

State and Federal Cancer Screening Policy Update

Tiffany Joekel
Vice President, Government Affairs
April 25, 2025

DISCLOSURE INFORMATION

No financial interests

No conflicts of interest



Agenda

- Overview
- State Policies Impacting Cancer Screening
- Federal Policies Impacting Cancer Screening
- The Future of Cancer Screening Policy
- Questions & Answers



Policies Impacting Cancer Screening

- State and federal policies are guided by the [American Cancer Society](#), [National Comprehensive Cancer Network](#)
- The legal basis often defers/refers to [U.S. Preventative Services Task Force](#) (USPSTF) and the [Affordable Care Act](#) (ACA).

Cancer screening policies generally include some of the following components:

- Require coverage of a health care service
- Requirements regarding extent of coverage of a health care service
- Coverage based upon who provides a health care service
- Cost-sharing requirements for a health care service
- Requirements for specific types of insurance (public, private, both)



Intersection of State & Federal Law

Federal law generally governs Medicare, private insurance*, and limited Medicaid impact

State law generally governs Medicaid and private insurance*

*State law is limited in its impact to the private insurance market, due to ERISA (Employee Retirement Income Security Act, 1974).

- State health insurance laws affect only certain state-regulated health plans, such as insurance plans sold on the Affordable Care Act's individual and small group marketplaces and fully insured employer-sponsored plans.
- State laws do not affect self-funded employer-sponsored health plans, meaning the employer directly funds the medical costs of their workers. ERISA "preempts" state laws on self-funded plans.
 - Nationally, ERISA-covered plans cover roughly [65% of covered workers](#) – varies by state.



Lung Cancer Screening (Neb. Rev. Stat. § 44-7,120)

Notwithstanding section [44-3,131](#), beginning January 1, 2025, no policy, certificate, or contract, delivered, issued for delivery, or renewed in this state, or any self-funded employee benefit plan, to the extent not preempted by federal law, shall impose a deductible, coinsurance, or any other cost-sharing requirements for lung cancer screening, including screening performed with low-dose computed tomography, for an individual at least fifty years of age and not older than eighty years of age who has a twenty-pack-per-year smoking history and currently smokes or who has quit smoking within the past fifteen years. This section shall not apply if an individual (1) has not smoked for fifteen years, (2) develops a health problem that substantially limits life expectancy, or (3) is preparing to have curative lung surgery.

[Laws 2024, LB1073, § 16.](#)



Breast Cancer Screening (NRS § 44-785)

(1) Notwithstanding section [44-3,131](#), (a) any individual or group...policy, ...shall include coverage for screening mammography, digital breast tomosynthesis, bilateral whole breast ultrasound, and diagnostic magnetic resonance imaging as follows:

(i) 35 -39, **one base-line mammogram**;

(ii) <40 and who, based on the NCCN Guidelines...and the recommendation of...provider, **has an increased risk...**due to (A) a family or personal history of breast cancer or prior atypical breast biopsy, (B) positive genetic testing, or (C) heterogeneous or dense breast tissue based on a breast imaging, **at least one mammogram each year and additional mammograms if necessary**;

(iii) 40 or +, **one mammogram every year**;

(iv) based on the NCCN Guidelines...and the recommendation of...provider, **has an increased risk...**due to (A) a family or personal history of breast cancer or prior atypical breast biopsy, (B) positive genetic testing, or (C) heterogeneous or dense breast tissue based on a breast imaging, **one digital breast tomosynthesis each year**;

(v) based on the NCCN Guidelines...and the recommendation of...provider, has an increased risk...due to (A) a family or personal history of breast cancer or prior atypical breast biopsy, (B) positive genetic testing, or (C) heterogeneous or dense breast tissue based on a breast imaging, **one bilateral whole breast ultrasound each year**;

(vi) based on NCCN Guidelines...and the recommendation of...provider, has an increased risk...due to (A) a family or personal history of breast cancer or prior atypical breast biopsy, (B) positive genetic testing, or (C) a history of chest radiation, **one diagnostic magnetic resonance imaging each year**; and

(vii) based on national standard risk models or the NCCN Guidelines...has an increased risk...and heterogeneous or dense breast tissue, **one diagnostic magnetic resonance imaging each year**.

(2)(a) Except as provided in subdivision (b) of this subsection, this section **prohibits the application of deductible, coinsurance, copayment, or other cost-sharing requirements** contained in the policy or health benefit plan for such services.

(b) This section **does not prevent application of deductible or copayment** provisions contained in the policy or health benefit plan for **diagnostic magnetic resonance imaging for a woman based on heterogeneous or dense breast tissue...**

[Laws 2023, LB92, § 54.](#)



Colorectal Cancer Screening (NRS § 44-7,102)

(1) Notwithstanding section [44-3,131](#), (a) any individual or group...policy...shall include screening coverage for a colorectal cancer examination, laboratory tests for cancer, and a concurrent removal of polyps or biopsy, or both, for any nonsymptomatic person forty-five years of age or older covered under such policy, certificate, contract, or plan. Such screening coverage shall include a maximum of one stool-based preventive screening test as approved by the United States Preventive Services Task Force annually and a flexible sigmoidoscopy every five years, a colonoscopy every ten years, or a barium enema every five to ten years, or any combination, or the most reliable, medically recognized screening test available. The screenings selected shall be as deemed appropriate by a health care provider and the patient.

(2)(a) On or after December 31, 2023, no policy, certificate, or contract, delivered, issued for delivery, or renewed in this state, or any self-funded employee benefit plan, to the extent not preempted by federal law, shall impose a deductible, coinsurance, or any other cost-sharing requirements for screening colonoscopies as recommended by the United States Preventive Services Task Force, including those performed as a result of a positive noncolonoscopy stool-based preventive screening test.

(b) No policy...shall impose a deductible, coinsurance, or any other cost-sharing requirements for any service or item that is an integral part of performing a colorectal cancer screening, including:

- (i) Polyp removal performed during the screening procedure;
- (ii) Any pathology examination on a polyp biopsy performed as part of the screening procedure;
- (iii) Required specialist consultation prior to the screening procedure;
- (iv) Bowel preparation medications prescribed for the screening procedure; and
- (v) Anesthesia services performed in connection with a preventive colonoscopy.



Other Related Issues in Nebraska

Protections from insurance discrimination for genetic screening ([LB 338](#))

- Reduce barriers to genetic screening by protecting genetic information from being used for life insurance, disability insurance, or long-term care insurance purposes.
- Protect privacy of a patient's genetic information, while providing powerful information to improve their health, prevent disease or detect disease early, when it is more treatable.

Health insurance coverage for biomarker testing ([LB 253](#))

- Requires state-regulated insurance plans and Medicaid to cover comprehensive biomarker testing when supported by medical and scientific evidence



Federal Cancer Screening Policies

- [S.1157 and H.R.2319: Women and Lung Cancer Research and Preventive Services Act of 2025.](#)
 - Requires the HHS Secretary, in consultation with the Sec. of Defense and Sec. of VA, to conduct an interagency review to evaluate research on women and lung cancer, how women are given access to lung cancer preventive services and conduct public awareness campaigns on lung cancer.
- [S.239 and H.R.842: Nancy Gardner Sewell Medicare Multi-Cancer Early Detection Screening Coverage Act.](#)
 - Bipartisan legislation to create a pathway for Medicare to cover emerging blood-based Medicare Multi-Cancer Early Detection (MCED) cancer screenings once they have been approved by the FDA.
- [S.891: Bipartisan Health Care Act.](#)
 - Enhance support activities to increase breast and cervical cancer screenings, such as navigation of health care services, implementation of evidence-based/informed strategies to increase breast and cervical cancer screening in health care settings.
- [H.R.2381: SCREENS for Cancer Act of 2025.](#)
 - Strengthens access to critical breast and cervical cancer screenings by reauthorizing the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) through 2030, expanding services to ensure more Americans, especially low-income or underinsured, can receive preventative cancer care.



Current and Future Trends

Current Trends:

- Mandating insurance coverage for screening.
- Limiting cost-sharing cancer screening.
- Focus on “high risk” cancer screening.

Future

- Emphasis on multi-cancer early detection tests to enhance screening.
- Increased use of liquid biopsies for non-invasive cancer diagnostics.
- Integration of artificial intelligence in predicting cancer risks.
- Expanded coverage for genetic and biomarker testing in policies.
- Focus on community engagement to improve screening adherence.



Questions?



Contact information:

Tiffany Joekel, Vice President, Government Affairs

tjoekel@nebraskamed.com

