

117TH CONGRESS
1ST SESSION

S. 1966

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 SENATE OF THE UNITED STATES

JUNE 8, 2021

Ms. SMITH introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 Lung Can-
5 cer 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.

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

15 **SEC. 3. REQUIRING COVERAGE OF LUNG CANCER**
 16 **SCREENINGS FOR CERTAIN INDIVIDUALS**
 17 **WITHOUT 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, with respect to any
8 individual who has a very high risk of lung cancer
9 due to genetic, occupational, or other exposures and
10 who has a referral from a specialist, such as a pul-
11 monary medicine physician, who can explain the ben-
12 efits and harms of the screening to the individual,
13 including determination of lung cancer risk; and”;
14 and

15 (2) by adding at the end the following:

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