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(Original Signature of Member)

119TH CONGRESS
1ST SESSION

H. R. _____

To amend title XIX of the Social Security Act to require coverage under State plans under the Medicaid program for annual lung cancer screening with no cost sharing for individuals for whom screening is recommended by U.S. Preventive Services Task Force guidelines, to expand coverage under Medicaid of counseling and pharmacotherapy for cessation of tobacco use, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. CASTOR of Florida introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XIX of the Social Security Act to require coverage under State plans under the Medicaid program for annual lung cancer screening with no cost sharing for individuals for whom screening is recommended by U.S. Preventive Services Task Force guidelines, to expand coverage under Medicaid of counseling and pharmacotherapy for cessation of tobacco use, and for other purposes.

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 “Increasing Access to
3 Lung Cancer Screening Act”.

4 **SEC. 2. MEDICAID COVERAGE OF ANNUAL LUNG CANCER**
5 **SCREENING WITH NO COST SHARING FOR**
6 **CERTAIN INDIVIDUALS.**

7 (a) IN GENERAL.—Section 1905(a)(4) of the Social
8 Security Act (42 U.S.C. 1396d(a)(4)) is amended—

9 (1) by striking “and” before “(F)”; and

10 (2) by inserting before the semicolon at the end
11 the following: “; and (G) an annual lung cancer
12 screening for individuals who are eligible under the
13 plan and for whom such screening is recommended
14 under guidelines published by the United States Pre-
15 ventive Services Task Force, without regard to prior
16 authorization”.

17 (b) NO COST SHARING.—

18 (1) IN GENERAL.—Subsections (a)(2) and
19 (b)(2) of section 1916 of the Social Security Act (42
20 U.S.C. 1396o) are each amended—

21 (A) in subparagraph (G), by adding at the
22 end “, or”; and

23 (B) by adding at the end the following new
24 subparagraph:

1 “(H) lung cancer screening for which pay-
2 ment may be made under the State plan pursu-
3 ant section to 1905(a)(4)(G);”.

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

8 “(xiv) Lung cancer screening for
9 which payment may be made under the
10 State plan pursuant to section
11 1905(a)(4)(G).”.

12 (c) APPLICATION TO MEDICAID MANAGED CARE OR-
13 GANIZATIONS.—Section 1932(b) of the Social Security Act
14 (42 U.S.C. 1396u–2(b)) is amended by adding at the end
15 the following new paragraph:

16 “(9) LUNG CANCER SCREENING.—Each con-
17 tract with a medicaid managed care organization
18 under section 1903(m) shall require the organization
19 to provide coverage for lung cancer screening for
20 which payment may be made under the State plan
21 pursuant to section 1905(a)(4)(G) without regard to
22 prior authorization.”.

23 (d) EFFECTIVE DATE.—

24 (1) IN GENERAL.—Subject to paragraph (2),
25 the amendments made by this section shall apply

1 with respect to items and services furnished on or
2 after January 1, 2026.

3 (2) EXCEPTION IF STATE LEGISLATION RE-
4 QUIRED.—In the case of a State plan for medical as-
5 sistance under title XIX of the Social Security Act
6 which the Secretary of Health and Human Services
7 determines requires State legislation (other than leg-
8 islation appropriating funds) in order for the plan to
9 meet the additional requirements imposed by the
10 amendments made by this section, the State plan
11 shall not be regarded as failing to comply with the
12 requirements of such title solely on the basis of its
13 failure to meet such additional requirements before
14 the first day of the first calendar quarter beginning
15 after the close of the first regular session of the
16 State legislature that begins after the date of the en-
17 actment of this Act. For purposes of the previous
18 sentence, in the case of a State that has a 2-year
19 legislative session, each year of such session shall be
20 deemed to be a separate regular session of the State
21 legislature.

1 **SEC. 3. EXPANDING COVERAGE UNDER MEDICAID OF**
2 **COUNSELING AND PHARMACOTHERAPY FOR**
3 **CESSATION OF TOBACCO USE TO ALL MED-**
4 **ICAID INDIVIDUALS.**

5 (a) IN GENERAL.—Section 1905 of the Social Secu-
6 rity Act (42 U.S.C. 1396d) is amended—

7 (1) in subsection (a)(4)(D)—

8 (A) by striking “by pregnant women”; and

9 (B) by inserting “without regard to prior
10 authorization” after “(as defined in subsection
11 (bb))”; and

12 (2) in subsection (bb)—

13 (A) in paragraph (1)—

14 (i) by striking the first place it ap-
15 pears “by pregnant women”; and

16 (ii) by striking “by pregnant women
17 who” and inserting “by individuals who”;

18 (B) in paragraph (2)(A), by striking “with
19 respect to pregnant women”; and

20 (C) in paragraph (2)(B), by striking “by
21 pregnant women”.

22 (b) CONFORMING AMENDMENTS.—

23 (1) Section 1927(d)(2)(F) of the Social Secu-
24 rity Act (42 U.S.C. 1396r–8(d)(2)(F)) is amended
25 by striking “, in the case of pregnant women”.

1 (2) Section 1916 of the Social Security Act (42
2 U.S.C. 1396o), as amended by section 1, is further
3 amended in each of subsections (a)(2) and (b)(2)—

4 (A) in subparagraph (B), by striking “,
5 and counseling and pharmacotherapy for ces-
6 sation of tobacco use by pregnant women (as
7 defined in section 1905(bb)) and covered out-
8 patient drugs (as defined in subsection (k)(2) of
9 section 1927 and including nonprescription
10 drugs described in subsection (d)(2) of such
11 section) that are prescribed for purposes of pro-
12 moting, and when used to promote, tobacco ces-
13 sation by pregnant women in accordance with
14 the Guideline referred to in section
15 1905(bb)(2)(A)”;

16 (B) in subparagraph (H), at the end by
17 adding “or”; and

18 (C) by adding at the end the following new
19 subparagraph:

20 “(I) counseling and pharmacotherapy for
21 cessation of tobacco use (as defined in section
22 1905(bb)) and covered outpatient drugs (as de-
23 fined in subsection (k)(2) of section 1927 and
24 including nonprescription drugs described in
25 subsection (d)(2) of such section) that are pre-

1 scribed for purposes of promoting, and when
2 used to promote, tobacco cessation in accord-
3 ance with the Guideline referred to in section
4 1905(bb)(2)(A); and”.

5 (3) Section 1916A(b)(3)(B) of such Act (42
6 U.S.C. 1396o–1(b)(3)(B)), as amended by section 1,
7 is further amended—

8 (A) in clause (iii), by striking “, and coun-
9 seling and pharmacotherapy for cessation of to-
10 bacco use by pregnant women (as defined in
11 section 1905(bb))”; and

12 (B) by adding at the end the following new
13 clause:

14 “(xv) Counseling and
15 pharmacotherapy for cessation of tobacco
16 use (as defined in section 1905(bb)).”.

17 (c) APPLICATION TO MEDICAID MANAGED CARE OR-
18 GANIZATIONS.—Section 1932(b) of the Social Security Act
19 (42 U.S.C. 1396u–2(b)), as amended by section 1, is fur-
20 ther amended by adding at the end the following new para-
21 graph:

22 “(10) CESSATION OF TOBACCO USE.—Each
23 contract with a medicaid managed care organization
24 under section 1903(m) shall require the organization
25 to provide coverage for counseling and

1 pharmacotherapy for cessation of tobacco use with-
2 out regard to prior authorization.”.

3 (d) EFFECTIVE DATE.—

4 (1) IN GENERAL.—Subject to paragraph (2),
5 the amendments made by this section shall apply
6 with respect to items and services furnished on or
7 after January 1, 2026.

8 (2) EXCEPTION IF STATE LEGISLATION RE-
9 QUIRED.—In the case of a State plan for medical as-
10 sistance under title XIX of the Social Security Act
11 which the Secretary of Health and Human Services
12 determines requires State legislation (other than leg-
13 islation appropriating funds) in order for the plan to
14 meet the additional requirements imposed by the
15 amendments made by this section, the State plan
16 shall not be regarded as failing to comply with the
17 requirements of such title solely on the basis of its
18 failure to meet such additional requirements before
19 the first day of the first calendar quarter beginning
20 after the close of the first regular session of the
21 State legislature that begins after the date of the en-
22 actment of this Act. For purposes of the previous
23 sentence, in the case of a State that has a 2-year
24 legislative session, each year of such session shall be

1 deemed to be a separate regular session of the State
2 legislature.

3 **SEC. 4. COVERAGE UNDER MEDICARE AND PRIVATE**
4 **HEALTH INSURANCE OF ANNUAL LUNG CAN-**
5 **CER SCREENING WITHOUT UTILIZATION**
6 **MANAGEMENT REQUIREMENTS.**

7 (a) MEDICARE.—

8 (1) IN GENERAL.—Section 1834 of the Social
9 Security Act (42 U.S.C. 1395m) is amended by add-
10 ing at the end the following new subsection:

11 “(z) SPECIAL RULE FOR ANNUAL LUNG CANCER
12 SCREENING.—Notwithstanding any other provision of this
13 title, in the case of an annual lung cancer screening for
14 which benefits are provided under this part for any indi-
15 vidual for whom such screening is recommended in accord-
16 ance with guidelines issued by the Secretary, such benefits
17 shall be provided without application of any prior author-
18 ization.”.

19 (2) APPLICATION UNDER MEDICARE ADVAN-
20 TAGE.—Section 1852(a)(1)(B) of the Social Security
21 Act (42 U.S.C. 1395w–22(a)(1)(B)) is amended by
22 adding at the end the following new clause:

23 “(vii) PROHIBITION OF APPLICATION
24 OF CERTAIN REQUIREMENTS FOR ANNUAL
25 LUNG CANCER SCREENING.—In the case of

1 an annual lung cancer screening for which
2 benefits are provided under part B for any
3 individual for whom such screening is rec-
4 ommended in accordance with guidelines
5 issued by the Secretary for purposes of
6 section 1834(z), an MA plan may not im-
7 pose any prior authorization with respect
8 to the coverage of such screening under
9 such plan.”.

10 (3) EFFECTIVE DATE.—The amendments made
11 by this subsection shall apply with respect to serv-
12 ices furnished on or after January 1, 2026.

13 (b) INDIVIDUAL AND GROUP HEALTH INSURANCE
14 MARKETS.—

15 (1) IN GENERAL.—Section 2713 of the Public
16 Health Service Act (42 U.S.C. 300gg–(3)) is amend-
17 ed by adding at the end the following new sub-
18 section:

19 “(d) PROHIBITION OF APPLICATION OF CERTAIN RE-
20 QUIREMENTS FOR ANNUAL LUNG CANCER SCREENING.—
21 A group health plan and a health insurance issuer offering
22 group or individual health insurance coverage may not im-
23 pose any prior authorization with respect to the benefits
24 under such plan or coverage for an annual lung cancer
25 screening for any individual for whom such screening is

1 recommended by the United States Preventive Services
2 Task Force.”.

3 (2) EFFECTIVE DATE.—The amendments made
4 by this subsection shall apply with respect to plan
5 years beginning on or after January 1, 2026.

6 **SEC. 5. LUNG CANCER SCREENING EDUCATION AND OUT-**
7 **REACH.**

8 (a) IN GENERAL.—The Secretary of Health and
9 Human Services (in this section referred to as the “Sec-
10 retary”), in consultation with patient and lung cancer ad-
11 vocacy groups, shall conduct an education and outreach
12 campaign for purposes of informing individuals and health
13 care providers of—

14 (1) the importance of lung cancer screenings;
15 and

16 (2) the categories of individuals who should re-
17 ceive such screenings.

18 (b) MANNER OF OUTREACH.—The Secretary may
19 carry out the campaign described in subsection (a) di-
20 rectly, by contract, through the issuance of grants, or oth-
21 erwise. In carrying out such campaign, the Secretary shall
22 ensure that the campaign is targeted to reach individuals
23 at high risk of lung cancer.

1 (c) FUNDING.—There are authorized to be appro-
2 priated \$10,000,000 for each of fiscal years 2026 through
3 2030 for purposes of carrying out this section.

4 **SEC. 6. REPORT.**

5 Not later than 1 year after the date of the enactment
6 of this Act, the Comptroller General of the United States
7 shall conduct a study and submit to Congress a report
8 on the demographics of individuals diagnosed with lung
9 cancer and individuals screened for such cancer. Such re-
10 port shall identify—

11 (1) any segments of the population diagnosed
12 with lung cancer but not captured in current screen-
13 ing eligibility guidelines (such as firefighters, vet-
14 erans, and women under 50 years of age); and

15 (2) actions the Federal Government could take
16 to improve screening for such cancer among such
17 segments.