

119TH CONGRESS
1ST SESSION

H. R. 6182

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

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 20, 2025

Ms. DELAURO (for herself, Mr. FITZPATRICK, Mr. MURPHY, Mr. LANDSMAN, Mrs. BEATTY, Ms. VELÁZQUEZ, Ms. SIMON, Mr. DOGGETT, Mr. QUIGLEY, Mr. NADLER, Mr. TONKO, Mr. LARSON of Connecticut, Ms. HOULAHAN, Mr. SCHNEIDER, Ms. SCHOLTEN, Ms. SEWELL, Mr. CASTEN, Ms. CHU, Mr. BRESNAHAN, Mr. POCAN, Ms. SCHAKOWSKY, Ms. CASTOR of Florida, Mr. GOLDMAN of New York, Mrs. HAYES, Ms. MATSUI, Ms. JAYAPAL, Mr. LAWLER, Mr. GOTTHEIMER, Mr. BISHOP, Mrs. WATSON COLEMAN, Mr. COHEN, Ms. NORTON, Ms. LEE of Pennsylvania, Ms. VAN DUYN, Mr. COSTA, Ms. WASSERMAN SCHULTZ, Mrs. MCCLAIN DELANEY, Ms. STEVENS, Mr. HIMES, Mr. THANEDAR, Mrs. TRAHAN, and Mr. DELUZIO) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Workforce, Armed Services, and Veterans' Affairs, 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 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Find It Early Act”.

3 **SEC. 2. COVERAGE WITH NO COST-SHARING FOR ADDI-**
 4 **TIONAL BREAST SCREENINGS FOR CERTAIN**
 5 **INDIVIDUALS AT GREATER RISK FOR BREAST**
 6 **CANCER.**

7 (a) COVERAGE UNDER GROUP HEALTH PLANS AND
 8 GROUP AND INDIVIDUAL HEALTH INSURANCE COV-
 9 ERAGE.—

10 (1) PHSA.—

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

15 **“SEC. 2799A–11. COVERAGE OF BREAST SCREENINGS FOR**
 16 **CERTAIN INDIVIDUALS AT INCREASED RISK**
 17 **FOR BREAST CANCER.**

18 “With respect to plan years beginning on or after
 19 anuary 1, 2026, a group health plan or health insurance
 20 issuer offering group or individual health insurance cov-
 21 erage shall provide coverage and shall not impose any cost
 22 sharing requirements for—

23 “(1) with respect to an individual who is at in-
 24 creased risk of breast cancer (as determined in ac-
 25 cordance with the most recent applicable American
 26 College of Radiology Appropriateness Criteria or the

1 most recent applicable guidelines of the National
2 Comprehensive Cancer Network) or with hetero-
3 geneously or extremely dense breast tissue (as de-
4 fined by the Breast Imaging Reporting and Data
5 System established by the American College of Radi-
6 ology), screening and diagnostic imaging for the de-
7 tection of breast cancer, including 2D or 3D mam-
8 mograms, breast ultrasounds, breast magnetic reso-
9 nance imaging, molecular breast imaging, contrast-
10 enhanced mammography, or other technologies (as
11 determined in accordance with such applicable cri-
12 teria or guidelines), furnished at such frequency as
13 is recommended in guidelines set forth by the Na-
14 tional Comprehensive Cancer Network; and

15 “(2) with respect to an individual who is not
16 described in paragraph (1) and who is determined by
17 a health care provider (in accordance with such most
18 recent applicable criteria or guidelines) to require
19 screening or diagnostic breast imaging by reason of
20 factors, including age, race, ethnicity, or personal or
21 family medical history, screening and diagnostic im-
22 aging for the detection of breast cancer, including
23 2D or 3D mammograms, breast ultrasounds, breast
24 magnetic resonance imaging, molecular breast imag-
25 ing, contrast-enhanced mammography, or other tech-

nologies (as determined in accordance with such applicable criteria or guidelines), furnished at such frequency as is recommended in guidelines set forth by the National Comprehensive Cancer Network.”.

(B) APPLICATION TO GRANDFATHERED HEALTH PLANS.—Section 1251(a)(5) of the Patient Protection and Affordable Care Act (42 U.S.C. 18011(a)(5)) is amended by inserting “, and section 2799A–11 of such Act shall apply to grandfathered health plans for plan years beginning on or after January 1, 2026” after “January 1, 2022”.

(2) ERISA.—

(A) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.) is amended by adding at the end the following new section:

“SEC. 726. COVERAGE OF BREAST SCREENINGS FOR CERTAIN INDIVIDUALS AT INCREASED RISK FOR BREAST CANCER.

“With respect to plan years beginning on or after January 1, 2026, a group health plan or health insurance issuer offering group health insurance coverage shall pro-

1 vide coverage and shall not impose any cost sharing re-
2 quirements for—

3 “(1) with respect to an individual who is at in-
4 creased risk of breast cancer (as determined in ac-
5 cordance with the most recent applicable American
6 College of Radiology Appropriateness Criteria or the
7 most recent applicable guidelines of the National
8 Comprehensive Cancer Network) or with hetero-
9 geneously or extremely dense breast tissue (as de-
10 fined by the Breast Imaging Reporting and Data
11 System established by the American College of Radi-
12 ology), screening and diagnostic imaging 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, contrast-
16 enhanced mammography, or other technologies (as
17 determined in accordance with such applicable cri-
18 teria or guidelines), furnished at such frequency as
19 is recommended in guidelines set forth by the Na-
20 tional Comprehensive Cancer Network; and

21 “(2) with respect to an individual who is not
22 described in paragraph (1) and who is determined by
23 a health care provider (in accordance with such most
24 recent applicable criteria or guidelines) to require
25 screening or diagnostic breast imaging by reason of

1 factors, including age, race, ethnicity, or personal or
2 family medical history, screening and diagnostic im-
3 aging for the detection of breast cancer, including
4 2D or 3D mammograms, breast ultrasounds, breast
5 magnetic resonance imaging, molecular breast imag-
6 ing, contrast-enhanced mammography, or other tech-
7 nologies (as determined in accordance with such ap-
8 plicable criteria or guidelines), furnished at such fre-
9 quency as is recommended in guidelines set forth by
10 the National Comprehensive Cancer Network.”.

11 (B) CLERICAL AMENDMENT.—The table of
12 contents in section 1 of the Employee Retire-
13 ment Income Security Act of 1974 (29 U.S.C.
14 1001 note) is amended by inserting after the
15 item relating to section 725 the following new
16 item:

“Sec. 726. Coverage of breast screenings for certain individuals at increased
risk for breast cancer.”.

17 (3) IRC.—

18 (A) IN GENERAL.—Subchapter B of chap-
19 ter 100 of the Internal Revenue Code of 1986
20 is amended by adding at the end the following
21 new section:

1 **“SEC. 9826. COVERAGE OF BREAST SCREENINGS FOR CER-**
2 **TAIN INDIVIDUALS AT INCREASED RISK FOR**
3 **BREAST CANCER.**

4 “With respect to plan years beginning on or after
5 January 1, 2026, a group health plan shall provide cov-
6 erage and shall not impose any cost sharing requirements
7 for—

8 “(1) with respect to an individual who is at in-
9 creased risk of breast cancer (as determined in ac-
10 cordance with the most recent applicable American
11 College of Radiology Appropriateness Criteria or the
12 most recent applicable guidelines of the National
13 Comprehensive Cancer Network) or with hetero-
14 geneously or extremely dense breast tissue (as de-
15 fined by the Breast Imaging Reporting and Data
16 System established by the American College of Radi-
17 ology), screening and diagnostic imaging for the de-
18 tection of breast cancer, including 2D or 3D mam-
19 mograms, breast ultrasounds, breast magnetic reso-
20 nance imaging, molecular breast imaging, contrast-
21 enhanced mammography, or other technologies (as
22 determined in accordance with such applicable cri-
23 teria or guidelines), furnished at such frequency as
24 is recommended in guidelines set forth by the Na-
25 tional Comprehensive Cancer Network; and

1 “(2) with respect to an individual who is not
 2 described in paragraph (1) and who is determined by
 3 a health care provider (in accordance with such most
 4 recent applicable criteria or guidelines) to require
 5 screening or diagnostic breast imaging by reason of
 6 factors, including age, race, ethnicity, or personal or
 7 family medical history, screening and diagnostic im-
 8 aging for the detection of breast cancer, including
 9 2D or 3D mammograms, breast ultrasounds, breast
 10 magnetic resonance imaging, molecular breast imag-
 11 ing, contrast-enhanced mammography, or other tech-
 12 nologies (as determined in accordance with such ap-
 13 plicable criteria or guidelines), furnished at such fre-
 14 quency as is recommended in guidelines set forth by
 15 the National Comprehensive Cancer Network.”.

16 (B) CLERICAL AMENDMENT.—The table of
 17 sections for subchapter B of chapter 100 of
 18 such Code is amended by adding at the end the
 19 following new item:

“Sec. 9826. Coverage of breast screenings for certain individuals at increased
 risk for breast cancer.”.

20 (b) COVERAGE UNDER MEDICARE.—

21 (1) IN GENERAL.—Section 1861(ddd)(1)(B) of
 22 the Social Security Act (42 U.S.C.
 23 1395x(ddd)(1)(B)) is amended—

1 (A) by striking “(B) recommended” and
2 inserting “(B)(i) recommended”;

3 (B) by striking “Task Force; and” and in-
4 serting “Task Force; or”; and

5 (C) by adding at the end the following new
6 clause:

7 “(ii) with respect services furnished on or after
8 January 1, 2026, screening and diagnostic imaging
9 for the detection of breast cancer, including 2D or
10 3D mammograms, breast ultrasounds, breast mag-
11 netic resonance imaging, molecular breast imaging,
12 contrast-enhanced mammography, or other tech-
13 nologies (as determined in accordance with the most
14 recent applicable American College of Radiology Ap-
15 propriateness Criteria or the most recent applicable
16 guidelines of the National Comprehensive Cancer
17 Network), furnished not more frequently than is rec-
18 ommended in guidelines set forth by the National
19 Comprehensive Cancer Network to—

20 “(I) an individual who is at increased risk
21 of breast cancer (as determined in accordance
22 with such applicable criteria or guidelines) or
23 with heterogeneously or extremely dense breast
24 tissue (as defined by the Breast Imaging Re-

1 porting and Data System established by the
 2 American College of Radiology); or

3 “(II) an individual who is not described in
 4 subclause (I) and who is determined by a health
 5 care provider (in accordance with such most re-
 6 cent applicable criteria or guidelines) to require
 7 such screening or diagnostic breast imaging by
 8 reason of factors determined by the Secretary,
 9 including age, race, ethnicity, or personal or
 10 family medical history; and”.

11 (2) APPLICATION OF NO COST-SHARING UNDER
 12 MEDICARE ADVANTAGE PLANS.—Section
 13 1852(a)(1)(B) of the Social Security Act (42 U.S.C.
 14 1395w–22(a)(1)(B)) is amended—

15 (A) in clause (iv)—

16 (i) by redesignating subclause (VIII)
 17 as subclause (IX); and

18 (ii) by inserting after subclause (VII)
 19 the following:

20 “(VIII) Beginning on January 1,
 21 2026, screening and diagnostic imag-
 22 ing and other technologies described
 23 in section 1861(ddd)(1)(B)(ii) fur-
 24 nished not more frequently than is
 25 recommended in guidelines set forth

1 by the National Comprehensive Can-
2 cer Network to an individual described
3 in such section.”; and

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

6 (c) COVERAGE UNDER MEDICAID.—

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

10 (A) in paragraph (4)—

11 (i) by striking “; and (D)” and insert-
12 ing “; (D)”;

13 (ii) by striking “; and (E)” and in-
14 serting “; (E)”;

15 (iii) by striking “; and (F)” and in-
16 serting “; (F)”;

17 (iv) by inserting before the semicolon
18 at the end the following: “; and (G)(i) with
19 respect to an individual who is at increased
20 risk of breast cancer (as determined in ac-
21 cordance with the most recent applicable
22 American College of Radiology Appro-
23 priateness Criteria or the most recent ap-
24 plicable guidelines of the National Com-
25 prehensive Cancer Network) or with het-

erogeneously or extremely dense breast tissue (as defined by the Breast Imaging Reporting and Data System established by the American College of Radiology), in addition to any other item or service described in this subsection, screening and diagnostic imaging for the detection of breast cancer, including 2D or 3D mammograms, breast ultrasounds, breast magnetic resonance imaging, molecular breast imaging, contrast-enhanced mammography, or other technologies (as determined in accordance with such applicable criteria or guidelines) furnished not more frequently than is recommended in guidelines set forth by the National Comprehensive Cancer Network; 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 imag-

ing for the detection of breast cancer, including 2D or 3D mammograms, breast ultrasounds, breast magnetic resonance imaging, molecular breast imaging, contrast-enhanced mammography, or other technologies (as determined in accordance with such applicable criteria or guidelines) furnished not more frequently than is recommended in guidelines set forth by the National Comprehensive Cancer Network”; 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.—Section 1916 of the Social Security Act (42 U.S.C. 1396o) is amended—

(i) in subsection (a)(2)—

(I) in subparagraph (I), by striking “or” at the end;

1 (II) in subparagraph (J), by
2 striking at the end “; and” and in-
3 serting “, or”; and

4 (III) by adding at the end the
5 following subparagraph:

6 “(K) screening and diagnostic imaging and
7 other technologies described in clause (i) or (ii)
8 of section 1904(a)(4)(G) furnished not more
9 frequently than is recommended in guidelines
10 set forth by the National Comprehensive Cancer
11 Network to an individual described in such
12 clause (i) or (ii), respectively; and”; and

13 (ii) in subsection (b)(2)—

14 (I) in subparagraph (I), by strik-
15 ing “or” at the end;

16 (II) in subparagraph (J), by
17 striking at the end “; and” and in-
18 serting “, or”; and

19 (III) by adding at the end the
20 following subparagraph:

21 “(K) screening and diagnostic imaging and
22 other technologies described in clause (i) or (ii)
23 of section 1904(a)(4)(G) furnished not more
24 frequently than is recommended in guidelines
25 set forth by the National Comprehensive Cancer

1 Network to an individual described in such
2 clause (i) or (ii), respectively; and”.

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

8 “(xv) Screening and diagnostic imag-
9 ing and other technologies described in
10 clause (i) or (ii) of section 1904(a)(4)(G)
11 furnished not more frequently than is rec-
12 ommended in guidelines set forth by the
13 National Comprehensive Cancer Network
14 to an individual described in such clause
15 (i) or (ii), respectively.”.

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

20 “(9) COVERAGE OF CERTAIN BREAST CANCER
21 SCREENING AND DIAGNOSTIC IMAGING FOR CERTAIN
22 INDIVIDUALS.—Notwithstanding the previous provi-
23 sions of this section, a State may not provide for
24 medical assistance through enrollment of an indi-
25 vidual with benchmark coverage or benchmark-equiv-

1 alent coverage under this section unless such cov-
2 erage includes medical assistance for screening and
3 diagnostic imaging and other technologies described
4 in clause (i) or (ii) of section 1904(a)(4)(G) fur-
5 nished at such frequency as is recommended in
6 guidelines set forth by the National Comprehensive
7 Cancer Network to an individual described in such
8 clause (i) or (ii), respectively.”.

9 (4) EFFECTIVE DATE.—

10 (A) IN GENERAL.—Except as provided in
11 subparagraph (B), the amendments made by
12 this subsection shall take effect on January 1,
13 2026.

14 (B) DELAY PERMITTED IF STATE LEGISLA-
15 TION REQUIRED.—In the case of a State plan
16 approved under title XIX of the Social Security
17 Act which the Secretary of Health and Human
18 Services determines requires State legislation
19 (other than legislation appropriating funds) in
20 order for the plan to meet the additional re-
21 quirements imposed by this section, the State
22 plan shall not be regarded as failing to comply
23 with the requirements of such title solely on the
24 basis of the failure of the plan to meet such ad-
25 ditional requirements before the first day of the

1 first calendar quarter beginning after the close
2 of the first regular session of the State legisla-
3 ture that ends after the 1-year period beginning
4 with the date of the enactment of this section.
5 For purposes of the preceding sentence, in the
6 case of a State that has a 2-year legislative ses-
7 sion, each year of the session is deemed to be
8 a separate regular session of the State legisla-
9 ture.

10 (d) COVERAGE AND ELIMINATION OF COST-SHARING
11 UNDER TRICARE.—

12 (1) COVERAGE.—Title 10, United States Code,
13 is amended—

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

16 “(3) Any member or former member of the uniformed
17 services who is entitled to medical care under section 1074
18 or 1074a of this title and is an individual described in
19 subparagraph (B) of section 1079(a)(20) of this title shall
20 also be entitled to the items and services described in sub-
21 paragraph (A) of such section (subject to the same limita-
22 tions specified in such subparagraph), as part of such
23 medical care.”; and

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

1 “(21)(A) Screening and diagnostic imaging for
2 the detection of breast cancer, including 2D or 3D
3 mammograms, breast ultrasounds, breast magnetic
4 resonance imaging, molecular breast imaging, con-
5 trast-enhanced mammography, or other technologies
6 (as determined in accordance with the most recent
7 applicable criteria or guidelines described in sub-
8 paragraph (B)), shall be provided at such frequency
9 as is recommended in guidelines set forth by the Na-
10 tional Comprehensive Cancer Network if the patient
11 is an individual described in subparagraph (B).

12 “(B) An individual described in this subpara-
13 graph is—

14 “(i) an individual who is at increased risk
15 of breast cancer (as determined in accordance
16 with the most recent applicable American Col-
17 lege of Radiology Appropriateness Criteria or
18 the most recent applicable guidelines of the Na-
19 tional Comprehensive Cancer Network) or with
20 heterogeneously or extremely dense breast tis-
21 sue (as defined by the Breast Imaging Report-
22 ing and Data System established by the Amer-
23 ican College of Radiology); or

24 “(ii) an individual who is not described in
25 clause (i) and who is determined by a health

1 care provider (in accordance with such most re-
2 cent applicable criteria or guidelines) to require
3 screening or diagnostic breast imaging by rea-
4 son of factors including age, race, ethnicity, or
5 personal or family medical history.”.

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

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

10 “(e) ELIMINATION OF COST-SHARING FOR CERTAIN
11 BREAST CANCER-RELATED ITEMS AND SERVICES.—Not-
12 withstanding any other provision of this section, cost-shar-
13 ing requirements may not be imposed or collected with re-
14 spect to any beneficiary enrolled in TRICARE Prime for
15 any item or service described in subparagraph (A) of sec-
16 tion 1079(a)(20) of this title provided under TRICARE
17 Prime, in accordance with the limitations specified in such
18 subparagraph, if the beneficiary is an individual described
19 in subparagraph (B) of such section.”;

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

22 “(4) Notwithstanding any other provision of
23 this section, cost-sharing requirements may not be
24 imposed or collected with respect to any beneficiary
25 enrolled in TRICARE Select for any item or service

1 described in subparagraph (A) of section
2 1079(a)(20) of this title provided under TRICARE
3 Select, in accordance with the limitations specified in
4 such subparagraph, if the beneficiary is an indi-
5 vidual described in subparagraph (B) of such sec-
6 tion.”; and

7 (C) in section 1086, by adding at the end
8 the following new subsection:

9 “(j) Notwithstanding any other provision of this sec-
10 tion, cost-sharing may not be imposed or collected under
11 a plan contracted for under subsection (a) with respect
12 to any individual described in subparagraph (B) of section
13 1079(a)(20) of this title for an item or service described
14 in subparagraph (A) of such section and provided in ac-
15 cordance with the limitations specified in such subpara-
16 graph.”.

17 (3) EFFECTIVE DATE.—The amendments made
18 by this subsection shall take effect on January 1,
19 2026.

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

22 (1) COVERAGE AND ELIMINATION OF COST-
23 SHARING.—Subchapter II of chapter 17 of title 38,
24 United States Code, is amended by inserting after
25 section 1720L the following new section:

1 **“§ 1720M. Breast screenings for certain individuals at**
2 **increased risk for breast cancer**

3 “(a) COVERAGE OF ITEMS AND SERVICES.—

4 “(1) COVERAGE.—The Secretary shall furnish
5 to a veteran described in paragraph (2) screening
6 and diagnostic imaging for the detection of breast
7 cancer, including 2D or 3D mammograms, breast
8 ultrasounds, breast magnetic resonance imaging,
9 molecular breast imaging, contrast-enhanced mam-
10 mography, or other technologies (as determined in
11 accordance with the most recent applicable criteria
12 or guidelines described in such paragraph) at such
13 frequency as is recommended in guidelines set forth
14 by the National Comprehensive Cancer Network
15 pursuant to this section.

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

18 “(A) a veteran who is at increased risk of
19 breast cancer (as determined in accordance with
20 the most recent applicable American College of
21 Radiology Appropriateness Criteria or the most
22 recent applicable guidelines of the National
23 Comprehensive Cancer Network) or with het-
24 erogeneously or extremely dense breast tissue
25 (as defined by the Breast Imaging Reporting
26 and Data System established by the American

1 College of Radiology), without regard to wheth-
2 er the veteran is enrolled in the system of an-
3 nual patient enrollment established and oper-
4 ated under section 1705(a) of this title; or

5 “(B) a veteran who is not described in sub-
6 paragraph (A) and who is determined by a
7 health care provider (in accordance with such
8 most recent applicable criteria or guidelines) to
9 require screening or diagnostic breast imaging
10 by reason of factors including age, race, eth-
11 nicity, or personal or family medical history,
12 without regard to whether the veteran is en-
13 rolled in the system of annual patient enroll-
14 ment established and operated under section
15 1705(a) of this title.

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

23 (2) CLERICAL AMENDMENT.—The table of sec-
24 tions at the beginning of such chapter is amended

1 by inserting after the item relating to section 1720J
2 the following new item:

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

3 (3) EFFECTIVE DATE.—The amendments made
4 by this subsection shall take effect on January 1,
5 2026.

○