

114TH CONGRESS
1ST SESSION

H. R. 2355

To provide for a national public outreach and education campaign to raise public awareness of women’s preventive health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2015

Mr. BERA introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for a national public outreach and education campaign to raise public awareness of women’s preventive health, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Women’s Preventive
5 Health Awareness Campaign”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Well-woman visits are the foundation on
9 which women’s preventive care is built. Such visits
10 include not only specific screening tests, but also a

1 medical history, physical examination, evaluation
2 and counseling, and, as indicated, vaccinations.

3 (2) Well-woman visits facilitate increased access
4 to health care that is shown to identify chronic dis-
5 ease risk factors, promote well-being, and decrease
6 the likelihood or delay the onset of a targeted dis-
7 ease or condition.

8 (3) Heart disease, stroke, and other cardio-
9 vascular diseases are the number one cause of death
10 in American women, responsible for 1 in every 4 fe-
11 male deaths.

12 (4) Women are more likely than men to have
13 forgone needed health care due to cost; 1 in 5
14 women postponed preventive services in the past
15 year due to cost.

16 (5) Between 2002 and 2010, screening mam-
17 mography rates among women in the United States
18 who were 50 years of age to 64 years of age declined
19 from about 79 percent to 73 percent.

20 (6) In 2010, only 45 percent of 18- to 64-year-
21 olds in the United States reported having ever re-
22 ceived an HIV test.

23 (7) Among sexually active females in the United
24 States ages 16–25 years of age, only 44.7 percent
25 were screened for Chlamydia.

1 (8) The proportion of women in the United
2 States 22 years of age to 30 years of age who re-
3 ported never having had a Pap test increased from
4 6.6 percent in 2000 to 9.0 percent in 2010 despite
5 current recommendations that they receive a Pap
6 test every three years.

7 (9) In 2007, 29.3 percent of women in the
8 United States delivering a live birth did not receive
9 any prenatal care in the first trimester, even though
10 first trimester prenatal care is recommended.

11 (10) During the 2013–2014 flu season, almost
12 48 percent of pregnant women did not receive rec-
13 ommended vaccination against influenza.

14 (11) Over half (51 percent) of the 6.6 million
15 pregnancies in the United States each year are unin-
16 tended. Multiple studies have shown that improved
17 access to birth control significantly improves the
18 health of women and their families, as it is directly
19 linked to improved maternal and infant health out-
20 comes. Women that plan their pregnancies are more
21 likely to access prenatal care, improving their own
22 health and the health of their children.

23 (12) Between 2006 and 2010, one-third of all
24 pregnancies were conceived within 18 months of a

1 previous birth, an interval that is potentially harmful
2 to the health of the mother.

3 (13) Improved access to family planning also
4 saves money. For every \$1.00 invested in family
5 planning, taxpayers save more than \$5.00 in Med-
6 icaid-related expenses.

7 **SEC. 3. WOMEN'S PREVENTIVE HEALTH AWARENESS CAM-**
8 **PAIGN.**

9 Part P of title III of the Public Health Service Act
10 (42 U.S.C. 280g et al.) is amended by adding at the end
11 the following new section:

12 **“SEC. 399V-6. WOMEN'S PREVENTIVE HEALTH AWARENESS**
13 **CAMPAIGN.**

14 “(a) IN GENERAL.—The Secretary shall provide for
15 the planning and implementation of a national public out-
16 reach and education campaign to raise public awareness,
17 including provider awareness, of women's preventive
18 health. Such campaign shall include the media campaign
19 under subsection (b) and the website under subsection (c)
20 and shall provide for the dissemination of information
21 that—

22 “(1) describes the guidelines for women's pre-
23 ventive services, including the cervical cancer rec-
24 ommendations updated in 2012, by the United
25 States Preventive Services Task Force, by the Amer-

1 ican College of Obstetricians and Gynecologists
2 (ACOG), and by the American Cancer Society, the
3 American Society for Colposcopy and Cervical Pa-
4 thology, and the American Society for Clinical Pa-
5 thology;

6 “(2) promotes well-woman visits for health as-
7 sements which include screenings, evaluations,
8 counseling, immunizations, and prenatal visits, as
9 appropriate;

10 “(3) explains the women’s preventive services
11 that are required under section 2713 to be covered
12 without cost-sharing by a group health plan or a
13 health insurance issuer offering group or individual
14 health insurance coverage that is not a grand-
15 fathered plan (as defined in section 1251(e) of the
16 Patient Protection and Affordable Care Act); and

17 “(4) addresses health disparities in the area of
18 women’s prevention.

19 “(b) MEDIA CAMPAIGN.—

20 “(1) IN GENERAL.—Not later than 1 year after
21 the date of the enactment of this section, as part of
22 the campaign under subsection (a), the Secretary
23 shall establish and implement a national media cam-
24 paign.

1 “(2) REQUIREMENT OF CAMPAIGN.—The cam-
2 paign implemented under paragraph (1)—

3 “(A) shall disseminate information about
4 the updated guidelines for women’s preventive
5 services described in subsection (a)(1), promote
6 well-woman visits described in subsection
7 (a)(2), and provide information on the women’s
8 preventive services described in subsection
9 (a)(3); and

10 “(B) may include the use of television,
11 radio, Internet, and other commercial mar-
12 keting venues.

13 “(c) WEBSITE.—As part of the campaign under sub-
14 section (a), the Secretary shall, in consultation with pri-
15 vate sector experts or through contract with a private enti-
16 ty including a medical association or non-profit organiza-
17 tion, maintain and update an Internet website to provide
18 information and resources about the updated guidelines
19 for women’s preventive services described in subsection
20 (a)(1), promote well-woman visits, and provide informa-
21 tion on the women’s preventive services described in sub-
22 section (a)(3).

23 “(d) FUNDING.—The Secretary may use, out of any
24 funds otherwise made available to the Department of

1 Health and Human Services, such sums as may be nec-
2 essary to carry out this section.”.

3 **SEC. 4. CLARIFICATION OF COVERAGE FOR WOMEN’S PRE-**
4 **VENTIVE HEALTH SERVICES.**

5 Section 2713 of the Public Health Service Act (42
6 U.S.C. 300gg–13) is amended by adding at the end the
7 following new subsection:

8 “(d) CLARIFICATION OF COVERAGE FOR WOMEN’S
9 PREVENTIVE HEALTH SERVICES.—In applying subsection
10 (a), with respect to women, the following shall apply:

11 “(1) Well-woman visits, in addition to such
12 well-woman visits recommended in the Health Re-
13 sources and Services Administration guidelines shall
14 be treated as described in paragraph (4) of such
15 subsection, with respect to a woman, if a health care
16 provider determines that such woman requires such
17 additional well-woman visits to obtain all necessary
18 preventive services recommended under such guide-
19 lines and under this section, depending on the wom-
20 an’s health status, health needs, and other risk fac-
21 tors.

22 “(2) The entirety of any such well-woman visit
23 shall be treated as described in such paragraph (4)
24 and any additional facility fee or office visit fee shall
25 be in violation of the requirement under such sub-

1 section to provide for coverage of such visit without
2 the imposition of any cost sharing requirement.

3 “(3) If a recommendation or guideline pursuant
4 to subsection (a) with respect to a preventive service
5 does not specify the frequency, method, treatment,
6 or setting for the provision of such service, the plan
7 or issuer involved may use reasonable medical man-
8 agement techniques to determine any coverage limi-
9 tations with respect to frequency, method, treat-
10 ment, or setting for the provision of such service.

11 “(4) If a preventive service to which this section
12 is applicable is furnished to a woman by a health
13 care provider who is not within the provider network
14 of the group health plan or health insurance cov-
15 erage in which the woman is enrolled and there is
16 no health care provider who is within such network
17 who has the capacity to provide the service, then
18 such service furnished by such out-of-network pro-
19 vider shall be covered under such plan or coverage
20 without the imposition of any cost sharing require-
21 ment.

22 “(5) Nothing in this section or any regulation
23 implementing this section shall be construed as re-
24 quiring that each preventive health service to which
25 this section applies be provided in a separate visit.

1 Efficient care delivery and the delivery of multiple
2 prevention and screening services at a single visit
3 shall be permissible under this section and such reg-
4 ulations as a reasonable medical management tech-
5 nique.

6 “(6) In determining the categorization of a
7 service under this section as having a rating of ‘A’
8 or ‘B’ in the recommendations of the United States
9 Preventive Services Task Force, a woman who is at
10 high risk for a disease by reason of the family or
11 personal history of such woman with respect to such
12 disease, shall be treated in the same manner as a
13 woman identified at high risk for such disease by
14 reason of being among a population at high risk for
15 such disease.

16 “(7) In applying paragraph (6), in the case that
17 a health care provider determines that a woman is
18 at high risk for a disease such woman shall be treat-
19 ed as at high risk for such disease.

20 “(8)

21 “The recommendation applied pursuant to
22 subsection (a) for genetic counseling and eval-
23 uation for routine breast cancer susceptibility
24 gene (BRCA) shall be treated as including a
25 recommendation for both genetic counseling

1 and BRCA testing, if appropriate, for a woman
2 as determined by the health care provider of
3 such woman.

4 “(9) The recommendation applied pursuant to
5 subsection (a) for annual HIV counseling and
6 screening for all sexually active women, shall be
7 treated as applying to testing as well as screening.

8 “(10) The recommendation applied pursuant to
9 subsection (a) for breast-feeding support shall be
10 treated as including comprehensive prenatal and
11 postnatal lactation support, counseling, and rental or
12 purchase of equipment for the duration of breast-
13 feeding, subject to reasonable medical management.

14 “(11) The guidelines supported under sub-
15 section (a)(4) shall be treated as including the rec-
16 ommendation of one form of contraception in each
17 of the methods identified by the Food and Drug Ad-
18 ministration in its current Birth Control Guide as
19 well as clinical services needed for provision of such
20 contraceptive method, including patient education
21 and counseling.

22 “(12) In applying paragraph (11), within each
23 method described in such paragraph, a group health
24 plan or health insurance issuer may utilize reason-
25 able medical management techniques and may im-

1 pose cost sharing on some items and services to en-
2 courage an individual to use specific items and serv-
3 ices within the chosen contraceptive method, such as
4 for purposes of discouraging the use of brand name
5 pharmacy items over generic pharmacy items or for
6 purposes of encouraging the use of one of several
7 intrauterine devices with progestin approved by the
8 Food and Drug Administration.

9 “(13) Services related to follow-up and manage-
10 ment of side effects, counseling for continued adher-
11 ence, and device removal, subject to reasonable med-
12 ical management, shall be treated as described in
13 paragraph (4) of such subsection.”.

14 **SEC. 5. INSTITUTE OF MEDICINE STUDY AND REPORT.**

15 (a) STUDY.—The Secretary of Health and Human
16 Services shall enter into an agreement with the Institute
17 of Medicine (or, if the Institute declines to enter into such
18 an agreement, another appropriate entity) to conduct a
19 study to provide recommendations on the appropriate bill-
20 ing codes that should be included in a well-woman visit
21 described in subsection (d)(1) of section 2713 of the Pub-
22 lic Health Service Act (42 U.S.C. 300gg–13), as added
23 by section 4.

24 (b) REPORT.—The Secretary shall ensure that not
25 later than 12 months after the date of the enactment of

1 this Act a report containing the recommendations under
2 subsection (a), including a comprehensive list of codes de-
3 scribed in such subsection, is submitted to Congress.

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