

118TH CONGRESS
1ST SESSION

H. R. 3086

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

MAY 5, 2023

Ms. DELAURO (for herself, Mr. FITZPATRICK, Mr. KELLY of Pennsylvania, Mrs. CHERFILUS-McCORMICK, Mr. GARCÍA of Illinois, Mr. PAYNE, Ms. VELÁZQUEZ, Ms. KAPTUR, Mr. MORELLE, Ms. PETTERSEN, Mrs. HAYES, Ms. STEVENS, Mr. LANDSMAN, Ms. BROWNLEY, Ms. SCHAKOWSKY, Ms. SEWELL, Ms. JACKSON LEE, and Mr. COURTNEY) 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.**

4 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 lic 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, 2024, in addition to any items or services oth-
25 erwise described in this subsection—

1 “(A) with respect to an individual who is
2 at increased risk of breast cancer (as deter-
3 mined in accordance with the most recent appli-
4 cable American College of Radiology Appro-
5 priateness Criteria or the most recent applicable
6 guidelines of the National Comprehensive Can-
7 cer Network) or with heterogeneously or ex-
8 tremely dense breast tissue (as defined by the
9 Breast Imaging Reporting and Data System es-
10 tablished by the American College of Radi-
11 ology), screening and diagnostic imaging (with
12 no limitation applied on frequency) for the de-
13 tection of breast cancer, including 2D or 3D
14 mammograms, breast ultrasounds, breast mag-
15 netic resonance imaging, or other technologies
16 (as determined in accordance with such applica-
17 ble criteria or guidelines); and

18 “(B) with respect to an individual who is
19 not described in subparagraph (A) and who is
20 determined by a health care provider (in ac-
21 cordance with such most recent applicable cri-
22 teria or guidelines) to require screening or diag-
23 nostic breast imaging by reason of factors, in-
24 cluding age, race, ethnicity, or personal or fam-
25 ily 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, 2024.

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, 2024, 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 2024, 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 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)”;

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 comprehensive Cancer Network) or with het-
2 erogeneously or extremely dense breast tis-
3 sue (as defined by the Breast Imaging Re-
4 porting and Data System established by
5 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 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-

1 ing and other technologies described in such
2 clause (i) or (ii), respectively; and”.

3 (B) APPLICATION TO ALTERNATIVE COST-
4 SHARING.—Section 1916A(b)(3)(B) of the So-
5 cial Security Act (42 U.S.C. 1396o–1(b)(3)(B))
6 is amended by adding at the end the following
7 new clause:

8 “(xv) With respect to an individual
9 described in clause (i) or (ii) of section
10 1905(a)(4)(G), screening and diagnostic
11 imaging and other technologies described
12 in such clause (i) or (ii), respectively.”.

13 (3) INCLUSION IN BENCHMARK COVERAGE.—
14 Section 1937(b) of the Social Security Act (42
15 U.S.C. 1396u–7(b)) is amended by adding at the
16 end the following new paragraph:

17 “(9) COVERAGE OF CERTAIN BREAST CANCER
18 SCREENING AND DIAGNOSTIC IMAGING FOR CERTAIN
19 INDIVIDUALS.—Notwithstanding the previous provi-
20 sions of this section, a State may not provide for
21 medical assistance through enrollment of an indi-
22 vidual with benchmark coverage or benchmark-equiv-
23 alent coverage under this section unless such cov-
24 erage includes medical assistance, with respect to an
25 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 (4) EFFECTIVE DATE.—

5 (A) IN GENERAL.—Except as provided in
6 subparagraph (B), the amendments made by
7 this subsection shall take effect on January 1,
8 2024.

9 (B) DELAY PERMITTED IF STATE LEGISLA-
10 TION REQUIRED.—In the case of a State plan
11 approved under title XIX of the Social Security
12 Act which the Secretary of Health and Human
13 Services determines requires State legislation
14 (other than legislation appropriating funds) in
15 order for the plan to meet the additional re-
16 quirements imposed by this section, the State
17 plan shall not be regarded as failing to comply
18 with the requirements of such title solely on the
19 basis of the failure of the plan to meet such ad-
20 ditional requirements before the first day of the
21 first calendar quarter beginning after the close
22 of the first regular session of the State legisla-
23 ture that ends after the 1-year period beginning
24 with the date of the enactment of this section.

25 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

1 in accordance with the most recent applicable cri-
2 teria or guidelines described in subparagraph (B)),
3 shall be provided if the patient is an individual de-
4 scribed in subparagraph (B).

5 “(B) An individual described in this subpara-
6 graph is—

7 “(i) an individual who is at increased risk
8 of breast cancer (as determined in accordance
9 with the most recent applicable American Col-
10 lege of Radiology Appropriateness Criteria or
11 the most recent applicable guidelines of the Na-
12 tional Comprehensive Cancer Network) or with
13 heterogeneously or extremely dense breast tis-
14 sue (as defined by the Breast Imaging Report-
15 ing and Data System established by the Amer-
16 ican College of Radiology); or

17 “(ii) an individual who is not described in
18 clause (i) and who is determined by a health
19 care provider (in accordance with such most re-
20 cent applicable criteria or guidelines) to require
21 screening or diagnostic breast imaging by rea-
22 son of factors including age, race, ethnicity, or
23 personal or family medical history.”.

24 (2) ELIMINATION OF COST-SHARING.—Such
25 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 2024.

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 **“§ 1720K. Breast screenings for certain individuals at**
24 **increased risk for breast cancer**

25 “(a) COVERAGE OF ITEMS AND SERVICES.—

1 “(1) COVERAGE.—The Secretary shall furnish
2 to a veteran described in paragraph (2) screening
3 and diagnostic imaging (with no limitation applied
4 on frequency) for the detection of breast cancer, in-
5 cluding 2D or 3D mammograms, breast ultrasounds,
6 breast magnetic resonance imaging, or other tech-
7 nologies (as determined in accordance with the most
8 recent applicable criteria or guidelines described in
9 such paragraph) pursuant to this section.

10 “(2) ELIGIBILITY.—A veteran described in this
11 subparagraph is—

12 “(A) a veteran who is at increased risk of
13 breast cancer (as determined in accordance with
14 the most recent applicable American College of
15 Radiology Appropriateness Criteria or the most
16 recent applicable guidelines of the National
17 Comprehensive Cancer Network) or with het-
18 erogeneously or extremely dense breast tissue
19 (as defined by the Breast Imaging Reporting
20 and Data System established by the American
21 College of Radiology), without regard to wheth-
22 er the veteran is enrolled in the system of an-
23 nual patient enrollment established under sec-
24 tion 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
3 health care provider (in accordance with such
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.

12 “(b) PROHIBITION ON COST-SHARING.—Notwith-
13 standing subsections (f) and (g) of section 1710 and sec-
14 tion 1722A of this title, the Secretary may not require
15 any veteran described in paragraph (2) of subsection (a)
16 to make any copayment for, or charge the veteran for any
17 other cost of, the receipt of any item or service furnished
18 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 2024.

○