

105TH CONGRESS  
1ST SESSION

# S. 249

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

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## IN THE SENATE OF THE UNITED STATES

JANUARY 30, 1997

Mr. D'AMATO (for himself, Ms. SNOWE, Mrs. FEINSTEIN, Mr. HOLLINGS, Mr. MOYNIHAN, Mr. DOMENICI, Mr. FAIRCLOTH, Ms. MOSELEY-BRAUN, Mr. BIDEN, Mr. INOUE, Mr. MURKOWSKI, Mr. DODD, Mr. KERREY, Mr. HATCH, Mr. GREGG, Mr. SMITH of New Hampshire, and Mr. FORD) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To require that health plans provide coverage for a minimum hospital stay for mastectomies and lymph node dissection for the treatment of breast cancer, coverage for reconstructive surgery following mastectomies, 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 “Women’s Health and  
5 Cancer Rights Act of 1997”.

1 **SEC. 2. FINDINGS.**

2 Congress finds that—

3 (1) the offering and operation of health plans  
4 affect commerce among the States;

5 (2) health care providers located in a State  
6 serve patients who reside in the State and patients  
7 who reside in other States; and

8 (3) in order to provide for uniform treatment of  
9 health care providers and patients among the States,  
10 it is necessary to cover health plans operating in 1  
11 State as well as health plans operating among the  
12 several States.

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

15 (a) IN GENERAL.—Subpart B of part 7 of subtitle  
16 B of title I of the Employee Retirement Income Security  
17 Act of 1974 (as added by section 603(a) of the Newborns'  
18 and Mothers' Health Protection Act of 1996 and amended  
19 by section 702(a) of the Mental Health Parity Act of  
20 1996) is amended by adding at the end the following new  
21 section:

1 **“SEC. 713. REQUIRED COVERAGE FOR MINIMUM HOSPITAL**  
2 **STAY FOR MASTECTOMIES AND LYMPH NODE**  
3 **DISSECTIONS FOR THE TREATMENT OF**  
4 **BREAST CANCER, COVERAGE FOR RECON-**  
5 **STRUCTIVE SURGERY FOLLOWING**  
6 **MASTECTOMIES, AND COVERAGE FOR SEC-**  
7 **ONDARY CONSULTATIONS.**

8 “(a) INPATIENT CARE.—

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 medical and surgical benefits shall en-  
13 sure that inpatient coverage with respect to the  
14 treatment of breast cancer is provided for a period  
15 of time as is determined by the attending physician,  
16 in consultation with the patient, to be medically ap-  
17 propriate following—

18 “(A) a mastectomy;

19 “(B) a lumpectomy; or

20 “(C) a lymph node dissection for the treat-  
21 ment of breast cancer.

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-  
25 termine that a shorter period of hospital stay is  
26 medically appropriate.

1       “(b) RECONSTRUCTIVE SURGERY.—A group health  
2 plan, and a health insurance issuer providing health insur-  
3 ance coverage in connection with a group health plan, that  
4 provides medical and surgical benefits with respect to a  
5 mastectomy shall ensure that, in a case in which a mastec-  
6 tomy patient elects breast reconstruction, coverage is pro-  
7 vided for—

8               “(1) all stages of reconstruction of the breast  
9       on which the mastectomy has been performed; and

10              “(2) surgery and reconstruction of the other  
11       breast to produce a symmetrical appearance;

12 in the manner determined by the attending physician and  
13 the patient to be appropriate, and consistent with any fee  
14 schedule contained in the plan.

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

23       “(d) NOTICE.—A group health plan, and a health in-  
24 surance issuer providing health insurance coverage in con-  
25 nection with a group health plan shall provide notice to

1 each participant and beneficiary under such plan regard-  
2 ing the coverage required by this section in accordance  
3 with regulations promulgated by the Secretary. Such no-  
4 tice shall be in writing and prominently positioned in any  
5 literature or correspondence made available or distributed  
6 by the plan or issuer and shall be transmitted—

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

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

11           “(3) not later than January 1, 1998;

12 whichever is earlier.

13           “(e) SECONDARY CONSULTATIONS.—

14           “(1) IN GENERAL.—A group health plan, and a  
15 health insurance issuer providing health insurance  
16 coverage in connection with a group health plan,  
17 that provides coverage with respect to medical and  
18 surgical services provided in relation to the diagnosis  
19 and treatment of cancer shall ensure that full cov-  
20 erage is provided for secondary consultations by spe-  
21 cialists in the appropriate medical fields (including  
22 pathology, radiology, and oncology) to confirm or re-  
23 fute such diagnosis. Such plan or issuer shall ensure  
24 that full coverage is provided for such secondary  
25 consultation whether such consultation is based on a

1 positive or negative initial diagnosis. In any case in  
2 which the attending physician certifies in writing  
3 that services necessary for such a secondary con-  
4 sultation are not sufficiently available from special-  
5 ists operating under the plan with respect to whose  
6 services coverage is otherwise provided under such  
7 plan or by such issuer, such plan or issuer shall en-  
8 sure that coverage is provided with respect to the  
9 services necessary for the secondary consultation  
10 with any other specialist selected by the attending  
11 physician for such purpose at no additional cost to  
12 the individual beyond that which the individual  
13 would have paid if the specialist was participating in  
14 the network of the plan.

15 “(2) EXCEPTION.—Nothing in paragraph (1)  
16 shall be construed as requiring the provision of sec-  
17 ondary consultations where the patient determines  
18 not to seek such a consultation.

19 “(f) PROHIBITION ON PENALTIES OR INCENTIVES.—  
20 A group health plan, and a health insurance issuer provid-  
21 ing health insurance coverage in connection with a group  
22 health plan, may not—

23 “(1) penalize or otherwise reduce or limit the  
24 reimbursement of a provider or specialist because

1 the provider or specialist provided care to a partici-  
 2 pant or beneficiary in accordance with this section;

3 “(2) provide financial or other incentives to a  
 4 physician or specialist to induce the physician or  
 5 specialist to keep the length of inpatient stays of pa-  
 6 tients following a mastectomy, lumpectomy, or a  
 7 lymph node dissection for the treatment of breast  
 8 cancer below certain limits or to limit referrals for  
 9 secondary consultations; or

10 “(3) provide financial or other incentives to a  
 11 physician or specialist to induce the physician or  
 12 specialist to refrain from referring a participant or  
 13 beneficiary for a secondary consultation that would  
 14 otherwise be covered by the plan or coverage in-  
 15 volved under subsection (e).”.

16 (b) CLERICAL AMENDMENT.—The table of contents  
 17 in section 1 of such Act, as amended by section 603 of  
 18 the Newborns’ and Mothers’ Health Protection Act of  
 19 1996 and section 702 of the Mental Health Parity Act  
 20 of 1996, is amended by inserting after the item relating  
 21 to section 712 the following new item:

“Sec. 713. Required coverage for minimum hospital stay for mastectomies and  
 lymph node dissections for the treatment of breast cancer, cov-  
 erage for reconstructive surgery following mastectomies, and  
 coverage for secondary consultations.”.

22 (c) EFFECTIVE DATES.—

1           (1) IN GENERAL.—The amendments made by  
2 this section shall apply with respect to plan years be-  
3 ginning on or after the date of enactment of this  
4 Act.

5           (2) SPECIAL RULE FOR COLLECTIVE BARGAIN-  
6 ING AGREEMENTS.—In the case of a group health  
7 plan maintained pursuant to 1 or more collective  
8 bargaining agreements between employee representa-  
9 tives and 1 or more employers ratified before the  
10 date of enactment of this Act, the amendments made  
11 by this section shall not apply to plan years begin-  
12 ning before the later of—

13                   (A) the date on which the last collective  
14 bargaining agreements relating to the plan ter-  
15 minates (determined without regard to any ex-  
16 tension thereof agreed to after the date of en-  
17 actment of this Act), or

18                   (B) January 1, 1998.

19 For purposes of subparagraph (A), any plan amend-  
20 ment made pursuant to a collective bargaining  
21 agreement relating to the plan which amends the  
22 plan solely to conform to any requirement added by  
23 this section shall not be treated as a termination of  
24 such collective bargaining agreement.

1 **SEC. 4. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**  
 2 **ACT RELATING TO THE GROUP MARKET.**

3 (a) IN GENERAL.—Subpart 2 of part A of title  
 4 XXVII of the Public Health Service Act (as added by sec-  
 5 tion 604(a) of the Newborns’ and Mothers’ Health Protec-  
 6 tion Act of 1996 and amended by section 703(a) of the  
 7 Mental Health Parity Act of 1996) is amended by adding  
 8 at the end the following new section:

9 **“SEC. 2706. REQUIRED COVERAGE FOR MINIMUM HOSPITAL**  
 10 **STAY FOR MASTECTOMIES AND LYMPH NODE**  
 11 **DISSECTIONS FOR THE TREATMENT OF**  
 12 **BREAST CANCER, COVERAGE FOR RECON-**  
 13 **STRUCTION SURGERY FOLLOWING**  
 14 **MASTECTOMIES, AND COVERAGE FOR SEC-**  
 15 **ONDARY CONSULTATIONS.**

16 “(a) INPATIENT CARE.—

17 “(1) IN GENERAL.—A group health plan, and a  
 18 health insurance issuer providing health insurance  
 19 coverage in connection with a group health plan,  
 20 that provides medical and surgical benefits shall en-  
 21 sure that inpatient coverage with respect to the  
 22 treatment of breast cancer is provided for a period  
 23 of time as is determined by the attending physician,  
 24 in consultation with the patient, to be medically ap-  
 25 propriate following—

26 “(A) a mastectomy;

1                   “(B) a lumpectomy; or

2                   “(C) a lymph node dissection for the treat-  
3                   ment of breast cancer.

4                   “(2) EXCEPTION.—Nothing in this section shall  
5                   be construed as requiring the provision of inpatient  
6                   coverage if the attending physician and patient de-  
7                   termine that a shorter period of hospital stay is  
8                   medically appropriate.

9                   “(b) RECONSTRUCTIVE SURGERY.—A group health  
10                  plan, and a health insurance issuer providing health insur-  
11                  ance coverage in connection with a group health plan, that  
12                  provides medical and surgical benefits with respect to a  
13                  mastectomy shall ensure that, in a case in which a mastec-  
14                  tomy patient elects breast reconstruction, coverage is pro-  
15                  vided for—

16                  “(1) all stages of reconstruction of the breast  
17                  on which the mastectomy has been performed; and

18                  “(2) surgery and reconstruction of the other  
19                  breast to produce a symmetrical appearance;

20                  in the manner determined by the attending physician and  
21                  the patient to be appropriate, and consistent with any fee  
22                  schedule contained in the plan.

23                  “(c) PROHIBITION ON CERTAIN MODIFICATIONS.—In  
24                  implementing the requirements of this section, a group  
25                  health plan, and a health insurance issuer providing health

1 insurance coverage in connection with a group health plan,  
2 may not modify the terms and conditions of coverage  
3 based on the determination by a participant or beneficiary  
4 to request less than the minimum coverage required under  
5 subsection (a) or (b).

6 “(d) NOTICE.—A group health plan, and a health in-  
7 surance issuer providing health insurance coverage in con-  
8 nection with a group health plan shall provide notice to  
9 each participant and beneficiary under such plan regard-  
10 ing the coverage required by this section in accordance  
11 with regulations promulgated by the Secretary. Such no-  
12 tice shall be in writing and prominently positioned in any  
13 literature or correspondence made available or distributed  
14 by the plan or issuer and shall be transmitted—

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

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

19 “(3) not later than January 1, 1998;  
20 whichever is earlier.

21 “(e) SECONDARY CONSULTATIONS.—

22 “(1) IN GENERAL.—A group health plan, and a  
23 health insurance issuer providing health insurance  
24 coverage in connection with a group health plan that

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

1           “(2) EXCEPTION.—Nothing in paragraph (1)  
2 shall be construed as requiring the provision of sec-  
3 ondary consultations where the patient determines  
4 not to seek such a consultation.

5           “(f) PROHIBITION ON PENALTIES OR INCENTIVES.—  
6 A group health plan, and a health insurance issuer provid-  
7 ing health insurance coverage in connection with a group  
8 health plan, may not—

9           “(1) penalize or otherwise reduce or limit the  
10 reimbursement of a provider or specialist because  
11 the provider or specialist provided care to a partici-  
12 pant or beneficiary in accordance with this section;

13           “(2) provide financial or other incentives to a  
14 physician or specialist to induce the physician or  
15 specialist to keep the length of inpatient stays of pa-  
16 tients following a mastectomy, lumpectomy, or a  
17 lymph node dissection for the treatment of breast  
18 cancer below certain limits or to limit referrals for  
19 secondary consultations; or

20           “(3) provide financial or other incentives to a  
21 physician or specialist to induce the physician or  
22 specialist to refrain from referring a participant or  
23 beneficiary for a secondary consultation that would  
24 otherwise be covered by the plan or coverage in-  
25 volved under subsection (e).”.

1 (b) EFFECTIVE DATES.—

2 (1) IN GENERAL.—The amendments made by  
3 this section shall apply to group health plans for  
4 plan years beginning on or after the date of enact-  
5 ment of this Act.

6 (2) SPECIAL RULE FOR COLLECTIVE BARGAIN-  
7 ING AGREEMENTS.—In the case of a group health  
8 plan maintained pursuant to 1 or more collective  
9 bargaining agreements between employee representa-  
10 tives and 1 or more employers ratified before the  
11 date of enactment of this Act, the amendments made  
12 by this section shall not apply to plan years begin-  
13 ning before the later of—

14 (A) the date on which the last collective  
15 bargaining agreements relating to the plan ter-  
16 minates (determined without regard to any ex-  
17 tension thereof agreed to after the date of en-  
18 actment of this Act), or

19 (B) January 1, 1998.

20 For purposes of subparagraph (A), any plan amend-  
21 ment 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  
24 this section shall not be treated as a termination of  
25 such collective bargaining agreement.

1 **SEC. 5. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT**  
2 **RELATING TO THE INDIVIDUAL MARKET.**

3 (a) IN GENERAL.—Subpart 3 of part B of title  
4 XXVII of the Public Health Service Act (as added by sec-  
5 tion 605(a) of the Newborn’s and Mother’s Health Protec-  
6 tion Act of 1996) is amended by adding at the end the  
7 following new section:

8 **“SEC. 2752. REQUIRED COVERAGE FOR MINIMUM HOSPITAL**  
9 **STAY FOR MASTECTOMIES AND LYMPH NODE**  
10 **DISSECTIONS FOR THE TREATMENT OF**  
11 **BREAST CANCER AND SECONDARY CON-**  
12 **SULTATIONS.**

13 “The provisions of section 2706 shall apply to health  
14 insurance coverage offered by a health insurance issuer  
15 in the individual market in the same manner as they apply  
16 to health insurance coverage offered by a health insurance  
17 issuer in connection with a group health plan in the small  
18 or large group market.”.

19 (b) EFFECTIVE DATE.—The amendment made by  
20 this section shall apply with respect to health insurance  
21 coverage offered, sold, issued, renewed, in effect, or oper-  
22 ated in the individual market on or after the date of enact-  
23 ment of this Act.

1 **SEC. 6. AMENDMENTS TO THE INTERNAL REVENUE CODE**  
 2 **OF 1986.**

3 (a) IN GENERAL.—Chapter 100 of the Internal Reve-  
 4 nue Code of 1986 (relating to group health plan port-  
 5 ability, access, and renewability requirements) is amended  
 6 by redesignating sections 9804, 9805, and 9806 as sec-  
 7 tions 9805, 9806, and 9807, respectively, and by inserting  
 8 after section 9803 the following new section:

9 **“SEC. 9804. REQUIRED COVERAGE FOR MINIMUM HOSPITAL**  
 10 **STAY FOR MASTECTOMIES AND LYMPH NODE**  
 11 **DISSECTIONS FOR THE TREATMENT OF**  
 12 **BREAST CANCER, COVERAGE FOR RECON-**  
 13 **STRUCTIVE SURGERY FOLLOWING**  
 14 **MASTECTOMIES, AND COVERAGE FOR SEC-**  
 15 **ONDARY CONSULTATIONS.**

16 “(a) INPATIENT CARE.—

17 “(1) IN GENERAL.—A group health plan that  
 18 provides medical and surgical benefits shall ensure  
 19 that inpatient coverage with respect to the treatment  
 20 of breast cancer is provided for a period of time as  
 21 is determined by the attending physician, in con-  
 22 sultation with the patient, to be medically appro-  
 23 priate following—

24 “(A) a mastectomy;

25 “(B) a lumpectomy; or

1                   “(C) a lymph node dissection for the treat-  
2                   ment of breast cancer.

3                   “(2) EXCEPTION.—Nothing in this section shall  
4                   be construed as requiring the provision of inpatient  
5                   coverage if the attending physician and patient de-  
6                   termine that a shorter period of hospital stay is  
7                   medically appropriate.

8                   “(b) RECONSTRUCTIVE SURGERY.—A group health  
9                   plan that provides medical and surgical benefits with re-  
10                  spect to a mastectomy shall ensure that, in a case in which  
11                  a mastectomy patient elects breast reconstruction, cov-  
12                  erage is provided for—

13                  “(1) all stages of reconstruction of the breast  
14                  on which the mastectomy has been performed; and

15                  “(2) surgery and reconstruction of the other  
16                  breast to produce a symmetrical appearance;

17                  in the manner determined by the attending physician and  
18                  the patient to be appropriate, and consistent with any fee  
19                  schedule contained in the plan.

20                  “(c) PROHIBITION ON CERTAIN MODIFICATIONS.—In  
21                  implementing the requirements of this section, a group  
22                  health plan may not modify the terms and conditions of  
23                  coverage based on the determination by a participant or  
24                  beneficiary to request less than the minimum coverage re-  
25                  quired under subsection (a) or (b).

1       “(d) NOTICE.—A group health plan shall provide no-  
2       tice to each participant and beneficiary under such plan  
3       regarding the coverage required by this section in accord-  
4       ance with regulations promulgated by the Secretary. Such  
5       notice shall be in writing and prominently positioned in  
6       any literature or correspondence made available or distrib-  
7       uted by the plan and shall be transmitted—

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

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

12              “(3) not later than January 1, 1998;  
13       whichever is earlier.

14       “(e) SECONDARY CONSULTATIONS.—

15              “(1) IN GENERAL.—A group health plan that  
16       provides coverage with respect to medical and sur-  
17       gical services provided in relation to the diagnosis  
18       and treatment of cancer shall ensure that full cov-  
19       erage is provided for secondary consultations by spe-  
20       cialists in the appropriate medical fields (including  
21       pathology, radiology, and oncology) to confirm or re-  
22       fute such diagnosis. Such plan or issuer shall ensure  
23       that full coverage is provided for such secondary  
24       consultation whether such consultation is based on a  
25       positive or negative initial diagnosis. In any case in

1       which the attending physician certifies in writing  
2       that services necessary for such a secondary con-  
3       sultation are not sufficiently available from special-  
4       ists operating under the plan with respect to whose  
5       services coverage is otherwise provided under such  
6       plan or by such issuer, such plan or issuer shall en-  
7       sure that coverage is provided with respect to the  
8       services necessary for the secondary consultation  
9       with any other specialist selected by the attending  
10      physician for such purpose at no additional cost to  
11      the individual beyond that which the individual  
12      would have paid if the specialist was participating in  
13      the network of the plan.

14           “(2) EXCEPTION.—Nothing in paragraph (1)  
15      shall be construed as requiring the provision of sec-  
16      ondary consultations where the patient determines  
17      not to seek such a consultation.

18           “(f) PROHIBITION ON PENALTIES.—A group health  
19      plan may not—

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

24           “(2) provide financial or other incentives to a  
25      physician or specialist to induce the physician or

1 specialist to keep the length of inpatient stays of pa-  
2 tients following a mastectomy, lumpectomy, or a  
3 lymph node dissection for the treatment of breast  
4 cancer below certain limits or to limit referrals for  
5 secondary consultations; or

6 “(3) provide financial or other incentives to a  
7 physician or specialist to induce the physician or  
8 specialist to refrain from referring a participant or  
9 beneficiary for a secondary consultation that would  
10 otherwise be covered by the plan involved under sub-  
11 section (e).”.

12 (b) CONFORMING AMENDMENTS.—

13 (1) Sections 9801(c)(1), 9805(b) (as redesignig-  
14 nated by subsection (a)), 9805(c) (as so redesignig-  
15 nated), 4980D(c)(3)(B)(i)(I), 4980D(d)(3), and  
16 4980D(f)(1) of such Code are each amended by  
17 striking “9805” each place it appears and inserting  
18 “9806”.

19 (2) The heading for subtitle K of such Code is  
20 amended to read as follows:

21 **“Subtitle K—Group Health Plan**  
22 **Portability, Access, Renewabil-**  
23 **ity, and Other Requirements”.**

24 (3) The heading for chapter 100 of such Code  
25 is amended to read as follows:

1 “CHAPTER 100—GROUP HEALTH PLAN PORT-  
2 ABILITY, ACCESS, RENEWABILITY, AND  
3 OTHER REQUIREMENTS”.

4 (4) Section 4980D(a) of such Code is amended  
5 by striking “and renewability” and inserting “renew-  
6 ability, and other”.

7 (c) CLERICAL AMENDMENTS.—

8 (1) The table of contents for chapter 100 of  
9 such Code is amended by redesignating the items re-  
10 lating to sections 9804, 9805, and 9806 as items re-  
11 lating to sections 9805, 9806, and 9807, and by in-  
12 serting after the item relating to section 9803 the  
13 following new item:

“Sec. 9804. Required coverage for minimum hospital stay for mastectomies and  
lymph node dissections for the treatment of breast cancer, cov-  
erage for reconstructive surgery following mastectomies, and  
coverage for secondary consultations.”.

14 (2) The item relating to subtitle K in the table  
15 of subtitles for such Code is amended by striking  
16 “and renewability” and inserting “renewability, and  
17 other”.

18 (3) The item relating to chapter 100 in the  
19 table of chapters for subtitle K of such Code is  
20 amended by striking “and renewability” and insert-  
21 ing “renewability, and other”.

22 (d) EFFECTIVE DATES.—

1           (1) IN GENERAL.—The amendments made by  
2 this section shall apply with respect to plan years be-  
3 ginning on or after the date of enactment of this  
4 Act.

5           (2) SPECIAL RULE FOR COLLECTIVE BARGAIN-  
6 ING AGREEMENTS.—In the case of a group health  
7 plan maintained pursuant to 1 or more collective  
8 bargaining agreements between employee representa-  
9 tives and 1 or more employers ratified before the  
10 date of enactment of this Act, the amendments made  
11 by this section shall not apply to plan years begin-  
12 ning before the later of—

13                   (A) the date on which the last collective  
14 bargaining agreements relating to the plan ter-  
15 minates (determined without regard to any ex-  
16 tension thereof agreed to after the date of en-  
17 actment of this Act), or

18                   (B) January 1, 1998.

19 For purposes of subparagraph (A), any plan amend-  
20 ment made pursuant to a collective bargaining  
21 agreement relating to the plan which amends the  
22 plan solely to conform to any requirement added by  
23 this section shall not be treated as a termination of  
24 such collective bargaining agreement.

○