

119TH CONGRESS
1ST SESSION

H. R. 5813

To amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage of certain items and services relating to breast or chest wall reconstruction furnished in connection with breast cancer treatment.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 24, 2025

Mrs. CAMMACK (for herself, Mrs. DINGELL, Mrs. HINSON, Mrs. MCBATH, Mrs. KIM, Mrs. MCCLAIN DELANEY, Ms. VAN DUYNE, Ms. PEREZ, and Ms. PETTERSEN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Workforce, 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 amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage of certain items and services relating to breast or chest wall reconstruction furnished in connection with breast cancer treatment.

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 “Women’s Health and
5 Cancer Rights Modernization Act of 2025”.

6 **SEC. 2. REQUIRING COVERAGE OF CERTAIN ITEMS AND**
7 **SERVICES RELATING TO BREAST OR CHEST**
8 **WALL RECONSTRUCTION FURNISHED IN CON-**
9 **NECTION WITH BREAST CANCER TREAT-**
10 **MENT.**

11 (a) PHSA.—

12 (1) IN GENERAL.—Part D of title XXVII of the
13 Public Health Service Act (42 U.S.C. 300gg–111 et
14 seq.) is amended by adding at the end the following
15 new section:

16 **“SEC. 2799A–11. REQUIRED COVERAGE FOR CERTAIN ITEMS**
17 **AND SERVICES RELATING TO BREAST OR**
18 **CHEST WALL RECONSTRUCTION FURNISHED**
19 **IN CONNECTION WITH BREAST CANCER**
20 **TREATMENT.**

21 “(a) IN GENERAL.—A group health plan, and a
22 health insurance issuer offering group or individual health
23 insurance coverage, that provides medical and surgical
24 benefits with respect to the treatment of breast cancer
25 shall provide, in the case of a participant or beneficiary

1 who is receiving such treatment and who elects breast or
2 chest wall reconstruction in connection with such treat-
3 ment, coverage for—

4 “(1) extirpation or medical treatment of dis-
5 eased or damaged breast tissue, including mastec-
6 tomy and all forms of breast-conserving surgery;

7 “(2) each modality of breast reconstruction, in-
8 cluding—

9 “(A) implant-based reconstruction;

10 “(B) tissue-based reconstruction; and

11 “(C) any reconstruction modalities that are
12 developed subsequent to the date of the enact-
13 ment of this subsection and recognized within
14 Level I of the Healthcare Common Procedure
15 Coding System;

16 “(3) within each modality specified in para-
17 graph (2), each type of breast reconstruction, includ-
18 ing—

19 “(A) immediate implant-based reconstruc-
20 tion;

21 “(B) delayed implant-based reconstruction;

22 “(C) myocutaneous flap tissue-based recon-
23 struction;

1 “(D) microvascular free flap tissue-based
2 reconstruction; structural fat grafting tissue-
3 based reconstruction;

4 “(E) combined implant- and tissue-based
5 reconstruction; and

6 “(F) any type of reconstruction that is de-
7 veloped subsequent to the effective date of this
8 act and incorporated within Level I of the
9 Healthcare Common Procedure Coding System;

10 “(4) within each type of breast reconstruction
11 specified in paragraph (3), each procedural vari-
12 ation, iteration, or approach that is noted within the
13 short descriptor or the description for the
14 Healthcare Common Procedure Coding System Level
15 I code covering the type of reconstruction;

16 “(5) all stages of reconstruction of the breast or
17 chest wall on which a mastectomy or breast-con-
18 serving surgery has been performed, including flat
19 closure;

20 “(6) surgery and reconstruction of the other
21 breast or chest wall to produce a symmetrical ap-
22 pearance;

23 “(7) custom fabricated breast prostheses, in-
24 cluding replacement of such prostheses; and

1 “(8) mechanical, medical, and surgical treat-
2 ment of physical complications of mastectomy,
3 breast reconstruction surgery, chest wall surgery, ra-
4 diation, and lymph node surgery, including
5 lymphedema compression treatment items (as such
6 term is defined in section 1861(mmm) of the Social
7 Security Act but without regard to the requirement
8 in paragraph (1) of such section that such an item
9 be furnished on or after January 1, 2024).

10 “(b) MANNER OF COVERAGE.—Coverage described in
11 subsection (a) shall be provided in a manner determined
12 in consultation with the attending physician and the pa-
13 tient and for which the patient is a medical candidate.
14 Such coverage may be subject to annual deductibles and
15 coinsurance provisions as are consistent with those estab-
16 lished for other benefits under the plan or coverage. Writ-
17 ten notice of the availability of such coverage shall be de-
18 livered to the participant upon enrollment and annually
19 thereafter.

20 “(c) IN-NETWORK ACCESS.—A group health plan
21 and a health insurance issuer offering group or individual
22 health insurance coverage shall ensure that at least 1 in-
23 network provider is available under such plan or coverage
24 with respect to each modality, type of reconstruction, and

1 procedural variation, iteration, and approach described in
2 subsection (a).

3 “(d) NOTICE.—A group health plan, and a health in-
4 surance issuer offering group or individual health insur-
5 ance coverage, shall provide notice to each individual en-
6 rolled under such plan regarding the coverage required by
7 this section in accordance with regulations promulgated
8 by the Secretary. Such notice shall be in writing and
9 prominently positioned in any literature or correspondence
10 made available or distributed by the plan or issuer and
11 shall be transmitted—

12 “(1) upon such individual’s enrollment in such
13 plan or coverage; and

14 “(2) as part of any yearly informational packet
15 sent to the individual thereafter.

16 “(e) PROHIBITIONS.—A group health plan, and a
17 health insurance issuer offering group or individual health
18 insurance coverage, may not—

19 “(1) deny to a patient eligibility, or continued
20 eligibility, to enroll or to renew coverage under the
21 terms of the plan, solely for the purpose of avoiding
22 the requirements of this section; and

23 “(2) penalize or otherwise reduce or limit the
24 reimbursement of an attending provider, or provide
25 incentives (monetary or otherwise) to an attending

1 provider, to induce such provider to provide care to
2 an individual participant or beneficiary in a manner
3 inconsistent with this section or with generally ac-
4 cepted standards of medical practice.

5 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-
6 tion shall be construed to prevent a group health plan or
7 a health insurance issuer offering group or individual
8 health insurance coverage from negotiating the level and
9 type of reimbursement with a provider for care provided
10 in accordance with this section.

11 “(g) PREEMPTION.—Nothing in this section shall be
12 construed to preempt any State law with respect to health
13 insurance coverage that requires coverage of at least the
14 coverage of breast cancer care otherwise required under
15 this section.”.

16 (2) CONFORMING AMENDMENT.—Section 2727
17 of the Public Health Service Act (42 U.S.C. 300gg–
18 27) is amended by adding at the end the following
19 new sentence: “The preceding sentence shall not
20 apply with respect to plan years beginning on or
21 after the date of the enactment of this sentence.”.

22 (b) ERISA.—

23 (1) IN GENERAL.—Section 713 of the Employee
24 Retirement Income Security Act of 1974 (29 U.S.C.
25 1185b) is amended—

1 (A) in the header, by striking “**RECON-**
 2 **STRUCTIVE SURGERY FOLLOWING**
 3 **MASTECTOMIES**” and inserting “**CERTAIN**
 4 **ITEMS AND SERVICES RELATING TO**
 5 **BREAST OR CHEST WALL RECONSTRUC-**
 6 **TION FURNISHED IN CONNECTION WITH**
 7 **BREAST CANCER TREATMENT**”;

8 (B) by amending subsection (a) to read as
 9 follows:

10 “(a) IN GENERAL.—A group health plan, and a
 11 health insurance issuer providing health insurance cov-
 12 erage in connection with a group health plan, that provides
 13 medical and surgical benefits with respect to the treatment
 14 of breast cancer shall provide, in the case of a participant
 15 or beneficiary who is receiving such treatment and who
 16 elects breast or chest wall reconstruction in connection
 17 with such treatment, coverage for—

18 “(1) extirpation or medical treatment of dis-
 19 eased or damaged breast tissue, including mastec-
 20 tomy and all forms of breast-conserving surgery;

21 “(2) each modality of breast reconstruction, in-
 22 cluding—

23 “(A) implant-based reconstruction;

24 “(B) tissue-based reconstruction; and

1 “(C) any reconstruction modalities that are
2 developed subsequent to the date of the enact-
3 ment of this subsection and recognized within
4 Level I of the Healthcare Common Procedure
5 Coding System;

6 “(3) within each modality specified in para-
7 graph (2), each type of breast reconstruction, includ-
8 ing—

9 “(A) immediate implant-based reconstruc-
10 tion;

11 “(B) delayed implant-based reconstruction;

12 “(C) myocutaneous flap tissue-based recon-
13 struction;

14 “(D) microvascular free flap tissue-based
15 reconstruction; structural fat grafting tissue-
16 based reconstruction;

17 “(E) combined implant- and tissue-based
18 reconstruction; and

19 “(F) any type of reconstruction that is de-
20 veloped subsequent to the effective date of this
21 act and incorporated within Level I of the
22 Healthcare Common Procedure Coding System;

23 “(4) within each type of breast reconstruction
24 specified in paragraph (3), each procedural vari-
25 ation, iteration, or approach that is noted within the

1 short descriptor or the description for the
2 Healthcare Common Procedure Coding System Level
3 I code covering the type of reconstruction;

4 “(5) all stages of reconstruction of the breast or
5 chest wall on which a mastectomy or breast-con-
6 serving surgery has been performed, including flat
7 closure;

8 “(6) surgery and reconstruction of the other
9 breast or chest wall to produce a symmetrical ap-
10 pearance;

11 “(7) custom fabricated breast prostheses, in-
12 cluding replacement of such prostheses; and

13 “(8) mechanical, medical, and surgical treat-
14 ment of physical complications of mastectomy,
15 breast reconstruction surgery, chest wall surgery, ra-
16 diation, and lymph node surgery, including
17 lymphedema compression treatment items (as such
18 term is defined in section 1861(mmm) of the Social
19 Security Act but without regard to the requirement
20 in paragraph (1) of such section that such an item
21 be furnished on or after January 1, 2024).”;

22 (C) by redesignating subsections (b)
23 through (e) as subsections (d) through (g), re-
24 spectively;

1 (D) by inserting after subsection (a) the
2 following new subsections:

3 “(b) MANNER OF COVERAGE.—Coverage described in
4 subsection (a) shall be provided in a manner determined
5 in consultation with the attending physician and the pa-
6 tient and for which the patient is a medical candidate.
7 Such coverage may be subject to annual deductibles and
8 coinsurance provisions as are consistent with those estab-
9 lished for other benefits under the plan or coverage. Writ-
10 ten notice of the availability of such coverage shall be de-
11 livered to the participant upon enrollment and annually
12 thereafter.

13 “(c) IN-NETWORK ACCESS.—A group health plan
14 and a health insurance issuer offering group health insur-
15 ance coverage shall ensure that at least 1 in-network pro-
16 vider is available under such plan or coverage with respect
17 to each modality, type of reconstruction, and procedural
18 variation, iteration, and approach described in subsection
19 (a).”;

20 (E) in subsection (d), as so redesignated,
21 by striking paragraphs (1) through (3) and in-
22 serting the following new paragraphs:

23 “(1) upon such participant or beneficiary’s en-
24 rollment in such plan or coverage; and

1 “(2) as part of any yearly informational packet
2 sent to the participant or beneficiary thereafter.”;

3 (F) in subsection (e)(2), as so redesign-
4 nated, by inserting “or with generally accepted
5 standards of medical practice” before the pe-
6 riod; and

7 (G) in subsection (g)(1), as so redesign-
8 nated—

9 (i) by striking “in effect on the date
10 of enactment of this section”; and

11 (ii) by striking “reconstructive breast
12 surgery” and inserting “breast cancer
13 care”.

14 (2) CLERICAL AMENDMENT.—The table of con-
15 tents in section 1 of the Employee Retirement In-
16 come Security Act of 1974 (29 U.S.C. 1001 note) is
17 amended to read as follows:

“Sec. 713. Required coverage of certain items and services relating to breast
or chest wall reconstruction furnished in connection with breast
cancer treatment.”.

18 (c) IRC.—

19 (1) IN GENERAL.—Subchapter B of chapter
20 100 of the Internal Revenue Code of 1986 is amend-
21 ed by adding at the end the following new section:

1 **“SEC. 9826. REQUIRED COVERAGE FOR CERTAIN ITEMS**
2 **AND SERVICES RELATING TO BREAST OR**
3 **CHEST WALL RECONSTRUCTION FURNISHED**
4 **IN CONNECTION WITH BREAST CANCER**
5 **TREATMENT.**

6 “(a) IN GENERAL.—A group health plan that pro-
7 vides medical and surgical benefits with respect to the
8 treatment of breast cancer shall provide, in the case of
9 a participant or beneficiary who is receiving such treat-
10 ment and who elects breast or chest wall reconstruction
11 in connection with such treatment, coverage for—

12 “(1) extirpation or medical treatment of dis-
13 eased or damaged breast tissue, including mastec-
14 tomy and all forms of breast-conserving surgery;

15 “(2) each modality of breast reconstruction, in-
16 cluding—

17 “(A) implant-based reconstruction;

18 “(B) tissue-based reconstruction; and

19 “(C) any reconstruction modalities that are
20 developed subsequent to the date of the enact-
21 ment of this subsection and recognized within
22 Level I of the Healthcare Common Procedure
23 Coding System;

24 “(3) within each modality specified in para-
25 graph (2), each type of breast reconstruction, includ-
26 ing—

- 1 “(A) immediate implant-based reconstruc-
2 tion;
3 “(B) delayed implant-based reconstruction;
4 “(C) myocutaneous flap tissue-based recon-
5 struction;
6 “(D) microvascular free flap tissue-based
7 reconstruction; structural fat grafting tissue-
8 based reconstruction;
9 “(E) combined implant- and tissue-based
10 reconstruction; and
11 “(F) any type of reconstruction that is de-
12 veloped subsequent to the effective date of this
13 act and incorporated within Level I of the
14 Healthcare Common Procedure Coding System;
15 “(4) within each type of breast reconstruction
16 specified in paragraph (3), each procedural vari-
17 ation, iteration, or approach that is noted within the
18 short descriptor or the description for the
19 Healthcare Common Procedure Coding System Level
20 I code covering the type of reconstruction;
21 “(5) all stages of reconstruction of the breast or
22 chest wall on which a mastectomy or breast-con-
23 serving surgery has been performed, including flat
24 closure;

1 “(6) surgery and reconstruction of the other
2 breast or chest wall to produce a symmetrical ap-
3 pearance;

4 “(7) custom fabricated breast prostheses, in-
5 cluding replacement of such prostheses; and

6 “(8) mechanical, medical, and surgical treat-
7 ment of physical complications of mastectomy,
8 breast reconstruction surgery, chest wall surgery, ra-
9 diation, and lymph node surgery, including
10 lymphedema compression treatment items (as such
11 term is defined in section 1861(mmm) of the Social
12 Security Act but without regard to the requirement
13 in paragraph (1) of such section that such an item
14 be furnished on or after January 1, 2024).

15 “(b) MANNER OF COVERAGE.—Coverage described in
16 subsection (a) shall be provided in a manner determined
17 in consultation with the attending physician and the pa-
18 tient and for which the patient is a medical candidate.
19 Such coverage may be subject to annual deductibles and
20 coinsurance provisions as are consistent with those estab-
21 lished for other benefits under the plan. Written notice
22 of the availability of such coverage shall be delivered to
23 the participant or beneficiary upon enrollment and annu-
24 ally thereafter.

1 “(c) IN-NETWORK ACCESS.—A group health plan
2 shall ensure that at least 1 in-network provider is available
3 under such plan with respect to each modality, type of
4 reconstruction, and procedural variation, iteration, and
5 approach described in subsection (a).

6 “(d) NOTICE.—A group health plan shall provide no-
7 tice to each participant and beneficiary under such plan
8 regarding the coverage required by this section in accord-
9 ance with regulations promulgated by the Secretary. Such
10 notice shall be in writing and prominently positioned in
11 any literature or correspondence made available or distrib-
12 uted by the plan or issuer and shall be transmitted—

13 “(1) upon such participant or beneficiary’s en-
14 rollment in such plan; and

15 “(2) as part of any yearly informational packet
16 sent to the participant or beneficiary thereafter.

17 “(e) PROHIBITIONS.—A group health plan may not—

18 “(1) deny to a patient eligibility, or continued
19 eligibility, to enroll or to renew coverage under the
20 terms of the plan, solely for the purpose of avoiding
21 the requirements of this section; and

22 “(2) penalize or otherwise reduce or limit the
23 reimbursement of an attending provider, or provide
24 incentives (monetary or otherwise) to an attending
25 provider, to induce such provider to provide care to

1 an individual participant or beneficiary in a manner
 2 inconsistent with this section or with generally ac-
 3 cepted standards of medical practice.

4 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-
 5 tion shall be construed to prevent a group health plan
 6 from negotiating the level and type of reimbursement with
 7 a provider for care provided in accordance with this sec-
 8 tion.

9 “(g) PREEMPTION.—Nothing in this section shall be
 10 construed to preempt any State law with respect to health
 11 insurance coverage that requires coverage of at least the
 12 coverage of breast cancer care otherwise required under
 13 this section.”.

14 (2) CLERICAL AMENDMENT.—The table of sec-
 15 tions for such subchapter is amended by inserting
 16 after the entry relating to section 9825 the fol-
 17 lowing:

“Sec. 9826. Required coverage for certain items and services relating to breast
 or chest wall reconstruction furnished in connection with breast
 cancer treatment.”.

18 (d) REPORT.—Not later than 1 year after the date
 19 of the enactment of this Act, the Comptroller General of
 20 the United States shall submit to the appropriate commit-
 21 tees of Congress a report describing any gaps or barriers
 22 in access to breast reconstruction, including microsurgical
 23 breast reconstruction.

24 (e) EFFECTIVE DATE.—

1 (1) IN GENERAL.—The amendments made by
2 this section shall apply to plan years beginning on
3 or after the date of the enactment of this Act.

4 (2) SPECIAL RULE FOR COLLECTIVE BAR-
5 GAINING AGREEMENTS.—In the case of a group
6 health plan maintained pursuant to 1 or more collec-
7 tive bargaining agreements between employee rep-
8 resentatives and 1 or more employers, any plan
9 amendment made pursuant to a collective bargaining
10 agreement relating to the plan which amends the
11 plan solely to conform to any requirement added by
12 this section shall not be treated as a termination of
13 such collective bargaining agreement.

○