

119TH CONGRESS
1ST SESSION

S. 1410

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

APRIL 10, 2025

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, 2026.

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 sserting “Task Force; or”; and

23 (C) by adding at the end the following new
24 clause:

1 “(ii) beginning on January 1, 2026, 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 Approp-
10 riateness 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) by inserting after subclause (VII)
11 the following:

12 “(VIII) Beginning on January 1,
13 2026, 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 sserting “; (E)”;
- 5 (iii) by striking “; and (F)” and in-
6 sserting “; (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-

1 netic resonance imaging, molecular breast
2 imaging, or other technologies (as deter-
3 mined in accordance with such applicable
4 criteria or guidelines); and (ii) with respect
5 to an individual who is not described in
6 clause (i) and who is determined by a
7 health care provider (in accordance with
8 such most recent applicable criteria or
9 guidelines) to require screening or diag-
10 nostic breast imaging by reason of factors,
11 including age, race, ethnicity, or personal
12 or family medical history, screening and di-
13 agnostic imaging (with no limitation ap-
14 plied on frequency) for the detection of
15 breast cancer, including 2D or 3D mam-
16 mograms, breast ultrasounds, breast mag-
17 netic resonance imaging, molecular breast
18 imaging, or other technologies (as deter-
19 mined in accordance with such applicable
20 criteria or guidelines)”; and

21 (B) in paragraph (13), in the matter pre-
22 ceding subparagraph (A), by inserting “(other
23 than an item or service for which medical as-
24 sistance is provided pursuant to paragraph
25 (4)(G))” after “services”.

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

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

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

8 (ii) in subparagraph (J), by striking
9 at the end “; and” and inserting “, or”;
10 and

11 (iii) by adding at the end the fol-
12 lowing subparagraph:

13 “(K) with respect to an individual de-
14 scribed in clause (i) or (ii) of section
15 1905(a)(4)(G), screening and diagnostic imag-
16 ing and other technologies described in such
17 clause (i) or (ii), respectively; and”.

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

23 “(xv) With respect to an individual
24 described in clause (i) or (ii) of section
25 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 2026.

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-

1 lege of Radiology Appropriateness Criteria or
2 the most recent applicable guidelines of the Na-
3 tional Comprehensive Cancer Network) or with
4 heterogeneously or extremely dense breast tis-
5 sue (as defined by the Breast Imaging Report-
6 ing and Data System established by the Amer-
7 ican College of Radiology); or

8 “(ii) an individual who is not described in
9 clause (i) and who is determined by a health
10 care provider (in accordance with such most re-
11 cent applicable criteria or guidelines) to require
12 screening or diagnostic breast imaging by rea-
13 son of factors including age, race, ethnicity, or
14 personal or family medical history.”.

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

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

19 “(d) ELIMINATION OF COST-SHARING FOR CERTAIN
20 BREAST CANCER-RELATED ITEMS AND SERVICES.—Not-
21 withstanding any other provision of this section, cost-shar-
22 ing requirements may not be imposed or collected with re-
23 spect to any beneficiary enrolled in TRICARE Prime for
24 any item or service described in subparagraph (A) of sec-
25 tion 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 “(5) 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, by adding at the end
17 the following new subsection:

18 “(j) Notwithstanding any other provision of this sec-
19 tion, cost-sharing may not be imposed or collected under
20 a plan contracted for under subsection (a) with respect
21 to any individual described in subparagraph (B) of section
22 1079(a)(20) of this title for an item or service described
23 in subparagraph (A) of such section and provided in ac-
24 cordance with the limitations specified in such subpara-
25 graph.”.

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

14 “(B) a veteran who is not described in sub-
15 paragraph (A) and who is determined by a
16 health care provider (in accordance with such
17 most recent applicable criteria or guidelines) to
18 require screening or diagnostic breast imaging
19 by reason of factors including age, race, eth-
20 nicity, or personal or family medical history,
21 without regard to whether the veteran is en-
22 rolled in the system of annual patient enroll-
23 ment established and operated under section
24 1705(a) of this title.

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

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

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

12 (3) EFFECTIVE DATE.—The amendments made
13 by this subsection shall take effect on January 1,
14 2026.

○