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 with respect to diagnostic and supplemental breast examinations.

IN THE HOUSE OF REPRESENTATIVES

Mrs. DINGELL introduced the following bill; which was referred to the Committee on __________________________

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 with respect to diagnostic and supplemental breast examinations.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Access to Breast Cancer Diagnosis Act of 2023”.
SEC. 2. REQUIRING DIAGNOSTIC AND SUPPLEMENTAL
BREAST EXAMINATIONS TO BE COVERED
WITH NO COST-SHARING REQUIREMENTS.

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

“SEC. 2730. DIAGNOSTIC AND SUPPLEMENTAL BREAST EX-
AMINATIONS.

“(a) In General.—In the case of a group health
plan, or a health insurance issuer offering group or indi-
vidual health insurance coverage, that provides benefits
with respect to diagnostic and supplemental breast exami-
nations furnished to an individual enrolled under such
plan or such coverage, such plan or coverage shall not im-
pose any cost-sharing requirements for these benefits.

“(b) Construction.—Nothing in this section shall
be construed—

“(1) to prohibit a group health plan or health
insurance issuer from requiring timely prior author-
ization or imposing other appropriate utilization con-
trols in approving coverage for any diagnostic and
supplemental breast examination; or

“(2) to supersede a State law that provides
greater protections with respect to the coverage of
diagnostic and supplemental breast examinations than is provided under this section.

“(c) DEFINITIONS.—In this section:

“(1) C OST-SHARING REQUIREMENTS.—The term ‘cost-sharing requirements’ means a deductible, coinsurance, copayment, and any maximum limitation on the application of such a deductible, coinsurance, copayment or similar out-of-pocket expense.

“(2) D IAGNOSTIC BREAST EXAMINATION.—The term ‘diagnostic breast examination’ means a medically necessary and appropriate (in accordance with National Comprehensive Cancer Network Guidelines) examination of the breast (including such an examination using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound) that is—

“(A) used to evaluate an abnormality seen or suspected from a screening examination for breast cancer; or

“(B) used to evaluate an abnormality detected by another means of examination.

“(3) S UPPLEMENTAL BREAST EXAMINATIONS.—The term ‘supplemental breast examination’ means a medically necessary and appropriate (in accordance with National Comprehensive Cancer Net-
work Guidelines) examination of the breast (including such an examination using breast magnetic resonance imaging or breast ultrasound) that is—

“(A) used to screen for breast cancer when there is no abnormality seen or suspected; and

“(B) furnished based on personal or family medical history or additional factors that may increase the individual’s risk of breast cancer.”.

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

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

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

“(v) Section 2730 (relating to coverage for diagnostic and supplemental breast examinations).”.

(c) APPLICATION TO HIGH DEDUCTIBLE HEALTH PLANS WITH HEALTH SAVINGS ACCOUNT ELIGIBILITY.—Section 223(c)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following:
“(H) Safe harbor for absence of deductible for diagnostic and supplemental breast examinations.—In the case of plan years beginning on or after January 1, 2024, a plan shall not fail to be treated as a high deductible health plan by reason of failing to have a deductible for diagnostic and supplemental breast examinations.”.

(d) Effective Date.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2024.