

118TH CONGRESS
2D SESSION

S. 5141

To provide for health coverage with no cost-sharing for additional breast screenings for certain individuals at greater risk for breast cancer.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 23, 2024

Ms. KLOBUCHAR (for herself and Mr. MARSHALL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 “and” at
 12 the end;

13 (B) in paragraph (3), by striking the pe-
 14 riod at the end and inserting a semicolon;

15 (C) in paragraph (4), by striking the pe-
 16 riod at the end and inserting “and as described
 17 in subparagraph (E); and”;

18 (D) by redesignating paragraphs (1)
 19 through (5) as subparagraphs (A) through (E),
 20 respectively, and adjusting the margins accord-
 21 ingly;

22 (E) by striking the subsection designation
 23 and heading and all that follows through “A
 24 group health plan” and inserting the following:

25 “(a) REQUIREMENTS.—

26 “(1) IN GENERAL.—A group health plan”;

1 (F) in the undesignated matter following
 2 subparagraph (E) of paragraph (1) (as so re-
 3 designated), by striking “Nothing in this sub-
 4 section” and inserting the following:

5 “(3) RULE OF CONSTRUCTION.—Nothing in
 6 this subsection”;

7 (G) in subparagraph (E) of paragraph (1)
 8 (as so redesignated), by striking “(E) for the
 9 purposes of this Act,” and inserting the fol-
 10 lowing:

11 “(2) RECOMMENDATIONS.—For the purposes of
 12 this Act,”;

13 (H) in paragraph (1) (as so redesignated),
 14 by adding at the end the following:

15 “(E)(i) with respect to an individual who is
 16 at increased risk of breast cancer (as deter-
 17 mined in accordance with the most recent appli-
 18 cable American College of Radiology Approp-
 19 riateness Criteria or the most recent applicable
 20 guidelines of the National Comprehensive Can-
 21 cer Network) or with heterogeneously or ex-
 22 tremely dense breast tissue (as defined by the
 23 Breast Imaging Reporting and Data System es-
 24 tablished by the American College of Radi-
 25 ology), screening and diagnostic imaging (with

1 no limitation applied on frequency) for the de-
2 tection of breast cancer, including 2D or 3D
3 mammograms, breast ultrasounds, breast mag-
4 netic resonance imaging, molecular breast imag-
5 ing, or other technologies (as determined in ac-
6 cordance with such applicable criteria or guide-
7 lines); and

8 “(ii) with respect to an individual who is
9 not described in subparagraph (A) and who is
10 determined by a health care provider (in ac-
11 cordance with such most recent applicable cri-
12 teria or guidelines) to require screening or diag-
13 nostic breast imaging by reason of factors, in-
14 cluding age, race, ethnicity, or personal or fam-
15 ily medical history, screening and diagnostic im-
16 aging (with no limitation applied on frequency)
17 for the detection of breast cancer, including 2D
18 or 3D mammograms, breast ultrasounds, breast
19 magnetic resonance imaging, molecular breast
20 imaging, or other technologies (as determined
21 in accordance with such applicable criteria or
22 guidelines).”.

23 (2) EFFECTIVE DATE.—The amendments made
24 by paragraph (1) shall apply with respect to plan
25 years beginning on or after January 1, 2025.

1 (3) APPLICATION TO GRANDFATHERED HEALTH
 2 PLANS.—Section 1251(a)(4)(A) of the Patient Pro-
 3 tection and Affordable Care Act (42 U.S.C.
 4 18011(a)(4)(A)) is amended—

5 (A) by striking “title)” and inserting
 6 “title, or as added after the date of the enact-
 7 ment of this Act)”;

8 (B) by redesignating clause (iv) as clause
 9 (v); and

10 (C) by inserting after clause (iii) the fol-
 11 lowing:

12 “(iv) Section 2713(a)(1)(E) (relating
 13 to screening and diagnostic imaging for the
 14 detection of breast cancer).”.

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 “(i) beginning on January 1, 2025, in addition
2 to any other items or services described in this para-
3 graph, screening and diagnostic imaging (with no
4 limitation applied on frequency) for the detection of
5 breast cancer, including 2D or 3D mammograms,
6 breast ultrasounds, breast magnetic resonance imag-
7 ing, molecular breast imaging, or other technologies
8 (as determined in accordance with the most recent
9 applicable American College of Radiology Appro-
10 priateness Criteria or the most recent applicable
11 guidelines of the National Comprehensive Cancer
12 Network) for—

13 “(I) an individual who is at increased risk
14 of breast cancer (as determined in accordance
15 with such applicable criteria or guidelines) or
16 with heterogeneously or extremely dense breast
17 tissue (as defined by the Breast Imaging Re-
18 porting and Data System established by the
19 American College of Radiology); and

20 “(II) an individual who is not described in
21 subclause (I) and who is determined by a health
22 care provider (in accordance with such most re-
23 cent applicable criteria or guidelines) to require
24 such screening or diagnostic breast imaging by
25 reason of factors determined by the Secretary,

1 including age, race, ethnicity, or personal or
 2 family medical history; and”.

3 (2) APPLICATION OF NO COST-SHARING UNDER
 4 MEDICARE ADVANTAGE PLANS.—Section
 5 1852(a)(1)(B) of the Social Security Act (42 U.S.C.
 6 1395w-22(a)(1)(B)) is amended—

7 (A) in clause (iv)—

8 (i) by redesignating subclause (VIII)
 9 as subclause (IX); and

10 (ii) inserting after subclause (VII) the
 11 following:

12 “(VIII) Beginning on January 1,
 13 2024, screening and diagnostic imag-
 14 ing and other technologies described
 15 in section 1861(ddd)(1)(B)(ii) fur-
 16 nished to an individual described in
 17 such section.”; and

18 (B) in clause (v), by striking “and (VI)”
 19 and inserting “(VI), and (VIII)”.

20 (c) COVERAGE UNDER MEDICAID.—

21 (1) IN GENERAL.—Section 1905(a) of the So-
 22 cial Security Act (42 U.S.C. 1396d(a)) is amend-
 23 ed—

24 (A) in paragraph (4)—

1 (i) by striking “; and (D)” and insert-
2 ing “; (D)”;

3 (ii) by striking “; and (E)” and in-
4 serting “; (E)”;

5 (iii) by striking “; and (F)” and in-
6 serting “; (F)”;

7 (iv) by inserting before the semicolon
8 at the end the following: “; and (G)(i) with
9 respect to an individual who is at increased
10 risk of breast cancer (as determined in ac-
11 cordance with the most recent applicable
12 American College of Radiology Approp-
13 riateness Criteria or the most recent ap-
14 plicable guidelines of the National Com-
15 prehensive Cancer Network) or with het-
16 erogeneously or extremely dense breast tis-
17 sue (as defined by the Breast Imaging Re-
18 porting and Data System established by
19 the American College of Radiology), in ad-
20 dition to any other item or service de-
21 scribed in this subsection, screening and
22 diagnostic imaging (with no limitation ap-
23 plied on frequency) for the detection of
24 breast cancer, including 2D or 3D mam-
25 mograms, breast ultrasounds, breast mag-

netic resonance imaging, molecular breast imaging, or other technologies (as determined in accordance with such applicable criteria or guidelines); and (ii) with respect to an individual who is not described in clause (i) and who is determined by a health care provider (in accordance with such most recent applicable criteria or guidelines) to require screening or diagnostic breast imaging by reason of factors, including age, race, ethnicity, or personal or family medical history, screening and diagnostic imaging (with no limitation applied on frequency) for the detection of breast cancer, including 2D or 3D mammograms, breast ultrasounds, breast magnetic resonance imaging, molecular breast imaging, or other technologies (as determined in accordance with such applicable criteria or guidelines)”; and

(B) in paragraph (13), in the matter preceding subparagraph (A), by inserting “(other than an item or service for which medical assistance is provided pursuant to paragraph (4)(G))” after “services”.

(2) NO COST-SHARING FOR CERTAIN BREAST
CANCER SCREENING AND DIAGNOSTIC IMAGING.—

(A) IN GENERAL.—Subsections (a)(2) and
(b)(2) of section 1916 of the Social Security
Act (42 U.S.C. 1396o(a)(2)(D)) are each
amended—

(i) in the last subparagraph, by strik-
ing at the end “; and” and inserting “,
or”; and

(ii) by adding at the end the following
subparagraph:

“(K) with respect to an individual de-
scribed in clause (i) or (ii) of section
1905(a)(4)(G), screening and diagnostic imag-
ing and other technologies described in such
clause (i) or (ii), respectively; and”.

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

“(xv) With respect to an individual
described in clause (i) or (ii) of section
1905(a)(4)(G), screening and diagnostic

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

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

7 “(9) COVERAGE OF CERTAIN BREAST CANCER
8 SCREENING AND DIAGNOSTIC IMAGING FOR CERTAIN
9 INDIVIDUALS.—Notwithstanding the previous provi-
10 sions of this section, a State may not provide for
11 medical assistance through enrollment of an indi-
12 vidual with benchmark coverage or benchmark-equiv-
13 alent coverage under this section unless such cov-
14 erage includes medical assistance, with respect to an
15 individual described in clause (i) or (ii) of section
16 1905(a)(4)(G), for screening and diagnostic imaging
17 and other technologies described in such clause (i) or
18 (ii), respectively.”.

19 (4) EFFECTIVE DATE.—

20 (A) IN GENERAL.—Except as provided in
21 subparagraph (B), the amendments made by
22 this subsection shall take effect on January 1,
23 2024.

24 (B) DELAY PERMITTED IF STATE LEGISLA-
25 TION REQUIRED.—In the case of a State plan

1 approved under title XIX of the Social Security
 2 Act which the Secretary of Health and Human
 3 Services determines requires State legislation
 4 (other than legislation appropriating funds) in
 5 order for the plan to meet the additional re-
 6 quirements imposed by this section, the State
 7 plan shall not be regarded as failing to comply
 8 with the requirements of such title solely on the
 9 basis of the failure of the plan to meet such ad-
 10 ditional requirements before the first day of the
 11 first calendar quarter beginning after the close
 12 of the first regular session of the State legisla-
 13 ture that ends after the 1-year period beginning
 14 with the date of the enactment of this section.
 15 For purposes of the preceding sentence, in the
 16 case of a State that has a 2-year legislative ses-
 17 sion, each year of the session is deemed to be
 18 a separate regular session of the State legisla-
 19 ture.

20 (d) COVERAGE AND ELIMINATION OF COST-SHARING
 21 UNDER TRICARE.—

22 (1) COVERAGE.—Title 10, United States Code,
 23 is amended—

24 (A) in section 1074d(a), by adding at the
 25 end the following new paragraph:

1 “(3) Any member or former member of the uniformed
 2 services who is entitled to medical care under section 1074
 3 or 1074a of this title and is an individual described in
 4 subparagraph (B) of section 1079(a)(20) of this title shall
 5 also be entitled to the items and services described in sub-
 6 paragraph (A) of such section (subject to the same limita-
 7 tions specified in such subparagraph), as part of such
 8 medical care.”; and

9 (B) in section 1079(a), by adding at the
 10 end the following new paragraph:

11 “(20)(A) Screening and diagnostic imaging
 12 (with no limitation applied on frequency) for the de-
 13 tection of breast cancer, including 2D or 3D mam-
 14 mograms, breast ultrasounds, breast magnetic reso-
 15 nance imaging, molecular breast imaging, or other
 16 technologies (as determined in accordance with the
 17 most recent applicable criteria or guidelines de-
 18 scribed in subparagraph (B)), shall be provided if
 19 the patient is an individual described in subpara-
 20 graph (B).

21 “(B) An individual described in this subpara-
 22 graph is—

23 “(i) an individual who is at increased risk
 24 of breast cancer (as determined in accordance
 25 with the most recent applicable American Col-

lege of Radiology Appropriateness Criteria or the most recent applicable guidelines of the National Comprehensive Cancer Network) or with heterogeneously or extremely dense breast tissue (as defined by the Breast Imaging Reporting and Data System established by the American College of Radiology); or

“(ii) an individual who is not described in clause (i) and who is determined by a health care provider (in accordance with such most recent applicable criteria or guidelines) to require screening or diagnostic breast imaging by reason of factors including age, race, ethnicity, or personal or family medical history.”.

(2) ELIMINATION OF COST-SHARING.—Such title is further amended—

(A) in section 1075a, by adding at the end the following new subsection:

“(d) ELIMINATION OF COST-SHARING FOR CERTAIN BREAST CANCER-RELATED ITEMS AND SERVICES.—Notwithstanding any other provision of this section, cost-sharing requirements may not be imposed or collected with respect to any beneficiary enrolled in TRICARE Prime for any item or service described in subparagraph (A) of section 1079(a)(20) of this title provided under TRICARE

1 Prime, in accordance with the limitations specified in such
2 subparagraph, if the beneficiary is an individual described
3 in subparagraph (B) of such section.”;

4 (B) in section 1075(c), by adding at the
5 end the following new paragraph:

6 “(4) Notwithstanding any other provision of
7 this section, cost-sharing requirements may not be
8 imposed or collected with respect to any beneficiary
9 enrolled in TRICARE Select for any item or service
10 described in subparagraph (A) of section
11 1079(a)(20) of this title provided under TRICARE
12 Select, in accordance with the limitations specified in
13 such subparagraph, if the beneficiary is an indi-
14 vidual described in subparagraph (B) of such sec-
15 tion.”; and

16 (C) in section 1086(d)(3)—

17 (i) by redesignating subparagraph (C)
18 as subparagraph (D); and

19 (ii) by inserting after subparagraph
20 (B) the following new subparagraph:

21 “(C) Notwithstanding any other provision of this sec-
22 tion, cost-sharing may not be imposed or collected under
23 a plan contracted for under subsection (a) with respect
24 to any individual described in subparagraph (B) of section
25 1079(a)(20) of this title for an item or service described

1 in subparagraph (A) of such section and provided in ac-
 2 cordance with the limitations specified in such subpara-
 3 graph.”.

4 (3) EFFECTIVE DATE.—The amendments made
 5 by this subsection shall take effect on January 1,
 6 2025.

7 (e) COVERAGE AND ELIMINATION OF COST-SHARING
 8 WITH RESPECT TO VETERANS.—

9 (1) COVERAGE AND ELIMINATION OF COST-
 10 SHARING.—Subchapter II of chapter 17 of title 38,
 11 United States Code, is amended by inserting after
 12 section 1720J the following new section:

13 **“§ 1720K. Breast screenings for certain individuals at**
 14 **increased risk for breast cancer**

15 **“(a) COVERAGE OF ITEMS AND SERVICES.—**

16 **“(1) COVERAGE.—**The Secretary shall furnish
 17 to a veteran described in paragraph (2) screening
 18 and diagnostic imaging (with no limitation applied
 19 on frequency) for the detection of breast cancer, in-
 20 cluding 2D or 3D mammograms, breast ultrasounds,
 21 breast magnetic resonance imaging, molecular breast
 22 imaging, or other technologies (as determined in ac-
 23 cordance with the most recent applicable criteria or
 24 guidelines described in such paragraph) pursuant to
 25 this section.

1 “(2) ELIGIBILITY.—A veteran described in this
2 paragraph is—

3 “(A) a veteran who is at increased risk of
4 breast cancer (as determined in accordance with
5 the most recent applicable American College of
6 Radiology Appropriateness Criteria or the most
7 recent applicable guidelines of the National
8 Comprehensive Cancer Network) or with het-
9 erogeneously or extremely dense breast tissue
10 (as defined by the Breast Imaging Reporting
11 and Data System established by the American
12 College of Radiology), without regard to wheth-
13 er the veteran is enrolled in the system of an-
14 nual patient enrollment established under sec-
15 tion 1705(a) of this title; or

16 “(B) a veteran who is not described in sub-
17 paragraph (A) and who is determined by a
18 health care provider (in accordance with such
19 most recent applicable criteria or guidelines) to
20 require screening or diagnostic breast imaging
21 by reason of factors including age, race, eth-
22 nicity, or personal or family medical history,
23 without regard to whether the veteran is en-
24 rolled in the system of annual patient enroll-

1 ment established under section 1705(a) of this
2 title.

3 “(b) PROHIBITION ON COST-SHARING.—Notwith-
4 standing subsections (f) and (g) of section 1710 and sec-
5 tion 1722A of this title, the Secretary may not require
6 any veteran described in paragraph (2) of subsection (a)
7 to make any copayment for, or charge the veteran for any
8 other cost of, the receipt of any item or service furnished
9 pursuant to paragraph (1) of such subsection.”.

10 (2) CLERICAL AMENDMENT.—The table of sec-
11 tions at the beginning of such chapter is amended
12 by inserting after the item relating to section 1720J
13 the following new item:

“1720K. Breast screenings for certain individuals at increased risk for breast
cancer.”.

14 (3) EFFECTIVE DATE.—The amendments made
15 by this subsection shall take effect on January 1,
16 2025.

○