



CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE

September 22, 2008

**H.R. 758**

**Breast Cancer Protection Act of 2007**

*As ordered reported by the House Committee on Energy and Commerce  
on September 17, 2008*

H.R. 758 would require group health plans and health insurance issuers providing coverage in the group and non-group markets to ensure that inpatient coverage, outpatient coverage of lumpectomies, and radiation therapy are provided for breast cancer treatment. Group health plans and health insurance issuers would not be able to restrict benefits for any hospital length of stay related to mastectomies, lumpectomies, and other breast-conserving surgeries for the treatment of breast cancer to less than 48 hours. In addition, H.R. 758 would place the following requirements on group health plans and health insurance issuers:

- Group health plans and issuers would not be able to restrict benefits for any hospital length of stay related to lymph node dissections to less than 24 hours;
- Providers would not be required to get authorization from the plan to prescribe any length of stay that is within the requirements of H.R. 758;
- Group health plans and issuers would be required to notify their enrollees of this new coverage;
- Group health plans and issuers would also be required to offer full coverage for a secondary consultation by a specialist; and
- Group health plans and issuers would have to notify individuals before the non-renewal or discontinuation of coverage on the basis of fraud and provide an opportunity for review of such determination by an independent external third party under procedures determined by the Secretary of the Health and Human Services.

CBO estimates that H.R. 758 would have no significant impact on federal spending or revenues.

H.R. 758 would impose private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA). However, CBO estimates that the costs of complying with the new requirements would not exceed the threshold established in UMRA (\$136 million in 2008, adjusted annually for inflation).

H.R. 758 would not impose an intergovernmental mandate as defined in the UMRA. An existing provision in the Public Health Service Act would allow state, local, and tribal governments, as employers that provide health benefits to their employees, to opt out of the requirements of this bill. Consequently, the requirements in the bill that establish minimum standards for providing consultation services and treatment benefits for individuals with breast cancer would not be intergovernmental mandates as defined in UMRA. The bill would affect the budgets of those governments only if they choose to comply with the requirements on group health plans.

The CBO staff contacts for this estimate are Robert Stewart (for federal costs) and Keisuke Nakagawa (for the private-sector impact). This estimate was approved by Keith J. Fontenot, Deputy Assistant Director for Health and Human Services, Budget Analysis Division.