

119TH CONGRESS  
1ST SESSION

# H. R. 3037

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.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 28, 2025

Mrs. DINGELL (for herself, Mr. FITZPATRICK, and Ms. WASSERMAN SCHULTZ) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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

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## 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.

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 2025”.

4 **SEC. 2. REQUIRING DIAGNOSTIC AND SUPPLEMENTAL**  
5 **BREAST EXAMINATIONS TO BE COVERED**  
6 **WITH NO COST-SHARING REQUIREMENTS.**

7 (a) IN GENERAL.—Subpart II of part A of title  
8 XXVII of the Public Health Service Act (42 U.S.C.  
9 300gg–11 et seq.) is amended by adding at the end the  
10 following new section:

11 **“SEC. 2730. DIAGNOSTIC AND SUPPLEMENTAL BREAST EX-**  
12 **AMINATIONS.**

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

20 “(b) CONSTRUCTION.—Nothing in this section shall  
21 be construed—

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

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

5           “(c) DEFINITIONS.—In this section:

6           “(1) COST-SHARING REQUIREMENTS.—The  
7 term ‘cost-sharing requirements’ means a deductible,  
8 coinsurance, copayment, and any maximum limita-  
9 tion on the application of such a deductible, coinsur-  
10 ance, copayment or similar out-of-pocket expense.

11           “(2) DIAGNOSTIC BREAST EXAMINATION.—The  
12 term ‘diagnostic breast examination’ means a medi-  
13 cally necessary and appropriate (in accordance with  
14 National Comprehensive Cancer Network Guide-  
15 lines) examination of the breast (including, but not  
16 limited to such an examination using diagnostic  
17 mammography, breast magnetic resonance imaging,  
18 or breast ultrasound) that is—

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

22           “(B) used to evaluate an abnormality de-  
23 tected by another means of examination.

24           “(3) SUPPLEMENTAL BREAST EXAMINA-  
25 TIONS.—The term ‘supplemental breast examination’

1 means a medically necessary and appropriate (in ac-  
2 cordance with National Comprehensive Cancer Net-  
3 work Guidelines) examination of the breast (includ-  
4 ing, but not limited to such an examination using  
5 breast magnetic resonance imaging or breast  
6 ultrasound) that is—

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

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

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

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

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

21 “(v) Section 2730 (relating to cov-  
22 erage for diagnostic and supplemental  
23 breast examinations).”.

24 (c) APPLICATION TO HIGH DEDUCTIBLE HEALTH  
25 PLANS WITH HEALTH SAVINGS ACCOUNT ELIGIBILITY.—

1 Section 223(c)(2) of the Internal Revenue Code of 1986  
2 is amended by adding at the end the following:

3           “(H) SAFE HARBOR FOR ABSENCE OF DE-  
4           DUCTIBLE FOR DIAGNOSTIC AND SUPPLE-  
5           MENTAL BREAST EXAMINATIONS.—In the case  
6           of plan years beginning on or after January 1,  
7           2026, a plan shall not fail to be treated as a  
8           high deductible health plan by reason of failing  
9           to have a deductible for diagnostic and supple-  
10          mental breast examinations.”.

11          (d) EFFECTIVE DATE.—The amendments made by  
12 this section shall apply with respect to plan years begin-  
13 ning on or after January 1, 2026.

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