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H. CON. RES. 167

Expressing the sense of the Congress that any comprehensive health care reform legislation that is enacted should ensure that women receive appropriate breast and cervical cancer screenings and general gynecological care consistent with current medical standards.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 19, 1993

Mr. NADLER submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce

CONCURRENT RESOLUTION

Expressing the sense of the Congress that any comprehensive health care reform legislation that is enacted should ensure that women receive appropriate breast and cervical cancer screenings and general gynecological care consistent with current medical standards.

Whereas, in 1993, breast and cervical cancers will affect 195,000 women in the United States and will result in 50,400 deaths;

Whereas, in the 1990s, over 500,000 women in the United States will lose their lives to breast and cervical cancers;

Whereas the medical complications associated with sexually transmitted diseases can be extremely serious in women;

Whereas millions of women each year are affected by such diseases, which often remain undiagnosed; and

Whereas improved access to preventive care will benefit all women in the United States and their families by reducing needless suffering and loss of life caused by breast and cervical cancers and sexually transmitted diseases: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
2 *concurring)*, That it is the sense of the Congress that any
3 national comprehensive benefit package that results from
4 health care reform legislation (and the medicare program,
5 but only with respect to items or services that are provided
6 to women who are at least 65 years of age) should cover
7 all preventive and treatment services relating to breast
8 and cervical cancers, sexually transmitted diseases, and
9 general gynecological health, including the following:

10 (1) Annual pap smears and gynecological exams
11 for women who have reached childbearing age, are at
12 least 16 years of age, or are sexually active.

13 (2) Any gynecological exam or test performed
14 because a woman suspects that she may have a gyn-
15 eological infection or because a woman is in need
16 of any other gynecological health service, but only if
17 the exam or test has been recommended by her phy-
18 sician or a specialist referred to in paragraph (5).

19 (3) Annual mammograms for women who are at
20 least 40 years of age unless, in the opinion of the

1 physician of a woman or a specialist referred to in
2 paragraph (5), such a mammogram should not be
3 provided because of a risk to the woman from re-
4 peated radiation exposure.

5 (4) Annual mammograms for women under the
6 age of 40 if—

7 (A) the woman is a high-risk patient based
8 on her family history or based on her residence
9 in an environment where breast cancer rates
10 are higher than the national average unless, in
11 the opinion of her physician or a specialist re-
12 ferred to in paragraph (5), such a mammogram
13 should not be provided because of a risk to the
14 woman from repeated radiation exposure; or

15 (B) the woman requests a mammogram
16 and it has been recommended by her physician
17 or a specialist referred to in paragraph (5).

18 (5) The cost of a second opinion concerning the
19 medical necessity or appropriateness of an item or
20 service described in paragraph (2), (3), or (4) per-
21 formed by a specialist selected by the woman
22 concerned.

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