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110TH CONGRESS
1ST SESSION

H. R. 758

To require that health plans provide coverage for a minimum hospital stay for mastectomies, lumpectomies, and lymph node dissection for the treatment of breast cancer and coverage for secondary consultations.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 31, 2007

Ms. DELAURO (for herself, Mr. ACKERMAN, Mr. ALLEN, Mr. BACA, Ms. BALDWIN, Ms. BERKLEY, Mr. BERMAN, Mr. BERRY, Mr. BISHOP of Georgia, Mr. BISHOP of New York, Mr. BLUMENAUER, Ms. BORDALLO, Mr. BOSWELL, Mr. BOUCHER, Mr. BURTON of Indiana, Mr. CAPUANO, Ms. CARSON, Mr. CHANDLER, Mrs. CHRISTENSEN, Mr. CLAY, Mr. CLEAVER, Mr. CONYERS, Mr. COOPER, Mr. CROWLEY, Mrs. JO ANN DAVIS of Virginia, Mr. LINCOLN DAVIS of Tennessee, Mrs. DAVIS of California, Mr. DEFAZIO, Ms. DEGETTE, Mr. DICKS, Mr. DINGELL, Mr. DOGGETT, Mr. DOYLE, Mr. EMANUEL, Mr. ENGEL, Ms. ESHOO, Mr. FARR, Mr. FATTAH, Mr. FRANK of Massachusetts, Mr. GERLACH, Mrs. GILLIBRAND, Mr. GONZALEZ, Mr. AL GREEN of Texas, Mr. GENE GREEN of Texas, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. HALL of Texas, Ms. HARMAN, Mr. HIGGINS, Mr. HINCHEY, Mr. HINOJOSA, Ms. HIRONO, Mr. HOLDEN, Mr. HOLT, Ms. HOOLEY, Mr. INSLEE, Mr. ISRAEL, Mr. JACKSON of Illinois, Ms. JACKSON-LEE of Texas, Mr. JEFFERSON, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. KANJORSKI, Mr. KENNEDY, Mr. KILDEE, Ms. KILPATRICK of Michigan, Mr. KIND, Mr. KUCINICH, Mr. LARSEN of Washington, Mr. LARSON of Connecticut, Ms. LEE, Mr. LEVIN, Mr. LEWIS of Georgia, Mr. LOBIONDO, Ms. ZOE LOFGREN of California, Mrs. LOWEY, Mr. LYNCH, Mrs. MALONEY of New York, Mr. MARKEY, Ms. MATSUI, Mrs. MCCARTHY of New York, Ms. MCCOLLUM of Minnesota, Mr. MCDERMOTT, Mr. MCGOVERN, Mr. MCHUGH, Mr. MCINTYRE, Mr. MCNULTY, Mr. MEEHAN, Ms. MILLENDER-MCDONALD, Mr. MILLER of North Carolina, Mr. GEORGE MILLER of California, Mr. MOORE of Kansas, Mr. MORAN of Virginia, Mrs. NAPOLITANO, Mr. OLVER, Mr. PAYNE, Mr. PRICE of North Carolina, Mr. REYES, Mr. ROSS, Mr. ROTHMAN, Ms. ROYBAL-ALLARD, Mr. RYAN of Ohio, Ms. LINDA T. SÁNCHEZ of California, Ms. SCHAKOWSKY, Mr. SCHIFF, Mr. SCOTT of Georgia, Mr. SCOTT of Virginia, Mr. SERRANO, Mr. SHAYS, Mr. SHERMAN, Ms. SLAUGHTER, Ms. SOLIS, Mr. SPRATT, Mr. STARK, Mr. STUPAK, Mrs. TAUSCHER, Mr. TAYLOR, Mr. THOMPSON of California, Mr. TIERNEY, Mr. TOWNS, Mr. UDALL of Colorado, Ms. VELÁZQUEZ,

Ms. WASSERMAN SCHULTZ, Mr. WEINER, Mr. WOLF, Ms. WOOLSEY, Mr. WYNN, Mr. CARNEY, and Mr. WEXLER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To require that health plans provide coverage for a minimum hospital stay for mastectomies, lumpectomies, and lymph node dissection for the treatment of breast cancer and coverage for secondary consultations.

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 "Breast Cancer Patient
5 Protection Act of 2007".

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

8 (1) the offering and operation of health plans
9 affect commerce among the States;

10 (2) health care providers located in a State
11 serve patients who reside in the State and patients
12 who reside in other States;

13 (3) in order to provide for uniform treatment of
14 health care providers and patients among the States,
15 it is necessary to cover health plans operating in 1

1 State as well as health plans operating among the
2 several States;
3 (4) currently, 20 States mandate minimum hos-
4 pital stay coverage after a patient undergoes a mas-
5 tectomy;
6 (5) according to the American Cancer Society,
7 there were 40,954 deaths due to breast cancer in
8 women in 2004;
9 (6) according to the American Cancer Society,
10 there are currently over 2.0 million women living in
11 the United States who have been treated for breast
12 cancer; and
13 (7) according to the American Cancer Society,
14 a woman in the United States has a 1 in 8 chance
15 of developing invasive breast cancer in her lifetime.

16 **SEC. 3. AMENDMENTS TO THE EMPLOYEE RETIREMENT IN-**
17 **COME SECURITY ACT OF 1974.**

18 (a) IN GENERAL.—Subpart B of part 7 of subtitle
19 B of title I of the Employee Retirement Income Security
20 Act of 1974 (29 U.S.C. 1185 et seq.) is amended by add-
21 ing at the end the following:

1 **"SEC. 714. REQUIRED COVERAGE FOR MINIMUM HOSPITAL
2 STAY FOR MASTECTOMIES, LUMPECTOMIES,
3 AND LYMPH NODE DISSECTIONS FOR THE
4 TREATMENT OF BREAST CANCER AND COV-
5 ERAGE FOR SECONDARY CONSULTATIONS.**

6 ''(a) INPATIENT CARE.—

7 ''(1) IN GENERAL.—A group health plan, and a
8 health insurance issuer providing health insurance
9 coverage in connection with a group health plan,
10 that provides medical and surgical benefits shall en-
11 sure that inpatient (and in the case of a
12 lumpectomy, outpatient) coverage and radiation
13 therapy is provided for breast cancer treatment.
14 Such plan or coverage may not—

15 ''(A) except as provided for in paragraph
16 (2)—

17 ''(i) restrict benefits for any hospital
18 length of stay in connection with a mastec-
19 tomy or breast conserving surgery (such as
20 a lumpectomy) for the treatment of breast
21 cancer to less than 48 hours; or

22 ''(ii) restrict benefits for any hospital
23 length of stay in connection with a lymph
24 node dissection for the treatment of breast
25 cancer to less than 24 hours; or

1 "(B) require that a provider obtain authorization from the plan or the issuer for prescribing any length of stay required under subparagraph (A) (without regard to paragraph (2)).

"(2) EXCEPTION.—Nothing in this section shall be construed as requiring the provision of inpatient coverage if the attending physician and patient determine that either a shorter period of hospital stay, or outpatient treatment, is medically appropriate.

"(b) PROHIBITION ON CERTAIN MODIFICATIONS.—In implementing the requirements of this section, a group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not modify the terms and conditions of coverage based on the determination by a participant or beneficiary to request less than the minimum coverage required under subsection (a).

"(c) NOTICE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any

1 literature or correspondence made available or distributed
2 by the plan or issuer and shall be transmitted—
3 ''(1) in the next mailing made by the plan or
4 issuer to the participant or beneficiary; or
5 ''(2) as part of any yearly informational packet
6 sent to the participant or beneficiary;
7 whichever is earlier.
8 ''(d) SECONDARY CONSULTATIONS.—
9 ''(1) IN GENERAL.—A group health plan, and a
10 health insurance issuer providing health insurance
11 coverage in connection with a group health plan,
12 that provides coverage with respect to medical and
13 surgical services provided in relation to the diagnosis
14 and treatment of cancer shall ensure that full cov-
15 erage is provided for secondary consultations by spe-
16 cialists in the appropriate medical fields (including
17 pathology, radiology, and oncology) to confirm or re-
18 fute such diagnosis. Such plan or issuer shall ensure
19 that full coverage is provided for such secondary
20 consultation whether such consultation is based on a
21 positive or negative initial diagnosis. In any case in
22 which the attending physician certifies in writing
23 that services necessary for such a secondary con-
24 sultation are not sufficiently available from special-
25 ists operating under the plan with respect to whose

1 services coverage is otherwise provided under such
2 plan or by such issuer, such plan or issuer shall en-
3 sure that coverage is provided with respect to the
4 services necessary for the secondary consultation
5 with any other specialist selected by the attending
6 physician for such purpose at no additional cost to
7 the individual beyond that which the individual
8 would have paid if the specialist was participating in
9 the network of the plan.

10 ''(2) EXCEPTION.—Nothing in paragraph (1)
11 shall be construed as requiring the provision of sec-
12 ondary consultations where the patient determines
13 not to seek such a consultation.

14 ''(e) PROHIBITION ON PENALTIES OR INCENTIVES.—
15 A group health plan, and a health insurance issuer pro-
16 viding health insurance coverage in connection with a
17 group health plan, may not—

18 ''(1) penalize or otherwise reduce or limit the
19 reimbursement of a provider or specialist because
20 the provider or specialist provided care to a partici-
21 pant or beneficiary in accordance with this section;

22 ''(2) provide financial or other incentives to a
23 physician or specialist to induce the physician or
24 specialist to keep the length of inpatient stays of pa-
25 tients following a mastectomy, lumpectomy, or a

1 lymph node dissection for the treatment of breast
2 cancer below certain limits or to limit referrals for
3 secondary consultations;

4 "(3) provide financial or other incentives to a
5 physician or specialist to induce the physician or
6 specialist to refrain from referring a participant or
7 beneficiary for a secondary consultation that would
8 otherwise be covered by the plan or coverage in-
9 volved under subsection (d); or

10 "(4) deny to a woman eligibility, or continued
11 eligibility, to enroll or to renew coverage under the
12 terms of the plan or coverage solely for the purpose
13 of avoiding the requirements of this section.".

14 (b) CLERICAL AMENDMENT.—The table of contents
15 in section 1 of the Employee Retirement Income Security
16 Act of 1974 is amended by inserting after the item relat-
17 ing to section 713 the following:

"Sec. 714. Required coverage for minimum hospital stay for mastectomies, lumpectomies, and lymph node dissections for the treatment of breast cancer and coverage for secondary consultations.".

18 (c) EFFECTIVE DATES.—

19 (1) IN GENERAL.—The amendments made by
20 this section shall apply with respect to plan years be-
21 ginning on or after the date that is 90 days after
22 the date of enactment of this Act.

23 (2) SPECIAL RULE FOR COLLECTIVE BAR-
24 GAINING AGREEMENTS.—In the case of a group

1 health plan maintained pursuant to 1 or more collec-
2 tive bargaining agreements between employee rep-
3 resentatives and 1 or more employers ratified before
4 the date of enactment of this Act, the amendments
5 made by this section shall not apply to plan years
6 beginning before the date on which the last collective
7 bargaining agreements relating to the plan termi-
8 nates (determined without regard to any extension
9 thereof agreed to after the date of enactment of this
10 Act). For purposes of this paragraph, any plan
11 amendment made pursuant to a collective bargaining
12 agreement relating to the plan which amends the
13 plan solely to conform to any requirement added by
14 this section shall not be treated as a termination of
15 such collective bargaining agreement.

16 **SEC. 4. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
17 **ACT RELATING TO THE GROUP MARKET.**

18 (a) IN GENERAL.—Subpart 2 of part A of title
19 XXVII of the Public Health Service Act (42 U.S.C.
20 300gg–4 et seq.) is amended by adding at the end the
21 following:

1 **“SEC. 2707. REQUIRED COVERAGE FOR MINIMUM HOSPITAL
2 STAY FOR MASTECTOMIES, LUMPECTOMIES,
3 AND LYMPH NODE DISSECTIONS FOR THE
4 TREATMENT OF BREAST CANCER AND COV-
5 ERAGE FOR SECONDARY CONSULTATIONS.**

6 ‘‘(a) INPATIENT CARE.—

7 ‘‘(1) IN GENERAL.—A group health plan, and a
8 health insurance issuer providing health insurance
9 coverage in connection with a group health plan,
10 that provides medical and surgical benefits shall en-
11 sure that inpatient (and in the case of a
12 lumpectomy, outpatient) coverage and radiation
13 therapy is provided for breast cancer treatment.
14 Such plan or coverage may not—

15 ‘‘(A) except as provided for in paragraph
16 (2)—

17 ‘‘(i) restrict benefits for any hospital
18 length of stay in connection with a mastec-
19 tomy or breast conserving surgery (such as
20 a lumpectomy) for the treatment of breast
21 cancer to less than 48 hours; or

22 ‘‘(ii) restrict benefits for any hospital
23 length of stay in connection with a lymph
24 node dissection for the treatment of breast
25 cancer to less than 24 hours; or

1 "(B) require that a provider obtain authorization from the plan or the issuer for prescribing any length of stay required under subparagraph (A) (without regard to paragraph (2)).

"(2) EXCEPTION.—Nothing in this section shall be construed as requiring the provision of inpatient coverage if the attending physician and patient determine that either a shorter period of hospital stay, or outpatient treatment, is medically appropriate.

"(b) PROHIBITION ON CERTAIN MODIFICATIONS.—In implementing the requirements of this section, a group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not modify the terms and conditions of coverage based on the determination by a participant or beneficiary to request less than the minimum coverage required under subsection (a).

"(c) NOTICE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any

literature or correspondence made available or distributed by the plan or issuer and shall be transmitted—

"(1) in the next mailing made by the plan or issuer to the participant or beneficiary; or

"(2) as part of any yearly informational packet sent to the participant or beneficiary;

whichever is earlier.

"(d) SECONDARY CONSULTATIONS.—

"(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan that provides coverage with respect to medical and surgical services provided in relation to the diagnosis and treatment of cancer shall ensure that full coverage is provided for secondary consultations by specialists in the appropriate medical fields (including pathology, radiology, and oncology) to confirm or refute such diagnosis. Such plan or issuer shall ensure that full coverage is provided for such secondary consultation whether such consultation is based on a positive or negative initial diagnosis. In any case in which the attending physician certifies in writing that services necessary for such a secondary consultation are not sufficiently available from specialists operating under the plan with respect to whose

1 services coverage is otherwise provided under such
2 plan or by such issuer, such plan or issuer shall en-
3 sure that coverage is provided with respect to the
4 services necessary for the secondary consultation
5 with any other specialist selected by the attending
6 physician for such purpose at no additional cost to
7 the individual beyond that which the individual
8 would have paid if the specialist was participating in
9 the network of the plan.

10 ''(2) EXCEPTION.—Nothing in paragraph (1)
11 shall be construed as requiring the provision of sec-
12 ondary consultations where the patient determines
13 not to seek such a consultation.

14 ''(e) PROHIBITION ON PENALTIES OR INCENTIVES.—
15 A group health plan, and a health insurance issuer pro-
16 viding health insurance coverage in connection with a
17 group health plan, may not—

18 ''(1) penalize or otherwise reduce or limit the
19 reimbursement of a provider or specialist because
20 the provider or specialist provided care to a partici-
21 pant or beneficiary in accordance with this section;

22 ''(2) provide financial or other incentives to a
23 physician or specialist to induce the physician or
24 specialist to keep the length of inpatient stays of pa-
25 tients following a mastectomy, lumpectomy, or a

1 lymph node dissection for the treatment of breast
2 cancer below certain limits or to limit referrals for
3 secondary consultations;

4 ''(3) provide financial or other incentives to a
5 physician or specialist to induce the physician or
6 specialist to refrain from referring a participant or
7 beneficiary for a secondary consultation that would
8 otherwise be covered by the plan or coverage in-
9 volved under subsection (d); or

10 ''(4) deny to a woman eligibility, or continued
11 eligibility, to enroll or to renew coverage under the
12 terms of the plan or coverage solely for the purpose
13 of avoiding the requirements of this section.''.

14 (b) EFFECTIVE DATES.—

15 (1) IN GENERAL.—The amendments made by
16 this section shall apply to group health plans for
17 plan years beginning on or after 90 days after the
18 date of enactment of this Act.

19 (2) SPECIAL RULE FOR COLLECTIVE BAR-
20 GAINING AGREEMENTS.—In the case of a group
21 health plan maintained pursuant to 1 or more collec-
22 tive bargaining agreements between employee rep-
23 resentatives and 1 or more employers ratified before
24 the date of enactment of this Act, the amendments
25 made by this section shall not apply to plan years

1 beginning before the date on which the last collective
2 bargaining agreements relating to the plan termi-
3 nates (determined without regard to any extension
4 thereof agreed to after the date of enactment of this
5 Act). For purposes of this paragraph, any plan
6 amendment made pursuant to a collective bargaining
7 agreement relating to the plan which amends the
8 plan solely to conform to any requirement added by
9 this section shall not be treated as a termination of
10 such collective bargaining agreement.

11 **SEC. 5. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT**
12 **RELATING TO THE INDIVIDUAL MARKET.**

13 (a) IN GENERAL.—The first subpart 3 of part B of
14 title XXVII of the Public Health Service Act (42 U.S.C.
15 300gg–11 et seq.) is amended—

16 (1) by adding after section 2752 the following:

17 **"SEC. 2753. REQUIRED COVERAGE FOR MINIMUM HOSPITAL**
18 **STAY FOR MASTECTOMIES, LUMPECTOMIES,**
19 **AND LYMPH NODE DISSECTIONS FOR THE**
20 **TREATMENT OF BREAST CANCER AND SEC-**
21 **ONDARY CONSULTATIONS.**

22 "The provisions of section 2707 shall apply to health
23 insurance coverage offered by a health insurance issuer
24 in the individual market in the same manner as they apply
25 to health insurance coverage offered by a health insurance

1 issuer in connection with a group health plan in the small
2 or large group market.''; and
3 (2) by redesignating such subpart 3 as subpart
4 2.
5 (b) EFFECTIVE DATE.—The amendment made by
6 this section shall apply with respect to health insurance
7 coverage offered, sold, issued, renewed, in effect, or oper-
8 ated in the individual market on or after the date of enact-
9 ment of this Act.

10 **SEC. 6. AMENDMENTS TO THE INTERNAL REVENUE CODE**
11 **OF 1986.**

12 (a) IN GENERAL.—Subchapter B of chapter 100 of
13 the Internal Revenue Code of 1986 is amended—
14 (1) in the table of sections, by inserting after
15 the item relating to section 9812 the following:

''Sec. 9813. Required coverage for minimum hospital stay for mastectomies, lumpectomies, and lymph node dissections for the treatment of breast cancer and coverage for secondary consultations.'';

16 and
17 (2) by inserting after section 9812 the fol-
18 lowing:

19 **''SEC. 9813. REQUIRED COVERAGE FOR MINIMUM HOSPITAL**
20 **STAY FOR MASTECTOMIES, LUMPECTOMIES,**
21 **AND LYMPH NODE DISSECTIONS FOR THE**
22 **TREATMENT OF BREAST CANCER AND COV-**
23 **ERAGE FOR SECONDARY CONSULTATIONS.**

24 ''(a) INPATIENT CARE.—

1 "(1) IN GENERAL.—A group health plan that
2 provides medical and surgical benefits shall ensure
3 that inpatient (and in the case of a lumpectomy,
4 outpatient) coverage and radiation therapy is pro-
5 vided for breast cancer treatment. Such plan may
6 not—
7 "(A) except as provided for in paragraph
8 (2)—
9 "(i) restrict benefits for any hospital
10 length of stay in connection with a mastec-
11 tomy or breast conserving surgery (such as
12 a lumpectomy) for the treatment of breast
13 cancer to less than 48 hours; or
14 "(ii) restrict benefits for any hospital
15 length of stay in connection with a lymph
16 node dissection for the treatment of breast
17 cancer to less than 24 hours; or
18 "(B) require that a provider obtain author-
19 ization from the plan for prescribing any length
20 of stay required under subparagraph (A) (with-
21 out regard to paragraph (2)).
22 "(2) EXCEPTION.—Nothing in this section shall
23 be construed as requiring the provision of inpatient
24 coverage if the attending physician and patient de-

termine that either a shorter period of hospital stay, or outpatient treatment, is medically appropriate.

“(b) PROHIBITION ON CERTAIN MODIFICATIONS.—In implementing the requirements of this section, a group health plan may not modify the terms and conditions of coverage based on the determination by a participant or beneficiary to request less than the minimum coverage required under subsection (a).

“(c) NOTICE.—A group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan and shall be transmitted—

“(1) in the next mailing made by the plan to the participant or beneficiary; or

“(2) as part of any yearly informational packet sent to the participant or beneficiary;

whichever is earlier.

“(d) SECONDARY CONSULTATIONS.—

“(1) IN GENERAL.—A group health plan that provides coverage with respect to medical and surgical services provided in relation to the diagnosis and treatment of cancer shall ensure that full cov-

1 erage is provided for secondary consultations by spe-
2 cialists in the appropriate medical fields (including
3 pathology, radiology, and oncology) to confirm or re-
4 fute such diagnosis. Such plan or issuer shall ensure
5 that full coverage is provided for such secondary
6 consultation whether such consultation is based on a
7 positive or negative initial diagnosis. In any case in
8 which the attending physician certifies in writing
9 that services necessary for such a secondary con-
10 sultation are not sufficiently available from special-
11 ists operating under the plan with respect to whose
12 services coverage is otherwise provided under such
13 plan or by such issuer, such plan or issuer shall en-
14 sure that coverage is provided with respect to the
15 services necessary for the secondary consultation
16 with any other specialist selected by the attending
17 physician for such purpose at no additional cost to
18 the individual beyond that which the individual
19 would have paid if the specialist was participating in
20 the network of the plan.

21 "(2) EXCEPTION.—Nothing in paragraph (1)
22 shall be construed as requiring the provision of sec-
23 ondary consultations where the patient determines
24 not to seek such a consultation.

1 "(e) PROHIBITION ON PENALTIES.—A group health
2 plan may not—
3 "(1) penalize or otherwise reduce or limit the
4 reimbursement of a provider or specialist because
5 the provider or specialist provided care to a partici-
6 pant or beneficiary in accordance with this section;
7 "(2) provide financial or other incentives to a
8 physician or specialist to induce the physician or
9 specialist to keep the length of inpatient stays of pa-
10 tients following a mastectomy, lumpectomy, or a
11 lymph node dissection for the treatment of breast
12 cancer below certain limits or to limit referrals for
13 secondary consultations;
14 "(3) provide financial or other incentives to a
15 physician or specialist to induce the physician or
16 specialist to refrain from referring a participant or
17 beneficiary for a secondary consultation that would
18 otherwise be covered by the plan involved under sub-
19 section (d); or
20 "(4) deny to a woman eligibility, or continued
21 eligibility, to enroll or to renew coverage under the
22 terms of the plan solely for the purpose of avoiding
23 the requirements of this section.".

1 (b) CLERICAL AMENDMENT.—The table of contents
2 for chapter 100 of such Code is amended by inserting after
3 the item relating to section 9812 the following:

"Sec. 9813. Required coverage for minimum hospital stay for mastectomies, lumpectomies, and lymph node dissections for the treatment of breast cancer and coverage for secondary consultations.".

4 (c) EFFECTIVE DATES.—
5 (1) IN GENERAL.—The amendments made by
6 this section shall apply with respect to plan years be-
7 ginning on or after the date of enactment of this
8 Act.
9 (2) SPECIAL RULE FOR COLLECTIVE BAR-
10 GAINING AGREEMENTS.—In the case of a group
11 health plan maintained pursuant to 1 or more collec-
12 tive bargaining agreements between employee rep-
13 resentatives and 1 or more employers ratified before
14 the date of enactment of this Act, the amendments
15 made by this section shall not apply to plan years
16 beginning before the date on which the last collective
17 bargaining agreements relating to the plan termi-
18 nates (determined without regard to any extension
19 thereof agreed to after the date of enactment of this
20 Act). For purposes of this paragraph, any plan
21 amendment made pursuant to a collective bargaining
22 agreement relating to the plan which amends the
23 plan solely to conform to any requirement added by

1 this section shall not be treated as a termination of
2 such collective bargaining agreement.

○