

Expanded Breast Imaging Insurance Coverage by State

| State | Insurance Law: 3D and/or Supplemental Screening Coverage ^{a, b} and Effective Dates | Do Copay and Deductible Apply for Supplemental Screening? ^b (Effective Date if Different Than Insurance Law) |
|-------------|---|--|
| ALABAMA | No law | |
| ALASKA | Screening + diag imaging including CEM, diagnostic mammography, MRI, US; screening based on personal/family history or other risk factors 1/1/2025); breast biopsy or consultation (1/1/2026) | No |
| ARIZONA | Screening, diag imaging based on NCCN high-risk recommendations, includes 3D/mammo, MRI, US or other (effective 90 days after 2023 session ends) | Yes |
| ARKANSAS | All women, 3D; ages 35-40 mammo; Screening including CEM, MRI, US, MBI, based on breast density and NCCN Guidelines (8/2025) | No (amendment, 8/2021); No, diagnostic imaging (8/2025) |
| CALIFORNIA | No law | |
| COLORADO | If high risk, dense or diag, “non-invasive” modality coverage (1/1/2021) Screening + diag imaging based on ACR or NCCN guidelines and breast density, including CEM, MRI, US, MBI (8/5/2025) | No, if “non-invasive” No, amendment (8/5/2025) |
| CONNECTICUT | If dense or at increased risk, US (10/1/2006); High-risk, MRI (1/1/2012); All women, 3D (1/1/2017); mammo ages 35-39 (1/1/2020), Or ages <35 if increased risk (1/1/2023) | No, 3D (1/1/2019) No, US, MRI (10/1/2021) |
| DELAWARE | All women, diag imaging, supplemental screening (12/31/2024) | No less favorable than screening mammography |
| FLORIDA | For state employee health benefit plans, diag imaging, supplemental screening, based on NCCN guidelines (1/1/2026) | No, for state employee health benefit plans |

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| GEORGIA | All women, diag imaging; supplemental based on NCCN/other guidelines (1/1/2024) | No |
| HAWAII | No law | No less favorable than screening mammography |
| IDAHO | High risk (any density), including prior atypical biopsy or cancer, or extremely dense breasts, supplemental screening, MRI, CEM or US (1/1/2026) | No, for one supplemental screening annually |
| ILLINOIS | Diag mammo (1/1/2020); Screening: if dense, US (3/27/2009); all, 3D (7/1/2016); if dense and medically necessary, MRI (1/1/2018); if dense or medically necessary, MRI, MBI (1/1/2026) | No |
| INDIANA | If dense, not modality specific (7/1/2013) | Yes |
| IOWA | All women, supplemental screening and diag imaging to include but not limited to MRI, CEM or ultrasound (1/1/2025) | Out-of-pocket costs “can be no less favorable than screening mammography” |
| KANSAS | No law | |
| KENTUCKY | All women, 3D (7/31/2017); diag imaging and supplemental screening to include, but not limited to, MRI or ultrasound (1/1/2025) | No |
| LOUISIANA | All women, 3D (1/1/2019); all women screening US, diag mammo/US (1/1/2021); pathogenic mutation/chest wall radiation age >25, MRI, age >30, mammo; high-risk age >35 mammo/MRI; dense, prior history age <50, supplemental imaging (1/1/2022); diag imaging, diag mammo, CEM, MRI or US (1/1/2025) | No, mammogram, screening US, diagnostic mammogram (1/1/2021) Coverage ambiguous, (amendment, 1/1/2022) |
| MAINE | All women, diag or supplemental screening, MRI, US (1/1/2024) | No |

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| MARYLAND | All women, 3D (1/1/2018); supplemental MRI, US; diag mammo, MRI, US (1/1/2024); image-guided breast biopsy (1/1/2025) | Yes, 3D No, all else (1/1/2024) |
| MASSACHUSETTS | All women, screening 3D; diag imaging; and if medically necessary, supplemental screening, MRI, US (1/1/2026) | No |
| MICHIGAN | No law | |
| MINNESOTA | Dense or other risk, 3D (1/1/2020); diag services/testing (1/1/2024) | No |
| MISSISSIPPI | Screening, diag imaging based on NCCN guidelines, including CEM, diagnostic mammography, MRI, US (7/1/2024) | No |
| MISSOURI | All women, 3D (1/1/2019); screening if medically necessary based on ACR Guidelines; screening if above-average risk based on ACR guidelines, US, MRI (08/28/2020 ^d) | No, 3D No, all else (amendment, 1/1/2024) |
| MONTANA | Supplemental US, MRI; diag imaging (10/1/2023) | No |
| NEBRASKA | Mammo/3D age 35-39; increased risk based on NCCN guidelines, mammo, 3D, US, diag MRI; if dense, US; if dense and increased risk, MRI (1/1/2024) | Yes, MRI, if only risk is dense No, all else |
| NEVADA | Screening, diag imaging based on health provider recommendation (1/1/2024) | No |

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| NEW HAMPSHIRE | All women, 3D (8/7/2018); screening, diag imaging including MRI, US (1/1/2025) | Yes, 3D (9/10/2019) No, all else (1/1/2025) |
| NEW JERSEY | All women, 3D (8/1/2018); if extremely dense, US, MRI (5/1/2014) | No, 3D Yes, all else |
| NEW MEXICO | Supplemental US, MRI; diag imaging (1/1/2024) | No |
| NEW YORK | All women, screening + diag breast imaging including diag mammo, US, MRI (1/1/2017); ages 35-39, mammo (9/1/2019); Coverage based on recommendation of physician based on nationally recognized clinical practice guidelines (1/1/2026) | No |
| NORTH CAROLINA | No law | |
| NORTH DAKOTA | No law | |
| OHIO | All women, 3D; supplemental screening based on ACR guidelines if dense or increased risk (9/23/2022) | Yes |
| OKLAHOMA | All women, 3D (11/1/2018); diag mammo ages 35-39 every 5 years, age 40+ annually; diag exams/other modalities (11/1/2022); Supplemental screening CEM, MRI, US, MBI (11/1/2025) | No |
| OREGON | All women, diag imaging, mammo, MRI, US; supplemental screening (1/1/2024) | No |

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| PENNSYLVANIA | All women, 3D (10/1/2015); if extremely dense, high-risk, or heterogeneously dense + high-risk, US, MRI (8/30/2020 ^d); all costs associated with 1 annual supplemental screening (1/1/2025); All costs associated with mammo if age < 40 if physician recommended, any mammo age 40+, screening/diag imaging if at least average risk (1/1/2027) | No (amendment effective on plan renewals by 1/1/2027) |
| RHODE ISLAND | <5-year survivor/high risk/high risk lesion, 2 screening mammos/year; dense, screening per ACR guidelines incl. MRI, US, or MBI (1/1/2024) | Yes |
| SOUTH CAROLINA | No law | |
| SOUTH DAKOTA | No law | |
| TENNESSEE | Mammo, baseline ages 35-40, annually ages 35-40 if personal/family history, dense breasts or other risk factors; annually ages 40+; supplemental breast screening if personal or family history, dense breasts or other risk factors (5/25/2022) | No, amendment (8/9/2023) |
| TEXAS | All women, 3D (9/1/2017); If personal history or dense, US/MRI; diag imaging (9/1/2021) | No |
| UTAH | No law | |
| VERMONT | All women, 3D; if dense, US (1/1/2019) Screening/diag ultrasound or MRI (1/1/2026) | No |
| VIRGINIA | Screening/diag imaging based on NCCN Guidelines including MRI, US (1/1/2026) | No |
| WASHINGTON | All women, 3D (6/7/2018); supplemental US, MRI, diag imaging (7/23/2023) | No |

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| WASHINGTON D.C. (District of Columbia is not a U.S. state) | All women, 3D; if dense/high-risk, US, MRI, MBI (3/22/2019) | No, 3D Yes, all else |
| WEST VIRGINIA | No law | |
| WISCONSIN | No law | |
| WYOMING | No law | |

3D = 3D mammography (tomosynthesis); Diag = diagnostic; MBI = molecular breast imaging; MRI = contrast-enhanced breast magnetic resonance imaging;

NCCN = National Comprehensive Cancer Network; US = ultrasonography

^a 3D screening benefit guaranteed at age 40 or above, if younger under certain circumstances.

^b Out-of-state, federal, and employer insurance plans set up as “self funded” (check with your benefit administrator) do not, generally, have to comply with state insurance laws. Check with your insurance company regarding details of your coverage.

^c Benefits must also include screening MRI of an entire breast or breasts in accordance with guidelines established by the American Cancer Society for an insured aged 35+ or younger if believed to be at increased risk (1/1/2023).

^d Subject to individual policy applicability date, issuance or renewal date

DenseBreast-info.org endeavors to provide an informed interpretation of the state laws as they relate to breast imaging insurance coverage; however, state legislative language varies and can be complex or vague. These codes may not be the most recent version; a state may have more current, amended or accurate information. No representations or warranties of any kind are made, express or implied, about the completeness, accuracy or reliability of the information or interpretation provided. Questions about a state law should be directed to that state’s legislature.

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