

117TH CONGRESS
1ST SESSION

H. R. 5769

To amend title XXVII of the Public Health Service Act to prohibit group health plans and health insurance issuers offering group or individual health insurance coverage from imposing cost-sharing requirements or treatment limitations with respect to diagnostic examinations for breast cancer that are less favorable than such requirements with respect to screening examinations for breast cancer.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 28, 2021

Mrs. DINGELL (for herself, Ms. WASSERMAN SCHULTZ, Mr. FITZPATRICK, Mr. COLE, and Mr. ALLRED) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XXVII of the Public Health Service Act to prohibit group health plans and health insurance issuers offering group or individual health insurance coverage from imposing cost-sharing requirements or treatment limitations with respect to diagnostic examinations for breast cancer that are less favorable than such requirements with respect to screening examinations for breast cancer.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Access to Breast Can-
3 cer Diagnosis Act of 2021”.

4 **SEC. 2. REQUIRING PARITY IN COST-SHARING AND TREAT-**
5 **MENT LIMITATIONS WITH RESPECT TO DIAG-**
6 **NOSTIC AND SCREENING EXAMINATIONS FOR**
7 **BREAST CANCER.**

8 (a) IN GENERAL.—Subpart II of part A of title
9 XXVII of the Public Health Service Act (42 U.S.C.
10 300gg–11 et seq.) is amended by adding at the end the
11 following new section:

12 **“SEC. 2730. DIAGNOSTIC AND SCREENING EXAMINATIONS**
13 **FOR BREAST CANCER PARITY.**

14 “(a) IN GENERAL.—In the case of a group health
15 plan, or a health insurance issuer offering group or indi-
16 vidual health insurance coverage, that provides benefits
17 with respect to a diagnostic examination for breast cancer
18 furnished to an individual enrolled under such plan or
19 such coverage, such plan or such coverage shall ensure
20 that—

21 “(1) the cost-sharing requirements applicable to
22 such examination for such individual are no less fa-
23 vorable than such requirements applicable to a
24 screening examination for breast cancer for such in-
25 dividual; and

1 “(2) the treatment limitations applicable to
2 such diagnostic examination for breast cancer for
3 such individual are no less favorable than such limi-
4 tations applicable to a screening examinations for
5 breast cancer for such individual.

6 “(b) RESTRICTION ON CERTAIN CHANGES.—A group
7 health plan or health insurance issuer may not, for the
8 sole purpose of complying with subsection (a), increase
9 cost-sharing requirements with respect to screening exami-
10 nations for breast cancer.

11 “(c) CONSTRUCTION.—Nothing in this section shall
12 be construed—

13 “(1) to require the use of diagnostic examina-
14 tions for breast cancer as a replacement for screen-
15 ing examinations for breast cancer;

16 “(2) to prohibit a group health plan or health
17 insurance issuers from requiring prior authorization
18 or imposing other appropriate utilization controls in
19 approving coverage for any screening or diagnostic
20 imaging; or

21 “(3) to supersede a State law that provides
22 greater protections with respect to the coverage of
23 diagnostic examinations for breast cancer than is
24 provided under this subsection.

25 “(d) DEFINITIONS.—In this section:

1 “(1) COST-SHARING REQUIREMENT.—The term
2 ‘cost-sharing requirement’ includes a deductible, co-
3 insurance, copayment, and any maximum limitation
4 on the application of such a deductible, coinsurance,
5 copayment, or similar out-of-pocket expense.

6 “(2) DIAGNOSTIC EXAMINATION FOR BREAST
7 CANCER.—The term ‘diagnostic examination for
8 breast cancer’ means a medically necessary and ap-
9 propriate (as determined by the health care profes-
10 sional treating the individual) examination for breast
11 cancer to evaluate an abnormality in the breast that
12 is—

13 “(A) seen or suspected from a screening
14 examination for breast cancer;

15 “(B) detected by another means of exam-
16 ination; or

17 “(C) suspected based on the medical his-
18 tory or family medical history of the individual.

19 “(3) EXAMINATION FOR BREAST CANCER.—The
20 term ‘examination for breast cancer’ includes such
21 an examination using breast ultrasound, breast mag-
22 netic resonance imaging, or mammography.

23 “(4) TREATMENT LIMITATION.—The term
24 ‘treatment limitation’ includes limits on the fre-
25 quency of treatment, number of visits, days of cov-

1 erage, or other similar limits on the scope or dura-
2 tion of treatment.”.

3 (b) APPLICATION TO GRANDFATHERED HEALTH
4 PLANS.—Section 1251(a)(4)(A) of the Patient Protection
5 and Affordable Care Act (42 U.S.C. 18011(a)(4)(A)) is
6 amended—

7 (1) by striking “title” and inserting “title, or as
8 added after the date of the enactment of this Act”;
9 and

10 (2) by adding at the end the following new
11 clause:

12 “(v) Section 2730 (relating to parity
13 for diagnostic and screening examinations
14 for breast cancer).”.

15 (c) EFFECTIVE DATE.—The amendments made by
16 this section shall apply with respect to plan years begin-
17 ning on or after January 1, 2022.

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