

118TH CONGRESS
2D SESSION

H. R. 10202

To amend title XXVII of the Public Health Service Act to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide benefits for lung cancer screenings for certain individuals without the imposition of cost sharing.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 21, 2024

Mr. BOYLE of Pennsylvania (for himself and Mr. DESAULNIER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XXVII of the Public Health Service Act to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide benefits for lung cancer screenings for certain individuals without the imposition of cost sharing.

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 “Katherine’s Lung Can-
5 cer Early Detection and Survival Act of 2024”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Lung cancer is the number 1 killer of all
2 cancers.

3 (2) Lung cancer causes more deaths than pros-
4 tate cancer, breast cancer, and colorectal cancer
5 combined.

6 (3) The reason for the extremely low 5-year
7 survival rate in lung cancer patients is the difficulty
8 to diagnosis it at early stages, as patients have no
9 symptoms at early stages.

10 (4) For all stages of lung cancer, the overall 5-
11 year survival rate is 19 percent, while such rate is
12 98 percent for prostate cancer (for all stages) and
13 90 percent for breast cancer (for all stages).

14 (5) Early detection of lung cancer through
15 screening could dramatically increase survival rates
16 for patients.

17 (6) Current law mandates that private health
18 insurance cover, without any cost sharing require-
19 ments, screening for breast cancer, prostate cancer,
20 and colorectal cancer at much earlier ages than for
21 lung cancer, regardless of preexisting conditions of
22 the individual to be screened.

23 (7) Screening without cost sharing starts at age
24 40 for breast cancer but for lung cancer does not
25 start until age 55, and then and only for those with

1 a history of smoking thirty or more packs of ciga-
2 rettes per year.

3 (8) This Act would save lives and money
4 through early detection of lung cancer by starting
5 screening without cost sharing at age 40.

6 **SEC. 3. REQUIRING COVERAGE OF LUNG CANCER**
7 **SCREENINGS FOR CERTAIN INDIVIDUALS**
8 **WITHOUT COST SHARING.**

9 (a) IN GENERAL.—Section 2713(a) of the Public
10 Health Service Act (42 U.S.C. 300gg–13(a)) is amend-
11 ed—

12 (1) in paragraph (2), by striking “and” at the
13 end;

14 (2) in paragraph (3), by striking the period at
15 the end and inserting a semicolon;

16 (3) in paragraph (4), by striking the period at
17 the end and inserting “; and”;

18 (4) by striking paragraph (5) and inserting the
19 following:

20 “(5) with respect to individuals 40 years of age
21 or older, lung cancer screenings, regardless of the
22 smoking history (if any) of such an individual.”; and

23 (5) by adding at the end of the undesignated
24 matter at the end the following: “For the purposes
25 of this Act, and for the purposes of any other provi-

1 sion of law, the current recommendations of the
2 United States Preventive Service Task Force regard-
3 ing breast cancer screening, mammography, and pre-
4 vention shall be considered the most current other
5 than those issued in or around November 2009.”.

6 (b) EFFECTIVE DATE.—The amendments made by
7 subsection (a) shall apply with respect to plan years begin-
8 ning on or after January 1, 2026.

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