

117TH CONGRESS
1ST SESSION

H. R. 3749

To amend title XXVII of the Public Health Service Act to expand the availability of coverage for lung cancer screenings without the imposition of cost sharing.

IN THE HOUSE OF REPRESENTATIVES

JUNE 8, 2021

Mr. BRENDAN F. BOYLE of Pennsylvania (for himself, Mr. DESAULNIER, and Mr. LOWENTHAL) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XXVII of the Public Health Service Act to expand the availability of coverage for lung cancer screenings without the imposition of cost sharing.

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 “Katherine’s Law for
5 Lung Cancer Early Detection and Survival Act of 2021”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Lung cancer is the number 1 killer of all
9 cancers.

1 (2) Lung cancer causes more deaths than pros-
 2 tate cancer, breast cancer, and colorectal cancer
 3 combined.

4 (3) The reason for the extremely low 5-year
 5 survival rate in lung cancer patients is the difficulty
 6 to find it at early stages (as patients have no symp-
 7 toms at early stages).

8 (4) For all stages of lung cancer, the overall 5-
 9 year survival rate is 19 percent, while such rate is
 10 98 percent for prostate cancer and 90 percent for
 11 breast cancer (all stages).

12 (5) Early detection of lung cancer through
 13 screening could dramatically increase survival rates
 14 for patients.

15 **SEC. 3. EXPANDING THE AVAILABILITY OF COVERAGE FOR**
 16 **LUNG CANCER SCREENINGS WITHOUT THE**
 17 **IMPOSITION OF COST SHARING.**

18 (a) IN GENERAL.—Section 2713 of the Public Health
 19 Service Act (42 U.S.C. 300gg–13) is amended—

20 (1) in subsection (a)—

21 (A) in paragraph (2), by striking “and” at
 22 the end;

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

1 (C) in paragraph (4), by striking the pe-
2 riod at the end and inserting “; and”;

3 (D) by redesignating paragraph (5) as
4 paragraph (6); and

5 (E) by inserting after paragraph (4) the
6 following new paragraph:

7 “(5) lung cancer screenings, in addition to any
8 coverage for such screenings provided pursuant to
9 paragraph (1), for individuals who have a high risk
10 of lung cancer due to genetic, occupational, family
11 history, or other exposures and who has a referral
12 from a specialist (such as a pulmonary medicine
13 physician), provided that such specialist explains the
14 benefits and harms of such screenings and the indi-
15 vidual’s risk of lung cancer.”; and

16 (2) by adding at the end the following new sub-
17 section:

18 “(d) SPECIAL RULE FOR CERTAIN LUNG CANCER
19 SCREENINGS.—In the case of a lung cancer screening fur-
20 nished to an individual that would be a service described
21 under subsection (a)(1) but for the fact that the individual
22 stopped smoking more than 15 years prior to the date of
23 such screening or is 80 years of age or older as of such
24 date, such screening shall be deemed to be a service so
25 described under such subsection.”.

1 (b) EFFECTIVE DATE.—The amendments made by
2 subsection (a) shall apply with respect to plan years begin-
3 ning on or after January 1, 2022.

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