

105TH CONGRESS
1ST SESSION

H. R. 2152

To amend the Public Health Service Act and Employee Retirement Income Security Act of 1974 to require that group and individual health insurance coverage and group health plans provide coverage for annual screening mammography for any class of covered individuals if the coverage or plans include coverage for diagnostic mammography for such class, and to amend titles XVIII and XIX of the Social Security Act to provide for coverage of annual screening mammography.

IN THE HOUSE OF REPRESENTATIVES

JULY 11, 1997

Mr. ANDREWS introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committees on Ways and Means and Education and the Workforce, 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 amend the Public Health Service Act and Employee Retirement Income Security Act of 1974 to require that group and individual health insurance coverage and group health plans provide coverage for annual screening mammography for any class of covered individuals if the coverage or plans include coverage for diagnostic mammography for such class, and to amend titles XVIII and XIX of the Social Security Act to provide for coverage of annual screening mammography.

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.**

4 This Act may be cited as the “Screening Mammog-
 5 raphy Act of 1997”.

6 **SEC. 2. COVERAGE OF ANNUAL SCREENING MAMMOG-**
 7 **RAPHY UNDER GROUP HEALTH PLANS.**

8 (a) PUBLIC HEALTH SERVICE ACT AMENDMENTS.—

9 (1) Subpart 2 of part A of title XXVII of the
 10 Public Health Service Act, as amended by section
 11 703(a) of Public Law 104–204, is amended by add-
 12 ing at the end the following new section:

13 **“SEC. 2706. STANDARDS RELATING TO BENEFITS FOR**
 14 **SCREENING MAMMOGRAPHY.**

15 **“(a) REQUIREMENTS FOR COVERAGE OF ANNUAL**
 16 **SCREENING MAMMOGRAPHY.—**

17 **“(1) IN GENERAL.—**A group health plan, and a
 18 health insurance issuer offering group health insur-
 19 ance coverage, that provides coverage for diagnostic
 20 mammography for any class of participants or bene-
 21 ficiaries shall provide coverage for annual screening
 22 mammography for such class under terms and con-
 23 ditions that are not less favorable than the terms
 24 and conditions for coverage of diagnostic mammog-
 25 raphy.

1 “(2) DIAGNOSTIC AND ANNUAL SCREENING
2 MAMMOGRAPHY DEFINED.—For purposes of this
3 section—

4 “(A) The term ‘diagnostic mammography’
5 means a radiologic procedure that is medically
6 necessary for the purpose of diagnosing breast
7 cancer and includes a physician’s interpretation
8 of the results of the procedure.

9 “(B) The term ‘annual screening mam-
10 mography’ means a radiologic procedure pro-
11 vided to an individual, not more frequently than
12 on an annual basis, for the purpose of early de-
13 tection of breast cancer and includes a physi-
14 cian’s interpretation of the results of the proce-
15 dure.

16 “(b) PROHIBITIONS.—A group health plan, and a
17 health insurance issuer offering group health insurance
18 coverage in connection with a group health plan, may
19 not—

20 “(1) deny coverage for annual screening mam-
21 mography on the basis that the coverage is not
22 medically necessary or on the basis that the screen-
23 ing mammography is not pursuant to a referral, con-
24 sent, or recommendation by any health care pro-
25 vider;

1 “(2) deny to a participant or beneficiary eligi-
2 bility, or continued eligibility, to enroll or to renew
3 coverage under the terms of the plan, solely for the
4 purpose of avoiding the requirements of this section;

5 “(3) provide monetary payments or rebates to
6 participants or beneficiaries to encourage them to
7 accept less than the minimum protections available
8 under this section;

9 “(4) penalize or otherwise reduce or limit the
10 reimbursement of an attending provider because
11 such provider provided care to an individual partici-
12 pant or beneficiary in accordance with this section;
13 or

14 “(5) provide incentives (monetary or otherwise)
15 to an attending provider to induce such provider to
16 provide care to an individual participant or bene-
17 ficiary in a manner inconsistent with this section.

18 “(c) RULES OF CONSTRUCTION.—

19 “(1) Nothing in this section shall be construed
20 to require a participant or beneficiary to undergo
21 annual screening mammography.

22 “(2) This section shall not apply with respect to
23 any group health plan, or any group health insur-
24 ance coverage offered by a health insurance issuer,

1 which does not provide benefits for diagnostic mam-
2 mography.

3 “(3) Nothing in this section shall be construed
4 as preventing a group health plan or a health insur-
5 ance issuer offering group health plan coverage from
6 imposing deductibles, coinsurance, or other cost-
7 sharing in relation to benefits for annual screening
8 mammography under the plan (or under health in-
9 surance coverage offered in connection with a group
10 health plan), except that such coinsurance or other
11 cost-sharing for any portion may not be greater than
12 such coinsurance or cost-sharing that is otherwise
13 applicable with respect to benefits for diagnostic
14 mammography.

15 “(4) Nothing in this section shall be construed
16 as preventing a group health plan or a health insur-
17 ance issuer offering group health insurance coverage
18 from requiring that a participant or beneficiary, be-
19 fore undergoing an annual screening mammography
20 more frequently than on an annual basis, consult
21 with an appropriate health care practitioner or ob-
22 tain a written authorization from such a practitioner
23 for submission to the plan or issuer, but nothing in
24 this section shall be construed as requiring prior au-

1 thorization before undergoing an annual screening
2 mammography.

3 “(d) NOTICE.—A group health plan under this part
4 shall comply with the notice requirement under section
5 713(d) of the Employee Retirement Income Security Act
6 of 1974 with respect to the requirements of this section
7 as if such section applied to such plan.

8 “(e) LEVEL AND TYPE OF REIMBURSEMENTS.—
9 Nothing in this section shall be construed as preventing
10 a group health plan or a health insurance issuer offering
11 group health insurance coverage from negotiating the level
12 and type of reimbursement with a provider for care pro-
13 vided in accordance with this section.

14 “(f) PREEMPTION; EXCEPTION FOR HEALTH INSUR-
15 ANCE COVERAGE IN CERTAIN STATES.—

16 “(1) IN GENERAL.—The requirements of this
17 section shall not apply with respect to health insur-
18 ance coverage for any class of participants or bene-
19 ficiaries if there is a State law (as defined in section
20 2723(d)(1)) for a State that regulates such cov-
21 erage, that requires coverage to be provided for an-
22 nual screening mammography for such class, and
23 that provides at least the protections described in
24 subsection (b).

1 “(2) CONSTRUCTION.—Section 2723(a)(1) shall
 2 not be construed as superseding a State law de-
 3 scribed in paragraph (1).”.

4 (2) Section 2723(c) of such Act (42 U.S.C.
 5 300gg-23(c)), as amended by section 604(b)(2) of
 6 Public Law 104-204, is amended by striking “sec-
 7 tion 2704” and inserting “sections 2704 and 2706”.

8 (b) ERISA AMENDMENTS.—

9 (1) Subpart B of part 7 of subtitle B of title
 10 I of the Employee Retirement Income Security Act
 11 of 1974, as amended by section 702(a) of Public
 12 Law 104-204, is amended by adding at the end the
 13 following new section:

14 **“SEC. 713. STANDARDS RELATING TO BENEFITS FOR**
 15 **SCREENING MAMMOGRAPHY.**

16 “(a) REQUIREMENTS FOR COVERAGE OF ANNUAL
 17 SCREENING MAMMOGRAPHY.—

18 “(1) IN GENERAL.—A group health plan, and a
 19 health insurance issuer offering group health insur-
 20 ance coverage, that provides coverage for diagnostic
 21 mammography for any class of participants or bene-
 22 ficiaries shall provide coverage for annual screening
 23 mammography for such class under terms and con-
 24 ditions that are not less favorable than the terms

1 and conditions for coverage of diagnostic mammog-
2 raphy.

3 “(2) DIAGNOSTIC AND ANNUAL SCREENING
4 MAMMOGRAPHY DEFINED.—For purposes of this
5 section—

6 “(A) The term ‘diagnostic mammography’
7 means a radiologic procedure that is medically
8 necessary for the purpose of diagnosing breast
9 cancer and includes a physician’s interpretation
10 of the results of the procedure.

11 “(B) The term ‘annual screening mam-
12 mography’ means a radiologic procedure pro-
13 vided to an individual, not more frequently than
14 on an annual basis, for the purpose of early de-
15 tection of breast cancer and includes a physi-
16 cian’s interpretation of the results of the proce-
17 dure.

18 “(b) PROHIBITIONS.—A group health plan, and a
19 health insurance issuer offering group health insurance
20 coverage in connection with a group health plan, may
21 not—

22 “(1) deny coverage described in subsection
23 (a)(1) on the basis that the coverage is not medically
24 necessary or on the basis that the annual screening
25 mammography is not pursuant to a referral, con-

1 sent, or recommendation by any health care pro-
2 vider;

3 “(2) deny to a participant or beneficiary eligi-
4 bility, or continued eligibility, to enroll or to renew
5 coverage under the terms of the plan, solely for the
6 purpose of avoiding the requirements of this section;

7 “(3) provide monetary payments or rebates to
8 participants or beneficiaries to encourage them to
9 accept less than the minimum protections available
10 under this section;

11 “(4) penalize or otherwise reduce or limit the
12 reimbursement of an attending provider because
13 such provider provided care to an individual partici-
14 pant or beneficiary in accordance with this section;
15 or

16 “(5) provide incentives (monetary or otherwise)
17 to an attending provider to induce such provider to
18 provide care to an individual participant or bene-
19 ficiary in a manner inconsistent with this section.

20 “(c) RULES OF CONSTRUCTION.—

21 “(1) Nothing in this section shall be construed
22 to require a participant or beneficiary to undergo
23 annual screening mammography.

24 “(2) This section shall not apply with respect to
25 any group health plan, or any group health insur-

1 ance coverage offered by a health insurance issuer,
2 which does not provide benefits for diagnostic mam-
3 mography.

4 “(3) Nothing in this section shall be construed
5 as preventing a group health plan or a health insur-
6 ance issuer offering group health insurance coverage
7 from imposing deductibles, coinsurance, or other
8 cost-sharing in relation to benefits for annual
9 screening mammography under the plan (or under
10 health insurance coverage offered in connection with
11 a group health plan), except that such coinsurance
12 or other cost-sharing for any portion may not be
13 greater than such coinsurance or cost-sharing that is
14 otherwise applicable with respect to benefits for di-
15 agnostic mammography.

16 “(4) Nothing in this section shall be construed
17 as preventing a group health plan or a health insur-
18 ance issuer offering group health insurance coverage
19 from requiring that a participant or beneficiary, be-
20 fore undergoing an annual screening mammography
21 more frequently than on an annual basis, consult
22 with an appropriate health care practitioner or ob-
23 tain a written authorization from such a practitioner
24 for submission to the plan or issuer, but nothing in
25 this section shall be construed as requiring prior au-

1 thorization before undergoing an annual screening
2 mammography.

3 “(d) NOTICE UNDER GROUP HEALTH PLAN.—The
4 imposition of the requirements of this section shall be
5 treated as a material modification in the terms of the plan
6 described in section 102(a)(1), for purposes of assuring
7 notice of such requirements under the plan; except that
8 the summary description required to be provided under the
9 last sentence of section 104(b)(1) with respect to such
10 modification shall be provided by not later than 60 days
11 after the first day of the first plan year in which such
12 requirements apply.

13 “(e) LEVEL AND TYPE OF REIMBURSEMENTS.—
14 Nothing in this section shall be construed as preventing
15 a group health plan or a health insurance issuer offering
16 group health insurance coverage from negotiating the level
17 and type of reimbursement with a provider for care pro-
18 vided in accordance with this section.

19 “(f) PREEMPTION; EXCEPTION FOR HEALTH INSUR-
20 ANCE COVERAGE IN CERTAIN STATES.—

21 “(1) IN GENERAL.—The requirements of this
22 section shall not apply with respect to health insur-
23 ance coverage for any class of participants or bene-
24 ficiaries if there is a State law (as defined in section
25 731(d)(1)) for a State that regulates such coverage,

1 that requires coverage to be provided for annual
2 screening mammography for such class, and that
3 provides at least the protections described in sub-
4 section (b).

5 “(2) CONSTRUCTION.—Section 731(a)(1) shall
6 not be construed as superseding a State law de-
7 scribed in paragraph (1).”.

8 (2) Section 731(c) of such Act (29 U.S.C.
9 1191(c)), as amended by section 603(b)(1) of Public
10 Law 104–204, is amended by striking “section 711”
11 and inserting “sections 711 and 713”.

12 (3) Section 732(a) of such Act (29 U.S.C.
13 1191a(a)), as amended by section 603(b)(2) of Pub-
14 lic Law 104–204, is amended by striking “section
15 711” and inserting “sections 711 and 713”.

16 (4) The table of contents in section 1 of such
17 Act is amended by inserting after the item relating
18 to section 712 the following new item:

“Sec. 713. Standards relating to benefits for screening mammography.”.

19 (c) EFFECTIVE DATES.—(1) Subject to paragraph
20 (2), the amendments made by this section shall apply with
21 respect to group health plans (and health insurance cov-
22 erage offered in connection with group health plans) for
23 plan years beginning on or after January 1, 1998.

24 (2) In the case of a group health plan maintained
25 pursuant to 1 or more collective bargaining agreements

1 between employee representatives and 1 or more employ-
 2 ers ratified before the date of enactment of this Act, the
 3 amendments made by this section shall not apply to plan
 4 years beginning before the later of—

5 (A) the date on which the last collective bar-
 6 gaining agreements relating to the plan terminates
 7 (determined without regard to any extension thereof
 8 agreed to after the date of enactment of this Act),
 9 or

10 (B) January 1, 1998.

11 For purposes of subparagraph (A), any plan amendment
 12 made pursuant to a collective bargaining agreement relat-
 13 ing to the plan which amends the plan solely to conform
 14 to any requirement added by this section shall not be
 15 treated as a termination of such collective bargaining
 16 agreement.

17 **SEC. 3. COVERAGE OF ANNUAL SCREENING MAMMOG-**
 18 **RAPHY UNDER INDIVIDUAL HEALTH COV-**
 19 **ERAGE.**

20 (a) IN GENERAL.—Part B of title XXVII of the Pub-
 21 lic Health Service Act, as amended by section 605(a) of
 22 Public Law 104–204, is amended by inserting after sec-
 23 tion 2751 the following new section:

1 **“SEC. 2752. STANDARDS RELATING TO BENEFITS FOR**
2 **SCREENING MAMMOGRAPHY.**

3 “(a) IN GENERAL.—The provisions of section 2706
4 (other than subsections (d) and (f)) shall apply to health
5 insurance coverage offered by a health insurance issuer
6 in the individual market in the same manner as it applies
7 to health insurance coverage offered by a health insurance
8 issuer in connection with a group health plan in the small
9 or large group market.

10 “(b) NOTICE.—A health insurance issuer under this
11 part shall comply with the notice requirement under sec-
12 tion 713(d) of the Employee Retirement Income Security
13 Act of 1974 with respect to the requirements referred to
14 in subsection (a) as if such section applied to such issuer
15 and such issuer were a group health plan.

16 “(c) PREEMPTION; EXCEPTION FOR HEALTH INSUR-
17 ANCE COVERAGE IN CERTAIN STATES.—

18 “(1) IN GENERAL.—The requirements of this
19 section shall not apply with respect to health insur-
20 ance coverage for any class of individuals if there is
21 a State law (as defined in section 2723(d)(1)) for a
22 State that regulates such coverage, that requires
23 coverage in the individual health insurance market
24 to be provided for annual screening mammography
25 for such class and that provides at least the protec-

3 “(2) CONSTRUCTION.—Section 2762(a) shall
4 not be construed as superseding a State law de-
5 scribed in paragraph (1).”.

(b) CONFORMING AMENDMENT.—Section 2763(b)(2) of such Act (42 U.S.C. 300gg-63(b)(2)), as added by section 605(b)(3)(B) of Public Law 104–204, is amended by striking “section 2751” and inserting “sections 2751 and 2752”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply with respect to health insurance coverage offered, sold, issued, or renewed in the individual market on or after such January 1, 1998.

15 SEC. 4. ANNUAL SCREENING MAMMOGRAPHY UNDER MEDI-
16 CARE PROGRAM.

(a) PROVIDING ANNUAL SCREENING MAMMOGRAPHY FOR WOMEN OF ALL AGES.—Paragraph (2) of section 1834(c) of the Social Security Act (42 U.S.C. 1395m(c)) is amended to read as follows:

“ (2) COVERED ON AN ANNUAL BASIS.—Payment may not be made under this part for a screening mammography performed within the 11 months following the month in which a previous screening mammography was performed.”.

1 (b) EFFECTIVE DATE.—The amendments made by
 2 subsection (a) shall apply to screening mammography per-
 3 formed on or after January 1, 1998.

4 **SEC. 5. COVERAGE OF ANNUAL SCREENING MAMMOG-**
 5 **RAPHY UNDER MEDICAID.**

6 (a) IN GENERAL.—Section 1905(a) of the Social Se-
 7 curity Act (42 U.S.C. 1396d(a)) is amended—

8 (1) by striking “and” at the end of paragraph
 9 (24);

10 (2) by redesignating paragraph (25) as para-
 11 graph (26); and

12 (3) by inserting after paragraph (24) the fol-
 13 lowing new paragraph:

14 “(25) annual screening mammography (as de-
 15 fined in subsection (t)) that is conducted by a facil-
 16 ity that has a certificate (or provisional certificate)
 17 issued under section 354 of the Public Health Serv-
 18 ice Act; and”.

19 (b) ANNUAL SCREENING MAMMOGRAPHY DE-
 20 FINED.—Section 1905 of such Act (42 U.S.C. 1396d) is
 21 amended by adding at the end the following new sub-
 22 section:

23 “(t) The term ‘annual screening mammography’
 24 means a radiologic procedure provided to a woman, not
 25 more frequently than on an annual basis, for the purpose

1 of early detection of breast cancer and includes a physi-
 2 cian’s interpretation of the results of the procedure.”.

3 (c) MAKING COVERAGE MANDATORY.—Section
 4 1902(a)(10)(A) of such Act (42 U.S.C. 1396a(a)(10)(A))
 5 is amended by striking “(17) and (21)” and inserting
 6 “(17), (21), and (25)”.

7 (d) CONFORMING AMENDMENTS.—Section 1902 of
 8 such Act (42 U.S.C. 1396a) is amended—

9 (1) in subsection (a)(10)(C)(iv)—

10 (A) by striking “and (17)” and inserting
 11 “, (17), and (25)”, and

12 (B) by striking “through (24)” and insert-
 13 ing “through (25)”; and

14 (2) in subsection (j), by striking “through (25)”
 15 and inserting “through (26)”.

16 (e) EFFECTIVE DATE.—(1) Except as provided in
 17 paragraph (2), the amendments made by this section shall
 18 apply to screening mammography performed on or after
 19 January 1, 1998, without regard to whether or not final
 20 regulations to carry out such amendments have been pro-
 21 mulgated by such date.

22 (2) In the case of a State plan for medical assistance
 23 under title XIX of the Social Security Act which the Sec-
 24 retary of Health and Human Services determines requires
 25 State legislation (other than legislation appropriating

1 funds) in order for the plan to meet the additional require-
2 ment imposed by the amendments made by this section,
3 the State plan shall not be regarded as failing to comply
4 with the requirements of such title solely on the basis of
5 its failure to meet this additional requirement before the
6 first day of the first calendar quarter beginning after the
7 close of the first regular session of the State legislature
8 that begins after the date of the enactment of this Act.
9 For purposes of the previous sentence, in the case of a
10 State that has a 2-year legislative session, each year of
11 such session shall be deemed to be a separate regular ses-
12 sion of the State legislature.

○