if the

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233 insured is in a remission and surveillance period prior to any
234 clinical designation that the insured is in long-term remission
235 or cured, provided any examination conducted during such period
236 does not meet the definition of a diagnostic breast examination.

237 (5) (2) Except as provided in paragraph (1) (b), for
238 mammograms done more frequently than every 2 years for women 40
239 years of age or older but younger than 50 years of age, The
240 coverage required by paragraphs (2) (a) and (b) subsection (1)
241 applies, with or without a licensed treating physician's
242 physician prescription, if the insured obtains a screening
243 mammogram in an office, facility, or health testing service that
244 uses radiological equipment registered with the Department of
245 Health for breast cancer screening. The coverage is subject to
246 the deductible and coinsurance provisions applicable to
247 outpatient visits, and is also subject to all other terms and
248 conditions applicable to other benefits. This section does not
249 affect any requirements or prohibitions relating to who may
250 perform, analyze, or interpret a screening mammogram or the
251 persons to whom the results of a screening mammogram may be
252 furnished or released.

253 (6) (3) Every insurer referred to in subsection (1) shall
254 make available to the policyholder as part of the application,
255 for an appropriate additional premium, the coverage required in
256 this section without such coverage being subject to the
257 deductible or coinsurance provisions of the policy.

258 Section 3. Present subsection (17) of section 627.6699,
259 Florida Statutes, is redesignated as subsection (18), and a new
260 subsection (17) is added to that section, to read:

261 627.6699 Employee Health Care Access Act.—

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262 (17) COVERAGE FOR MAMMOGRAMS.—263 (a) As used in this subsection, the term:264 1. "BI-RADS" means the American College of Radiology Breast
265 Imaging Reporting and Data System.266 2. "Diagnostic breast examination" means a medically
267 necessary imaging examination of the breast, including, but not
268 limited to, an examination using diagnostic mammography, breast
269 magnetic resonance imaging, or breast ultrasound, which is used
270 to evaluate an abnormality that is seen or reasonably suspected
271 during a screening examination for breast cancer. For purposes
272 of this subparagraph, the term "reasonably suspected" means the
273 screening examination evidences at least one observable sign of
274 a potential abnormality.275 3. "Increased risk" means, in accordance with the National
276 Comprehensive Cancer Network, any one of the following
277 categories which enhances the likelihood that a woman may
278 develop breast cancer, including:279 a. Having a known genetic predisposition or a pedigree
280 suggestive of a genetic predisposition for breast cancer.281 b. Having a lifetime risk of breast cancer equal to or
282 greater than 20 percent as defined by models that include a
283 comprehensive family history, including first-, second-, and,
284 when relevant to the model, third-degree relatives.285 c. Having previously received thoracic radiation between 10
286 and 30 years of age.287 d. Being 35 years of age or older with a 5-year risk of
288 invasive breast cancer equal to or greater than 1.7 percent.289 e. Having a lifetime risk equal to or greater than 20
290 percent based on a history of atypical ductal hyperplasia,

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291 lobular carcinoma in situ, or atypical lobular hyperplasia.

292 f. Having heterogeneously or extremely dense breast tissue
293 as defined under the BI-RADS and based on a woman's most
294 recently completed mammogram results.

295 4. "Screening mammogram" means a radiologic examination
296 using equipment dedicated specifically for mammography,
297 including digital breast tomosynthesis mammography but not
298 including any diagnostic mammography imaging, for the purpose of
299 detecting any potential breast cancer, which examination results
300 in the production of at least two radiographic images of each
301 breast.

302 5. "Supplemental breast cancer screening" means an imaging
303 examination of the breast, including, but not limited to, breast
304 magnetic resonance imaging, breast ultrasound, contrast-enhanced
305 mammography, or molecular breast imaging, which is used to
306 screen for breast cancer when there is no abnormality seen or
307 suspected.

308 (b) A health benefit plan issued in this state on or after
309 January 1, 2027, must provide for all of the following minimum
310 coverage in accordance with the most recent applicable National
311 Comprehensive Cancer Network's Breast Cancer Screening and
312 Diagnosis guidelines:

313 1. A screening mammogram every year for any woman who is 40
314 years of age or older.

315 2. One or more medically necessary screening mammograms a
316 year, based upon a recommendation of a physician licensed under
317 chapter 458 or chapter 459, for any woman who is at an increased
318 risk of developing breast cancer.

319 3. One medically necessary supplemental breast cancer

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320 screening a year, based upon a recommendation of a physician
321 licensed under chapter 458 or chapter 459, for any woman who is
322 at an increased risk of developing breast cancer.

323 (c) A health benefit plan issued for an insured who has
324 dense breast tissue by itself in the absence of any evidence of
325 an abnormality or suspicious abnormality of the breast as
326 defined by BI-RADS is subject to the coverage requirements
327 provided in subparagraphs (b)2. and 3.

328 (d) A health benefit plan is subject to this section after
329 treatment for any breast cancer is completed, even if the
330 insured is in a remission and surveillance period prior to any
331 clinical designation that the insured is in long-term remission
332 or cured provided any examination conducted during such period
333 does not meet the definition of a diagnostic breast examination.

334 (e) The coverage required by subparagraphs (b)2. and 3.
335 applies, with or without a licensed treating physician's
336 prescription, if the insured obtains a screening mammogram in an
337 office, facility, or health testing service that uses
338 radiological equipment registered with the Department of Health
339 for breast cancer screening. The coverage is subject to the
340 deductible and coinsurance provisions applicable to outpatient
341 visits and is also subject to all other terms and conditions
342 applicable to other benefits. This section does not affect any
343 requirements or prohibitions relating to who may perform,
344 analyze, or interpret a screening mammogram or the persons to
345 whom the results of a screening mammogram may be furnished or
346 released.

347 (f) This subsection applies to policies providing health
348 benefit plan coverage or benefits.

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349 (g) Every insurer subject to the requirements of this
350 subsection shall make available to the policyholder or contract
351 holder as part of the application, for an appropriate additional
352 premium, the coverage required in this subsection without such
353 coverage being subject to the deductible or coinsurance
354 provisions of the policy.

355 Section 4. Section 641.31095, Florida Statutes, is amended
356 to read:

357 641.31095 Coverage for mammograms.—

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

359 (a) "BI-RADS" means the American College of Radiology
360 Breast Imaging Reporting and Data System.

361 (b) "Diagnostic breast examination" means a medically
362 necessary imaging examination of the breast, including, but not
363 limited to, an examination using diagnostic mammography, breast
364 magnetic resonance imaging, or breast ultrasound, which is used
365 to evaluate an abnormality that is seen or reasonably suspected
366 during a screening examination for breast cancer. For purposes
367 of this paragraph, the term "reasonably suspected" means the
368 screening examination evidences at least one observable sign of
369 a potential abnormality.

370 (c) "Increased risk" means, in accordance with the National
371 Comprehensive Cancer Network, any one of the following
372 categories which enhances the likelihood that a woman may
373 develop breast cancer, including:

374 1. Having a known genetic predisposition or a pedigree
375 suggestive of a genetic predisposition for breast cancer.

376 2. Having a lifetime risk of breast cancer equal to or
377 greater than 20 percent as defined by models that include a

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378 comprehensive family history, including first-, second-, and,
379 when relevant to the model, third-degree relatives.

380 3. Having previously received thoracic radiation between 10
381 and 30 years of age.

382 4. Being 35 years of age or older with a 5-year risk of
383 invasive breast cancer equal to or greater than 1.7 percent.

384 5. Having a lifetime risk equal to or greater than 20
385 percent based on a history of atypical ductal hyperplasia,
386 lobular carcinoma in situ, or atypical lobular hyperplasia.

387 6. Having heterogeneously or extremely dense breast tissue
388 as defined under the BI-RADS and based on a woman's most
389 recently completed mammogram results.

390 (d) "Screening mammogram" means a radiologic examination
391 using equipment dedicated specifically for mammography,
392 including digital breast tomosynthesis mammography but not
393 including any diagnostic mammography imaging, for the purpose of
394 detecting any potential breast cancer, which examination results
395 in the production of at least two radiographic images of each
396 breast.

397 (e) "Supplemental breast cancer screening" means an imaging
398 examination of the breast, including, but not limited to, breast
399 magnetic resonance imaging, breast ultrasound, contrast-enhanced
400 mammography, or molecular breast imaging, which is used to
401 screen for breast cancer when there is no abnormality seen or
402 suspected.

403 (2)-(1) Every health maintenance contract issued or renewed
404 on or after January 1, 2027 1996, shall provide for all of the
405 following minimum coverage in accordance with the most recent
406 applicable National Comprehensive Cancer Network's Breast Cancer

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407 Screening and Diagnosis guidelines coverage for at least the
408 following:

409 (a) ~~A baseline mammogram for any woman who is 35 years of~~
410 ~~age or older, but younger than 40 years of age.~~

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

414 (c) A screening mammogram every year for any woman who is
415 40 ~~50~~ years of age or older.

416 (b) ~~(d)~~ One or more medically necessary screening mammograms
417 and one supplemental breast cancer screening mammograms a year,
418 based upon a physician's recommendation of a physician licensed
419 under chapter 458 or chapter 459, for any woman who is at an
420 increased risk of developing ~~for~~ breast cancer ~~because of a~~
421 ~~personal or family history of breast cancer, because of having a~~
422 ~~history of biopsy proven benign breast disease, because of~~
423 ~~having a mother, sister, or daughter who has had breast cancer,~~
424 ~~or because a woman has not given birth before the age of 30.~~

425 (3) A health maintenance contract issued for a member who
426 has dense breast tissue by itself in the absence of any evidence
427 of an abnormality or suspicious abnormality of the breast as
428 defined by BI-RADS is subject to the coverage requirements
429 provided in paragraph (2) (b).

430 (4) A health maintenance contract is subject to this
431 section after treatment for any breast cancer is completed even
432 if the member is in a remission and surveillance period prior to
433 any clinical designation that the member is in long-term
434 remission or cured, provided any examination conducted during
435 such period does not meet the definition of a diagnostic breast

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436 examination.

437 (5)-(2) The coverage required by this section is subject to
438 the deductible and copayment provisions applicable to outpatient
439 visits, and is also subject to all other terms and conditions
440 applicable to other benefits. A health maintenance organization
441 shall make available to the subscriber as part of the
442 application, for an appropriate additional premium, the coverage
443 required in this section without such coverage being subject to
444 any deductible or copayment provisions in the contract.

445 Section 5. This act shall take effect July 1, 2026.