

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	All women, diag imaging including diag mammo, CEM, MRI, US, MBI; supplemental screening including CEM, MRI, US, MBI	No (1/1/2027)
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	Dense or increased risk based on NCCN Guidelines, diag imaging mammo, 3D, MRI, US; supplemental screening MRI, US (7/1/2026)	No (but disability and self-insured plans include only one no-cost supplemental screening per year)
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.