



## New Wisconsin Law Requires Breast Cancer Screening Coverage

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On March 19, 2026, Wisconsin Governor Tony Evers signed Gail's Law, which amends and creates statutes relating to the coverage of breast cancer screenings. Under Gail's Law, covered group health plans are required to provide coverage for diagnostic breast examinations and supplemental breast screening examinations.

Group health plans covered by the law include fully insured plans in Wisconsin and self-funded, non-ERISA plans sponsored by counties, cities, villages, towns, and school districts in Wisconsin. Gail's Law is effective for policy years beginning on or after January 1, 2027.

For plans subject to a collective bargaining agreement (CBA), the requirements are effective the later of, when the CBA is newly established, extended, modified, or renewed.

### ■ New Requirements

Gail's Law requires group health plans to provide coverage to an individual who is at increased risk of breast cancer or has extremely dense breast tissue for supplemental breast screening examinations. Supplemental breast screening examinations include any medically necessary and appropriate examinations of the breast using MRI or ultrasound when no abnormality is seen or suspected but the individual has an increased risk of breast cancer such as personal or family medical history.

### ■ Prohibitions

Gail's Law prohibits coverage from being subjected to additional exclusions and limitations, including deductibles, copayments and restrictions on excessive charges, unless they are also applied to other radiological examinations.

The law also prohibits cost-sharing amounts for a diagnostic breast examination or the first supplemental breast screening examination in a policy year. However, if coverage would cause an individual to lose HSA eligibility, then the IRS minimum deductible should be met first.



## ■ Employer Action

- Wisconsin employers with fully insured plans should confirm with their carriers that their plans will comply with Gail's Law moving forward.
- Self-funded and level-funded ERISA plans are not required to comply with this law.
- Employers with non-ERISA self-funded group health plans should revise their plan terms to ensure the required coverage is permitted and work with their third-party administrator to ensure that the relevant claims are processed properly.