

116TH CONGRESS
2D SESSION

S. 3216

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 SENATE OF THE UNITED STATES

JANUARY 16, 2020

Mr. BLUNT (for himself and Mrs. SHAHEEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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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 2020”.

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.—Section 2719A of the Public
9 Health Service Act (42 U.S.C. 300gg–19a) is amended by
10 adding at the end the following new subsection:

11 “(e) DIAGNOSTIC AND SCREENING EXAMINATIONS
12 FOR BREAST CANCER PARITY.—

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

20 “(A) the cost-sharing requirements appli-
21 cable to such examination for such individual
22 are no less favorable than such requirements
23 applicable to a screening examination for breast
24 cancer for such individual; and

25 “(B) the treatment limitations applicable
26 to such diagnostic examination for breast can-

cer for such individual are no less favorable than such limitations applicable to a screening examinations for breast cancer for such individual.

“(2) RESTRICTION ON CERTAIN CHANGES.—A group health plan or health insurance issuer may not, for the sole purpose of complying with paragraph (1), increase cost-sharing requirements with respect to screening examinations for breast cancer.

“(3) CONSTRUCTION.—Nothing in this subsection shall be construed—

“(A) to require the use of diagnostic examinations for breast cancer as a replacement for screening examinations for breast cancer;

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

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

“(4) DEFINITIONS.—In this subsection:

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

“(B) DIAGNOSTIC EXAMINATION FOR BREAST CANCER.—The term ‘diagnostic examination for breast cancer’ means a medically necessary and appropriate (as determined by the health care professional treating the individual) examination for breast cancer to evaluate an abnormality in the breast that is—

“(i) seen or suspected from a screening examination for breast cancer;

“(ii) detected by another means of examination; or

“(iii) suspected based on the medical history or family medical history of the individual.

“(C) EXAMINATION FOR BREAST CANCER.—The term ‘examination for breast cancer’ includes such an examination using breast ultrasound, breast magnetic resonance imaging, or mammography.

1 “(D) TREATMENT LIMITATION.—The term
 2 ‘treatment limitation’ includes limits on the fre-
 3 quency of treatment, number of visits, days of
 4 coverage, or other similar limits on the scope or
 5 duration of treatment.”.

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

10 (1) by striking “title” and inserting “title, or as
 11 added after the date of the enactment of this Act”;
 12 and

13 (2) by adding at the end the following new
 14 clause:

15 “(v) Section 2719A(e) (relating to
 16 parity for diagnostic and screening exami-
 17 nations for breast cancer).”.

18 (c) EFFECTIVE DATE.—The amendments made by
 19 this section shall apply with respect to plan years begin-
 20 ning on or after January 1, 2021.

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