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.

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IN THE SENATE OF THE UNITED STATES

Ms. Smith introduced the following bill; which was read twice and referred to the Committee on __________________

______________________________________________

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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Katherine’s Lung Cancer Early Detection and Survival Act of 2021”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Lung cancer is the number 1 killer of all cancers.
(2) Lung cancer causes more deaths than prostate cancer, breast cancer, and colorectal cancer combined.

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

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

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

SEC. 3. REQUIRING COVERAGE OF LUNG CANCER SCREENINGS FOR CERTAIN INDIVIDUALS WITHOUT COST SHARING.

(a) In General.—Section 2713 of the Public Health Service Act (42 U.S.C. 300gg–13) is amended—

(1) in subsection (a)—

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

(B) in paragraph (3), by striking the period at the end and inserting a semicolon;
(C) in paragraph (4), by striking the period at the end and inserting ‘‘; and’’;

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

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

“(5) lung cancer screenings, with respect to any individual who has a very high risk of lung cancer due to genetic, occupational, or other exposures and who has a referral from a specialist, such as a pulmonary medicine physician, who can explain the benefits and harms of the screening to the individual, including determination of lung cancer risk; and’’; and

(2) by adding at the end the following:

“(d) SPECIAL RULE FOR CERTAIN LUNG CANCER SCREENINGS.—In the case of a lung cancer screening that would be a service described in subsection (a)(1) but for the fact that the individual receiving the screening stopped smoking more than 15 years prior to the date of the screening or is 80 years of age or older as of such date, such screening shall be deemed to be a service described in such subsection.’’.
(b) **Effective Date.**—The amendments made by subsection (a) shall apply with respect to plan years beginning on or after January 1, 2022.