

To the office of U.S. Representative Joe Neguse

Re: HR 10100 (119th Congress), Screen to Save Act · Latest action (2026-08-13): Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

VFA SI Solution #277 · published 2026-08-18 · <https://www.valuesforamerica.com/solutions/277>

Office of record (Congress.gov): 2400 Rayburn House Office Building, Washington, DC · (202) 225-2161

Early Breast Cancer Detection Act of 2025

The measure, as described from the official record: To require that health insurance plans cover annual screening mammography for women beginning at age 30 without cost-sharing, thereby increasing early detection of breast cancer and reducing mortality disparities.

THE PROPOSAL

Section 1. Short Title. This Act may be cited as the 'Early Breast Cancer Detection Act of 2025'.

Section 2. Medicare Coverage. Effective January 1, 2026, the Medicare program under title XVIII of the Social Security Act shall cover annual screening mammography for women age 30 and older with no deductible or coinsurance. The Secretary of Health and Human Services shall adjust the Medicare Part B premium for beneficiaries with modified adjusted gross income above \$200,000 (individual) or \$250,000 (joint) by a surcharge of 0.5% to offset the cost of this expansion.

Section 3. Medicaid Coverage. Effective January 1, 2026, state Medicaid programs under title XIX of the Social Security Act must cover annual screening mammography for women age 30 and older with no cost-sharing. The federal matching rate for such services shall be increased by 5 percentage points for the first five years. States that fail to comply shall lose 1% of their administrative matching funds annually until compliance is achieved.

Section 4. Private Insurance Coverage. Title XXVII of the Public Health Service Act is amended to require group health plans and health insurance issuers offering coverage in the individual or group market to provide coverage for annual screening mammography for women age 30 and older with no cost-sharing. A small employer (fewer than 50 employees) may apply for a one-year waiver from the Secretary if the cost of compliance increases the plan's total premiums by more than 2% in a given year. The Secretary shall impose a 0.1% fee on all private health insurance premiums subject to this section to fund the administrative and oversight costs.

Section 5. Oversight and Sunset. The Secretary of Health and Human Services, in coordination with the Inspector General and the Government Accountability Office, shall evaluate the impact of this Act on breast cancer detection rates, health disparities, and insurance costs, and report to Congress every two years. The authority and requirements of this Act shall expire five years after the effective date, unless reauthorized by Congress.

Section 6. Enforcement. The Secretary may impose civil monetary penalties of up to \$10,000 per violation on any insurer that fails to comply with Section 4. For noncompliant states under Section 3, the Secretary shall withhold 1% of federal Medicaid administrative funds until the state is in compliance.

OPERATIVE PROVISIONS (VFA PROPOSAL)

Funding Source	0.5% surcharge on Medicare Part B premiums for high-income beneficiaries (incomes above \$200k/\$250k); 0.1% fee on private health insurance premiums subject to the mandate.
Funding Amount	Estimated cost: \$2.5 billion per year. Offsets: \$1.5 billion from Medicare surcharge, \$1.0 billion from insurance fee. Any shortfall covered by general revenue but subject to annual appropriation.
Sunset Years	5 years
Oversight Body	Department of Health and Human Services Office of Inspector General (HHS OIG) and Government Accountability Office (GAO) with biennial reports to Congress.
Enforcement Mechanism	Civil monetary penalties up to \$10,000 per violation for noncompliant insurers; withholding of 1% of federal Medicaid administrative funds for noncompliant states.
Effective Date	January 1, 2026

CONSTITUTIONAL BASIS

- Article I, Section 8, Clause 1 (Congress's power to lay and collect taxes and spend for the general welfare, supporting Medicare and Medicaid expansions and the insurance fee)
- Article I, Section 8, Clause 3 (Congress's power to regulate interstate commerce, supporting the private insurance mandate)
- Amendment X (powers not delegated to the United States are reserved to the states; the Act respects this by offering states an enhanced match and graduated penalties rather than commandeering state legislatures)

Concerns with the measure as written:

- The original bill does not specify a funding source for the mandated coverage expansions, potentially increasing federal deficit spending without offset.
 - The private insurance mandate under the Public Health Service Act may be facially constitutional under the Commerce Clause, but lacks a sunset or periodic evaluation, which could be improved for fiscal discipline.
 - No explicit provision protecting state flexibility in Medicaid coverage, which could be seen as commandeering absent a clear spending power condition.
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WHY BOTH SIDES CAN BACK IT (VFA'S ASSESSMENT)

Honors Democratic priorities: expands preventive care access for women, reduces racial and income disparities in breast cancer detection, builds on the ACA preventive services framework, and includes a federal matching incentive for Medicaid. Honors Republican priorities: contains a 5-year sunset for fiscal discipline, includes a small business waiver to reduce regulatory burden, funds the expansion through user fees (high-income premium surcharge and insurance fee)

rather than broad tax increases, and preserves state flexibility through a structured compliance mechanism rather than a blanket mandate.

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