#### 117TH CONGRESS 2D SESSION

# H. R. 9505

To provide for health coverage with no cost-sharing for additional breast screenings for certain individuals at greater risk for breast cancer.

## IN THE HOUSE OF REPRESENTATIVES

DECEMBER 13, 2022

Ms. Delauro (for herself, Mr. Fitzpatrick, Ms. Kaptur, Mr. Courtney, Mr. Bishop of Georgia, Ms. Schakowsky, Mr. Trone, Ms. Jackson Lee, and Mr. Kahele) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Armed Services, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

# A BILL

To provide for health coverage with no cost-sharing for additional breast screenings for certain individuals at greater risk 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,
- 3 SECTION 1. SHORT TITLE.
- This Act may be cited as the "Find It Early Act".

1	SEC. 2. COVERAGE WITH NO COST-SHARING FOR ADDI-
2	TIONAL BREAST SCREENINGS FOR CERTAIN
3	INDIVIDUALS AT GREATER RISK FOR BREAST
4	CANCER.
5	(a) Coverage Under Group Health Plans and
6	GROUP AND INDIVIDUAL HEALTH INSURANCE COV-
7	ERAGE.—
8	(1) In general.—Section 2713(a) of the Pub-
9	lie Health Service Act (42 U.S.C. 300gg-13(a)) is
10	amended—
11	(A) in paragraph (2), by striking at the
12	end "and";
13	(B) in paragraph (3), by striking at the
14	end the period and inserting a semicolon;
15	(C) in paragraph (4), by striking at the
16	end the period and inserting "; and";
17	(D) by striking "(5) for the purposes of
18	this Act," and inserting:
19	"For the purposes of this Act, subject to paragraph (5)";
20	and
21	(E) by inserting after paragraph (4) the
22	following:
23	"(5) for plan years beginning on or after Janu-
24	ary 1, 2023, in addition to any items or services oth-
25	erwise described in this subsection—

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"(A) with respect to an individual who is at increased risk of breast cancer (as determined in accordance with the most recent applicable American College of Radiology Appropriateness Criteria or the most recent applicable guidelines of the National Comprehensive Cancer Network) or with heterogeneously or extremely dense breast tissue (as defined by the Breast Imaging Reporting and Data System established by the American College of Radiology), screening and diagnostic imaging (with no limitation applied on frequency) for the detection of breast cancer, including 2D or 3D mammograms, breast ultrasounds, breast magnetic resonance imaging, or other technologies (as determined in accordance with such applicable criteria or guidelines); and

"(B) with respect to an individual who is not described in subparagraph (A) and who is determined by a health care provider (in accordance with such most recent applicable criteria or guidelines) to require screening or diagnostic breast imaging by reason of factors, including age, race, ethnicity, or personal or family medical history, screening and diagnostic im-

1	aging (with no limitation applied on frequency)
2	for the detection of breast cancer, including 2D
3	or 3D mammograms, breast ultrasounds, breast
4	magnetic resonance imaging, or other tech-
5	nologies (as determined in accordance with such
6	applicable criteria or guidelines).".
7	(2) Application to grandfathered
8	PLANS.—Notwithstanding section 1251 of the Pa-
9	tient Protection and Affordable Care Act, the provi-
10	sions of paragraph (5) of section 2713(a) of the
11	Public Health Service Act, as added by paragraph
12	(1)(E), shall apply to grandfathered health plans de-
13	scribed in such section 1251 for plan years begin-
14	ning on or after January 1, 2023.
15	(b) Coverage Under Medicare.—
16	(1) In General.—Section 1861(ddd)(1)(B) of
17	the Social Security Act (42 U.S.C.
18	1395x(ddd)(1)(B)) is amended—
19	(A) by striking "(B) recommended" and
20	inserting "(B)(i) recommended";
21	(B) by striking "Task Force; and" and in-
22	serting "Task Force; or"; and
23	(C) by adding at the end the following new
24	clause:

1	"(ii) beginning on January 1, 2023, in ad-
2	dition to any other items or services described
3	in this subsection—
4	"(I) with respect to an individual who
5	is at increased risk of breast cancer (as de-
6	termined in accordance with the most re-
7	cent applicable American College of Radi-
8	ology Appropriateness Criteria or the most
9	recent applicable guidelines of the National
10	Comprehensive Cancer Network) or with
11	heterogeneously or extremely dense breast
12	tissue (as defined by the Breast Imaging
13	Reporting and Data System established by
14	the American College of Radiology),
15	screening and diagnostic imaging (with no
16	limitation applied on frequency) for the de-
17	tection of breast cancer, including 2D or
18	3D mammograms, breast ultrasounds,
19	breast magnetic resonance imaging, or
20	other technologies (as determined in ac-
21	cordance with such applicable criteria or
22	guidelines); and
23	"(II) with respect to an individual
24	who is not described in subclause (I) and
25	who is determined by a health care pro-

1	vider (in accordance with such most recent
2	applicable criteria or guidelines) to require
3	screening or diagnostic breast imaging by
4	reason of factors, including age, race, eth-
5	nicity, or personal or family medical his-
6	tory, screening and diagnostic imaging
7	(with no limitation applied on frequency)
8	for the detection of breast cancer, includ-
9	ing 2D or 3D mammograms, breast
10	ultrasounds, breast magnetic resonance im-
11	aging, or other technologies (as determined
12	in accordance with such applicable criteria
13	or guidelines); and".
14	(2) Application of no cost-sharing under
15	MEDICARE ADVANTAGE PLANS.—Section
16	1852(a)(1)(B) of the Social Security Act (42 U.S.C.
17	1395w-22(a)(1)(B)) is amended—
18	(A) in clause (iv)—
19	(i) by redesignating subclause (VIII)
20	as subclause (IX); and
21	(ii) inserting after subclause (VII) the
22	following:
23	"(VIII) Beginning on January 1,
24	2023, screening and diagnostic imag-
25	ing and other technologies described

1	in subclause (I) or (II) of section
2	1861(ddd)(1)(B)(ii) furnished to an
3	individual described in such subclause
4	(I) or (II), respectively."; and
5	(B) in clause (v), by striking "and (VI)"
6	and inserting "(VI), and (VIII)".
7	(c) Coverage Under Medicaid.—
8	(1) In general.—Section 1905(a) of the So-
9	cial Security Act (42 U.S.C. 1396d(a)) is amend-
10	$\operatorname{ed}$ —
11	(A) in paragraph (4)—
12	(i) by striking "; and (D)" and insert-
13	ing "; (D)";
14	(ii) by striking "; and (E)" and in-
15	serting "; (E)";
16	(iii) by striking "; and (F)" and in-
17	serting "; (F)"; and
18	(iv) by inserting before the semicolon
19	at the end the following: "; and (G)(i) with
20	respect to an individual who is at increased
21	risk of breast cancer (as determined in ac-
22	cordance with the most recent applicable
23	American College of Radiology Appro-
24	priateness Criteria or the most recent ap-
25	plicable guidelines of the National Com-

1 prehensive Cancer Network) or with heterogeneously or extremely dense breast tis-2 3 sue (as defined by the Breast Imaging Reporting and Data System established by the American College of Radiology), in ad-6 dition to any other item or service de-7 scribed in this subsection, screening and 8 diagnostic imaging (with no limitation ap-9 plied on frequency) for the detection of 10 breast cancer, including 2D or 3D mam-11 mograms, breast ultrasounds, breast mag-12 netic resonance imaging, or other tech-13 nologies (as determined in accordance with 14 such applicable criteria or guidelines); and 15 (ii) with respect to an individual who is not 16 described in clause (i) and who is deter-17 mined by a health care provider (in accord-18 ance with such most recent applicable cri-19 teria or guidelines) to require screening or 20 diagnostic breast imaging by reason of fac-21 tors, including age, race, ethnicity, or per-22 sonal or family medical history, screening 23 and diagnostic imaging (with no limitation 24 applied on frequency) for the detection of 25 breast cancer, including 2D or 3D mam-

1	mograms, breast ultrasounds, breast mag-
2	netic resonance imaging, or other tech-
3	nologies (as determined in accordance with
4	such applicable criteria or guidelines)";
5	and
6	(B) in paragraph (13), in the matter pre-
7	ceding subparagraph (A), by inserting "(other
8	than an item or service for which medical as-
9	sistance is provided pursuant to paragraph
10	(4)(G))" after "services".
11	(2) No cost-sharing for certain breast
12	CANCER SCREENING AND DIAGNOSTIC IMAGING.—
13	(A) In general.—Subsections (a)(2) and
14	(b)(2) of section 1916 of the Social Security
15	Act $(42 \text{ U.S.C. } 1396o(a)(2)(D))$ are each
16	amended—
17	(i) in the last subparagraph, by strik-
18	ing at the end "; and" and inserting ",
19	or''; and
20	(ii) by adding at the end the following
21	subparagraph:
22	"(K) with respect to an individual de-
23	scribed in clause (i) or (ii) of section
24	1905(a)(4)(G), screening and diagnostic imag-

- ing and other technologies described in such clause (i) or (ii), respectively; and".
  - (B) APPLICATION TO ALTERNATIVE COST-SHARING.—Section 1916A(b)(3)(B) of the Social Security Act (42 U.S.C. 1396o–1(b)(3)(B)) is amended by adding at the end the following new clause:
    - "(xv) With respect to an individual described in clause (i) or (ii) of section 1905(a)(4)(G), screening and diagnostic imaging and other technologies described in such clause (i) or (ii), respectively.".
    - (3) Inclusion in Benchmark Coverage.—
      Section 1937(b) of the Social Security Act (42
      U.S.C. 1396u–7(b)) is amended by adding at the
      end the following new paragraph:
    - "(9) Coverage of Certain breast cancer screening and diagnostic imaging for Certain individual section, a State may not provide for medical assistance through enrollment of an individual with benchmark coverage or benchmark-equivalent coverage under this section unless such coverage includes medical assistance, with respect to an individual described in clause (i) or (ii) of section

1 1905(a)(4)(G), for screening and diagnostic imaging 2 and other technologies described in such clause (i) or 3 (ii), respectively.".

### (4) Effective date.—

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- (A) IN GENERAL.—Except as provided in subparagraph (B), the amendments made by this subsection shall take effect on January 1, 2023.
- (B) Delay permitted if state legisla-TION REQUIRED.—In the case of a State plan approved under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by this section, the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of the failure of the plan to meet such additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that ends after the 1-year period beginning with the date of the enactment of this section. For purposes of the preceding sentence, in the

1	case of a State that has a 2-year legislative ses-
2	sion, each year of the session is deemed to be
3	a separate regular session of the State legisla-
4	ture.
5	(d) COVERAGE AND ELIMINATION OF COST-SHARING
6	UNDER TRICARE.—
7	(1) COVERAGE.—Title 10, United States Code,
8	is amended—
9	(A) in section 1074d(a), by adding at the
10	end the following new paragraph:
11	"(3) Any member or former member of the uniformed
12	services who is entitled to medical care under section 1074
13	or 1074a of this title and is an individual described in
14	subparagraph (B) of section 1079(a)(20) of this title shall
15	also be entitled to the items and services described in sub-
16	paragraph (A) of such section (subject to the same limita-
17	tions specified in such subparagraph), as part of such
18	medical care."; and
19	(B) in section 1079(a), by adding at the
20	end the following new paragraph:
21	"(20)(A) Screening and diagnostic imaging
22	(with no limitation applied on frequency) for the de-
23	tection of breast cancer, including 2D or 3D mam-
24	mograms, breast ultrasounds, breast magnetic reso-
25	nance imaging, or other technologies (as determined

in accordance with the most recent applicable criteria or guidelines described in subparagraph (B)), shall be provided if the patient is an individual described in subparagraph (B).

- "(B) An individual described in this subparagraph is—
  - "(i) an individual who is at increased risk of breast cancer (as determined in accordance with the most recent applicable American College of Radiology Appropriateness Criteria or the most recent applicable guidelines of the National Comprehensive Cancer Network) or with heterogeneously or extremely dense breast tissue (as defined by the Breast Imaging Reporting and Data System established by the American College of Radiology); or
  - "(ii) an individual who is not described in clause (i) and who is determined by a health care provider (in accordance with such most recent applicable criteria or guidelines) to require screening or diagnostic breast imaging by reason of factors including age, race, ethnicity, or personal or family medical history.".
- (2) ELIMINATION OF COST-SHARING.—Such title is further amended—

1	(A) in section 1075a, by adding at the end
2	the following new subsection:
3	"(d) Elimination of Cost-Sharing for Certain
4	Breast Cancer-Related Items and Services.—Not-
5	withstanding any other provision under this section, cost-
6	sharing may not be imposed or collected with respect to
7	any beneficiary enrolled in TRICARE Prime for any item
8	or service described in subparagraph (A) of section
9	1079(a)(20) of this title provided under TRICARE Prime,
10	in accordance with the limitations specified in such sub-
11	paragraph, if the beneficiary is an individual described in
12	subparagraph (B) of such section.";
13	(B) in section 1075(c), by adding at the
14	end the following new paragraph:
15	"(4) Notwithstanding any other provision under
16	this section, cost-sharing may not be imposed or col-
17	lected with respect to any beneficiary enrolled in
18	TRICARE Select for any item or service described
19	in subparagraph (A) of section 1079(a)(20) of this
20	title provided under TRICARE Select, in accordance
21	with the limitations specified in such subparagraph,
22	if the beneficiary is an individual described in sub-
23	paragraph (B) of such section."; and
24	(C) in section 1086(d)(3)—

1	(i) by redesignating subparagraph (C)
2	as subparagraph (D); and
3	(ii) by inserting after subparagraph
4	(B) the following new subparagraph:
5	"(C) Notwithstanding any other provision under this
6	section, cost-sharing may not be imposed or collected
7	under subsection (a) with respect to any individual de-
8	scribed in subparagraph (B) of section 1079(a)(20) of this
9	title for an item or service described in subparagraph (A)
10	of such section and provided in accordance with the limita-
11	tions specified in such subparagraph.".
12	(3) Effective date.—The amendments made
13	by this subsection shall take effect on January 1,
14	2023.
15	(e) COVERAGE AND ELIMINATION OF COST-SHARING
16	WITH RESPECT TO VETERANS.—
17	(1) COVERAGE AND ELIMINATION OF COST-
18	SHARING.—Chapter 17 of title 38, United States
19	Code, is amended by inserting after section 1720J
20	the following new section (and conforming the table
21	of sections at the beginning of such chapter accord-
22	ingly):
23	" $\S$ 1720K. Breast screenings for certain individuals at
24	increased risk for breast cancer
25	"(a) Coverage of Items and Services.—

"(1) Coverage.—The Secretary shall furnish to a veteran described in paragraph (2) screening and diagnostic imaging (with no limitation applied on frequency) for the detection of breast cancer, including 2D or 3D mammograms, breast ultrasounds, breast magnetic resonance imaging, or other technologies (as determined in accordance with the most recent applicable criteria or guidelines described in such paragraph) pursuant to this section.

"(2) ELIGIBILITY.—A veteran described in this subparagraph is—

"(A) a veteran who is at increased risk of breast cancer (as determined in accordance with the most recent applicable American College of Radiology Appropriateness Criteria or the most recent applicable guidelines of the National Comprehensive Cancer Network) or with heterogeneously or extremely dense breast tissue (as defined by the Breast Imaging Reporting and Data System established by the American College of Radiology), without regard to whether the veteran is enrolled in the system of annual patient enrollment established under section 1705(a) of this title; or

1 "(B) a veteran who is not described in sub-2 paragraph (A) and who is determined by a health care provider (in accordance with such 3 4 most recent applicable criteria or guidelines) to 5 require screening or diagnostic breast imaging 6 by reason of factors including age, race, eth-7 nicity, or personal or family medical history, 8 without regard to whether the veteran is en-9 rolled in the system of annual patient enroll-10 ment established under section 1705(a) of this 11 title.

"(b) Prohibition on Cost-Sharing.—Notwithstanding subsections (f) and (g) of section 1710 and section 1722A of this title, the Secretary may not require any veteran described in paragraph (2) of subsection (a) to make any copayment for, or charge the veteran for any other cost of, the receipt of any item or service furnished pursuant to paragraph (1) of such subsection.".

19 (2) EFFECTIVE DATE.—The amendments made 20 by this subsection shall take effect on January 1, 21 2023.

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