

# Variability in Supplemental Breast Imaging Coverage and Cost-Sharing in the Northeastern United States

Following 2024–2025 Legislative Actions: A Policy and Payer Implementation Analysis

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## BACKGROUND

Recent state legislation across the Northeast targets **access to supplemental and diagnostic breast imaging**, but coverage and cost-sharing protections vary widely by state and payer. Whether statutory mandates translate into **real-world access** for patients with dense breasts, elevated risk, or callbacks remains unclear.

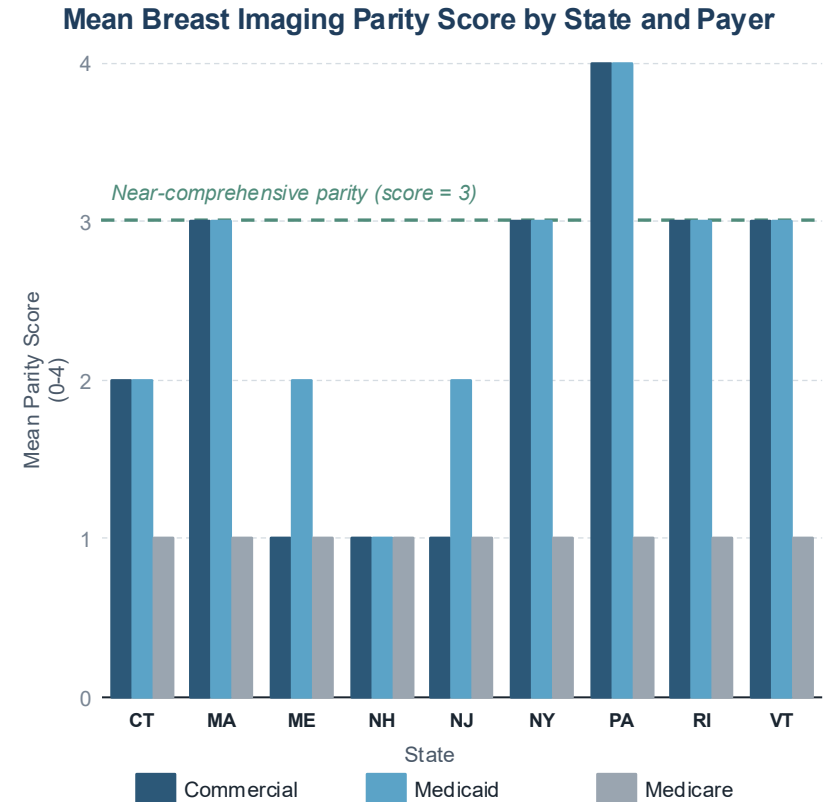
## METHODS

- 1 Policy Review**  
Statutes, legislative databases, and insurance bulletins for nine states (CT, MA, ME, NH, NJ, NY, PA, RI, VT).
- 2 Payer Implementation**  
Reviewed 69 commercial, Medicaid, Medicare, and employer policies for coverage, OOP cost, prior authorization, and eligibility.
- 3 Parity Scoring**  
Cost-sharing elimination across four imaging modalities (screening mammography, diagnostic mammography, supplemental ultrasound, supplemental MRI) scored 0–4.

## CONCLUSION

State mandates **improved protections** for supplemental and diagnostic breast imaging, but **uneven implementation limits equitable access**. Persistent gaps disproportionately impact patients with dense breasts and older adults at elevated risk of delayed diagnosis.

## RESULTS — STATE-LEVEL PARITY



**Figure 1.** Mean breast imaging parity score by state and payer. Parity scores reflect the number of breast imaging modalities (screening mammography, diagnostic mammography, supplemental ultrasound, supplemental MRI) covered without patient cost-sharing (range, 0–4). Bars represent mean parity scores for commercial, Medicaid, and Medicare within each state.

## KEY FINDINGS

9 / 9  
states

eliminated cost-sharing for screening + diagnostic mammography in fully insured plans

8

US mandates

supplemental ultrasound mandates implemented; only 5 states cover supplemental MRI, typically for high-risk only

## PERSISTENT GAPS

**Medicare** uniformly scored 1.0 (20% coinsurance retained)

**ERISA plans** (NJ, VT) mandate-exempt; scored 1.0

**Supplemental MRI** remained the primary gap; PA was the only state achieving full elimination of MRI cost-sharing

**Prior authorization** frequently substituted for cost-sharing, particularly for MRI