

Disability Rights Legal Center

**CLRC**

Cancer Legal Resource Center

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*The CLRC is a joint program of the Disability Rights Legal Center & Loyola Law School*

## Legislative Bills 2010

The Cancer Legal Resource Center (CLRC), a joint program of the Disability Rights Legal Center and Loyola Law School, believes strongly in working to provide a systemic solution to many of the cancer-related legal issues faced by people coping with cancer, through legislative advocacy efforts. The CLRC has decided to support the following federal and state legislative proposals in 2010.

### **Federal**

#### **H.R. 716 - Access to Clinical Trials Act of 2009**

*Author & Co-Sponsors:* Representative Steve Israel, with 49 co-sponsors.

*Summary:* This bill requires group and individual health insurance coverage and group health plans to provide coverage for individuals participating in approved cancer clinical trials.

*Status:* Referred to House Committee on Energy & Commerce, and to the Committees on Education & Labor, and Ways & Means on 01/27/2009.

#### **H.R. 995 - Mammogram and MRI Availability Act of 2009**

*Author & Co-Sponsors:* Representative Jerrold Nadler, with 72 co-sponsors.

*Summary:* This bill would amend the Public Health Service Act and ERISA, to require group and individual health insurance coverage and group health plans to cover annual screening mammography for women 40 years of age or older, and for annual mammography screening and magnetic resonance imaging (MRI) for women at high risk for breast cancer, if the coverage or plans include coverage for diagnostic mammography for women 40 years of age or older.

*Status:* Hearings held in House Subcommittee on Health on 10/08/09.

#### **H.R. 1085 - Health Insurance Coverage Protection Act**

*Author & Co-Sponsors:* Representative Anna Eshoo, with 24 co-sponsors

*Summary:* This bill would set a \$10 million minimum lifetime spending cap on health insurance, with future increases based on inflation. Currently, lifetime caps on health insurance coverage typically range from \$2 to \$3 million dollars, but some can be as low as \$2,000. Because of the high cost of health care, many cancer patients reach their lifetime caps and are left with large medical bills. Patients are left with options of paying out of pocket for their treatment, going without treatment; or struggling to find new health insurance that doesn't deny people with pre-existing conditions. Providing a minimum lifetime cap will alleviate the worry of people with serious medical conditions that they will exhaust their health insurance coverage and be unable to access health care treatment.

*Status:* Referred to House Subcommittee on Health, Employment, Labor, and Pensions on 03/30/09; please also refer to S. 442/Senator Byron Dorgan.

**H.R. 1558 – Pre-existing Condition Patient Protection Act of 2009**

*Author & Co-Sponsors:* Representative Joe Courtney, with 70 co-sponsors

*Summary:* This bill proposes to prohibit pre-existing condition exclusions in group health plans and in health insurance coverage in the group and individual markets. Therefore, in the group and individual health insurance markets, an individual with a pre-existing condition cannot be denied health insurance coverage.

This bill would allow cancer patients to access necessary health care services. The timing of a pre-existing condition period, imposed by a health insurance plan, often coincides with a period of time when cancer patients need access to treatment the most.

*Status:* Referred to the Subcommittee on Health, Employment, Labor, and Pensions on 05/14/09; please also refer to S. 623.

**H.R. 1691 – Breast Cancer Patient Protection Act of 2009**

*Author & Co-Sponsors:* Representative Rosa L. DeLauro, with 242 co-sponsors

*Summary:* This bill would 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 second medical opinions. HR 1691 ensures that hospital stays are not limited to less than 48 hours for mastectomies and 24 hours for lymph node dissection.

Breast cancer patients should be able to choose treatment options and follow recommendations from their doctors, uninfluenced by health insurance companies.

*Status:* Hearings held in House Subcommittee on Health on 10/08/09; please also refer to S. 688.

**H.R. 1740 – EARLY Act of 2009**

*Author & Co-Sponsors:* Representative Debbie Wasserman Schultz, with 374 co-sponsors

*Summary:* HR 1740 amends the Public Health Service Act to increase awareness of the risks of breast cancer in young women and provide support for young women diagnosed with breast cancer. This bill proposes to initiate a public education campaign about the threats that breast cancer poses to young women, with an emphasis on women at higher risk due to their race, ethnicity, or genetic heritage. A public education campaign and more awareness of the risks of breast cancer would encourage women to receive potentially life saving screening.

The EARLY Act will also help health care professionals be more aware of the risk factors, the opportunities for genetic counseling and testing, and the unique challenges facing young women diagnosed with breast cancer. According to Susan G. Komen for the Cure®, “Each year, almost 24,000 women under age 45 are diagnosed with breast cancer in the U.S. and almost 3,000 women under age 45 will die of the disease this year.”

*Status:* House Subcommittee on Health, Employment, Labor, and Pensions hearings held on 10/8/09.

**H.R. 1844 – Comprehensive Cancer Care Improvement Act of 2009**

*Author & Co-Sponsors:* Representative Lois Capps, with 58 co-sponsors

*Summary:* The purpose of this bill is to increase access to comprehensive cancer care, by amending the Social Security Act to provide for coverage of comprehensive cancer care planning under the Medicare Program. This bill will enhance the current system of care by expanding primary therapies to include psychosocial care, treatment plan summaries, monitoring of treatments, and follow up care, which enables patients to better understand the process of cancer treatment and better navigate the health care system. This bill will also increase coordination among doctors and other health care professionals.

*Status:* Referred to House Committee on Energy and Commerce and to the Committee on Ways and Means on 04/01/09.

**H.R. 2132 – Family and Medical Leave (FMLA) Inclusion Act**

*Author & Co-Sponsors:* Representative Carolyn Maloney, with 25 co-sponsors

*Summary:* The current Family and Medical Leave Act of 1993 (FMLA), allows for eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12 month period. An employee can take this leave to care for their own serious medical condition or to care for a spouse, parent, or child. HR 2132 would extend this act to include leave to care for a same-sex spouse, domestic partner, parent-in-law, adult child, sibling, or grandparent who has a serious health condition. This bill will guarantee that all employees eligible for the FMLA will be given the right to care for loved ones with serious illnesses and gives cancer patients and their caregivers protection from employment discrimination.

*Status:* Referred to House Subcommittee on Federal Workforce, Post Office, and the District of Columbia on 06/26/09.

**H.R. 2427 - Informed Consumer Choices in Health Care Act of 2009**

*Author & Co-Sponsors:* Representative Rosa DeLauro, with 31 co-sponsors.

*Summary:* This bill establishes federal standards for health insurance forms, quality, fair marketing, and honesty in out-of-network coverage in the group and individual health insurance markets, to improve transparency, and to establish a Federal Office of Health Insurance Oversight to monitor performance.

*Status:* Referred to Committee on Energy and Commerce, the Committees on Ways and Means, Education and Labor, and Oversight and Government Reform on 05/14/09.

**H.R. 2952 – Medicaid Prostate Cancer Coverage Act of 2009**

*Author:* Representative Eleanor Holmes Norton

*Summary:* This bill will amend the Social Security Act to provide medical assistance for certain men screened and found to have prostate cancer through a federally funded screening program. This bill will provide eligible men diagnosed with prostate cancer the ability to get treatment for their cancer through Medicaid. The CLRC supports legislation that will improve the access of people with cancer to affordable and quality health care.

*Status:* Referred to House Committee on Energy and Commerce on 06/18/09.

### **S. 442 - Health Insurance Coverage Protection Act**

*Author & Co-Sponsors:* Senator Byron Dorgan, with 3 co-sponsors

*Summary:* The bill prohibits a group health plan from imposing an aggregate lifetime benefit limit of less than: (1) \$5 million for the first two plan years; (2) \$10 million for the third and fourth plan years; and (3) adjusted amounts based on the consumer price index for subsequent plan years. However, this excludes from such prohibition a group health plan offered to employees of a small employer, except upon request of the employer for a consistent limit.

*Status:* Referred to Senate Committee on Health, Education, Labor, and Pensions on 02/13/09.

### **S. 623 – Pre-existing Condition Patient Protection Act of 2009**

*Author & Co-Sponsors:* Senator John D. Rockefeller, with 5 co-sponsors

*Summary:* This bill prohibits preexisting condition exclusions in health insurance coverage in the group and individual markets

*Status:* Referred to Senate Committee on Health, Education, Labor, and Pensions on 03/17/09.

### **S. 700 – Ending the Medicare Disability Waiting Period Act of 2009**

*Author & Co-Sponsors:* Senator Jeff Bingaman, with 19 co-sponsors

*Summary:* The purpose of this bill is to amend Title II of the Social Security Act to phase out, over ten years, the 24-month waiting period for individuals with disabilities to become eligible for Medicare benefits and to eliminate the waiting period for individuals with life-threatening conditions.

When individuals apply for Social Security Disability Insurance (SSDI) benefits they have to wait to hear from the Social Security Administration (SSA) for their application to be approved, then after being qualified by SSA as having a disability, they have to wait 5 months to receive SSDI benefits. Then they have to wait another 24 months after receiving SSDI benefits before they become eligible for Medicare health care benefits. During this time, many people are unable to afford COBRA premiums to continue their health insurance from their former employer or private health insurance. As a result, many people are left without insurance or access to care during this waiting period.

Currently, there are approximately 7 million Americans under the age of 65 who are subject to the 24-month waiting period. 40% of those do not have health insurance coverage at some point during the waiting period and 24% have no health insurance for the entirety of this time. By eliminating the Medicare waiting period, this bill would provide individuals with disabilities who are uninsured with access to affordable and quality health care.

*Status:* Referred to Senate Committee on Finance on 03/25/09.

### **S. 717 – 21<sup>st</sup> Century Cancer Alert Act**

*Author & Co-Sponsors:* Senator Edward M. Kennedy, with 21 co-sponsors

*Summary:* This bill will modernize cancer research, increase access to preventative cancer services, expand access to clinical trials and patient navigation, and ensure that new treatments and detection tools are made available to cancer patients as quickly and safely as possible. The bill would provide critical funding for cancer research. It would place an emphasis on early detection, strengthen research by promoting public-private collaborations between government agencies, and will improve access to cancer care.

*Status:* Referred to Senate Committee on Health, Education, Labor, and Pensions on 03/26/09.

**S. 1050 – Informed Consumer Choices in Health Care Act of 2009**

*Author & Co-Sponsors:* Senator John D. Rockefeller, with 4 co-sponsors.

*Summary:* This bill establishes federal standards for health insurance forms, quality, fair marketing, and honesty in out-of-network coverage in the group and individual health insurance markets, to improve transparency, and to establish a Federal Office of Health Insurance Oversight to monitor performance.

*Status:* Referred to Senate Committee on Health, Education, Labor, and Pensions and read twice as of 05/14/09.

**S. 1773 – Comprehensive Cancer Care Improvement Act of 2009**

*Author & Co-Sponsors:* Senator Mary Landrieu.

*Summary:* Provides coverage of comprehensive cancer care planning and improves care for individuals diagnosed with cancer by establishing Medicare hospice care demonstration program.

*Status:* Referred to Senate Committee on Finance and read twice as of 10/13/09.