

By Senator Davis

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A bill to be entitled

An act relating to insurance coverage for breast cancer screening; amending s. 627.6418, F.S.; defining terms; requiring that certain health insurance policies issued, amended, delivered, or renewed on or after a specified date provide specified minimum coverage for breast cancer screening and diagnosis; specifying that specified health insurance policies are subject to certain provisions; revising applicability; amending s. 627.6613, F.S.; defining terms; requiring that certain health insurance policies issued, amended, delivered, or renewed on or after a specified date provide specified minimum coverage for breast cancer screening and diagnosis; specifying that specified health insurance policies are subject to certain provisions; amending s. 627.6699, F.S.; defining terms; requiring that certain health benefit plans issued on or after a specified date provide specified minimum coverage for breast cancer screening and diagnosis; specifying that specified health insurance policies are subject to certain provisions; providing applicability; providing construction; requiring insurers to make certain coverage available to the policyholder or contract holder without being subject to certain deductible or coinsurance provisions; amending s. 641.31095, F.S.; defining terms; requiring that certain health maintenance contracts issued or renewed on or after a specified date provide specified minimum coverage for

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

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

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

627.6418 Coverage for mammograms.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) A major medical or similar comprehensive health insurance policy issued for an insured who has dense breast tissue by itself in the absence of any evidence of an abnormality or suspicious abnormality of the breast as defined by BI-RADS is subject to the coverage requirements provided in 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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and 30 years of age.

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

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

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

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

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

(2)(1) A group, blanket, or franchise major medical or similar comprehensive ~~accident or~~ health insurance policy issued, amended, delivered, or renewed in this state on or after January 1, 2027, must provide all of the following minimum coverage in accordance with the most recent applicable National Comprehensive Cancer Network's Breast Cancer Screening and Diagnosis guidelines ~~coverage for at least the following:~~

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(a) ~~A baseline mammogram 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.~~

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

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

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

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

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

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

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

~~(6)(3)~~ Every insurer referred to in subsection (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 3. Present subsection (17) of section 627.6699,
Florida Statutes, is redesignated as subsection (18), and a new
subsection (17) is added to that section, to read:

627.6699 Employee Health Care Access Act.—

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(17) COVERAGE FOR MAMMOGRAMS.—

(a) As used in this subsection, the term:

1. "BI-RADS" means the American College of Radiology Breast Imaging Reporting and Data System.

2. "Diagnostic breast examination" means a medically necessary imaging examination of the breast, including, but not limited to, an examination using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound, which is used to evaluate an abnormality that is seen or reasonably suspected during a screening examination for breast cancer. For purposes of this subparagraph, the term "reasonably suspected" means the screening examination evidences at least one observable sign of a potential abnormality.

3. "Increased risk" means, in accordance with the National Comprehensive Cancer Network, any one of the following categories which enhances the likelihood that a woman may develop breast cancer, including:

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

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

c. Having previously received thoracic radiation between 10 and 30 years of age.

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

e. Having a lifetime risk equal to or greater than 20 percent based on a history of atypical ductal hyperplasia,

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lobular carcinoma in situ, or atypical lobular hyperplasia.

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

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

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

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

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

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

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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(g) Every insurer subject to the requirements of this subsection shall make available to the policyholder or contract holder as part of the application, for an appropriate additional premium, the coverage required in this subsection 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.—

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

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

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

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

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

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

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

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

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

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

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

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

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

(2)(1) Every health maintenance contract issued or renewed on or after January 1, 2027 ~~1996~~, shall provide for all of the following minimum coverage in accordance with the most recent 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.