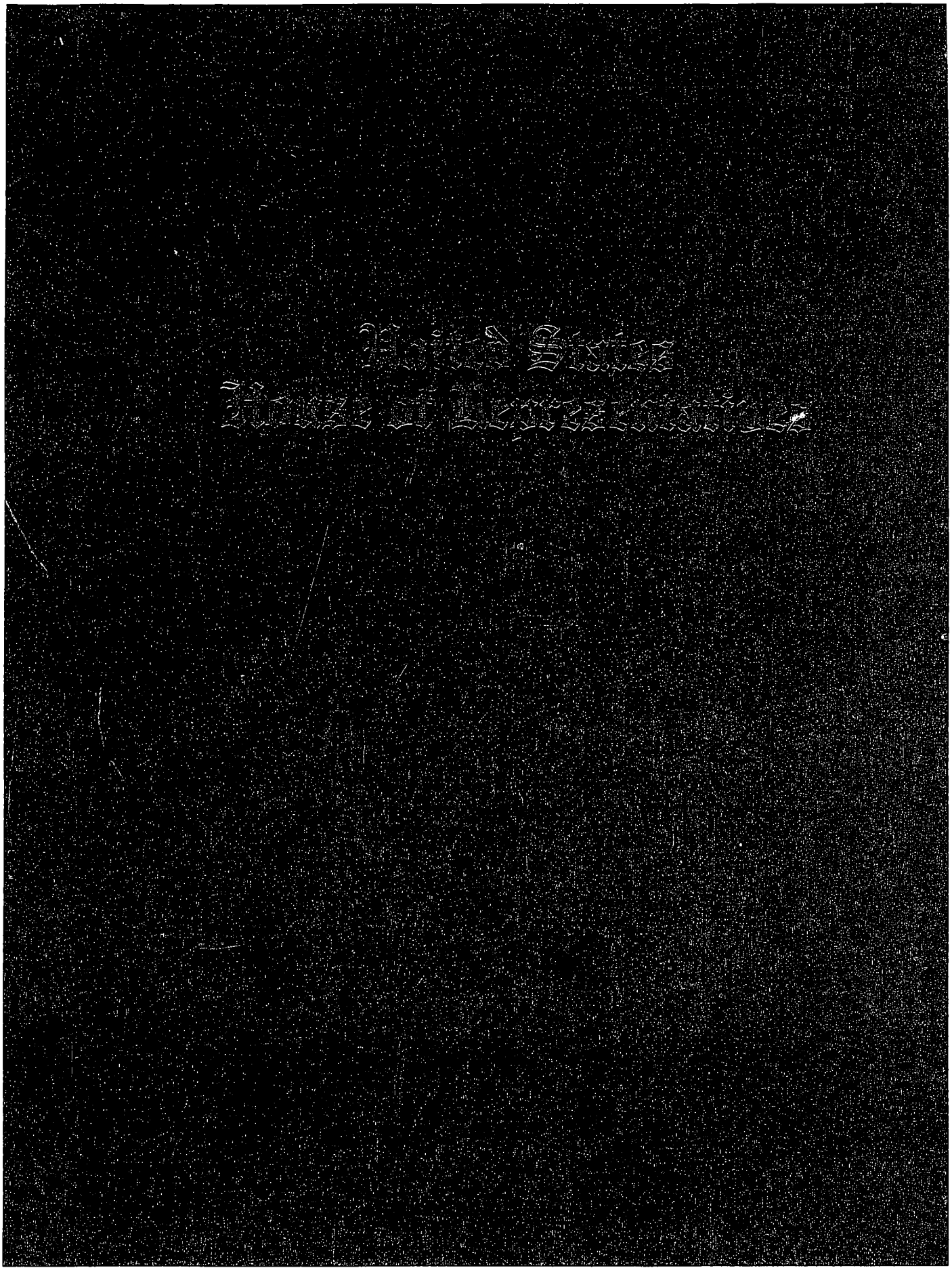

Dan T. Boston
Press Secretary

Office of
Congresswoman Sue Kelly
19th District, New York

1222 Longworth Building
Washington, DC 20515
(202) 225-5441
Fax: (202) 225-3289
E-Mail: dboston@hr.house.gov

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 105th CONGRESS, FIRST SESSION

House of Representatives

WEDNESDAY, FEBRUARY 5, 1997

Mrs. KELLY. Mr. Speaker, I rise today to introduce the Women's Health and Cancer Rights Act of 1997, comprehensive legislation that guarantees coverage for inpatient hospital care following a mastectomy, lumpectomy, or lymph node dissection--based on a doctor's judgment, requires coverage for breast reconstructive procedure, including symmetrical reconstruction, ensures a second opinion for any cancer diagnosis, and offers significant physical protections from inducement or retribution.

I want to first thank my colleagues in both the House and Senate that have worked so diligently on this legislation. Senators D'Amato, Snowe, and Feinstein, as well as Representatives Susan Molinari and Frank LoBiondo, are all part of this effort to restore the ability of doctors to practice sound medicine and to restore compassion and dignity to the treatment of breast cancer patients.

So why introduce this bill? I'll tell you why. Tragically, some women who must undergo mastectomies, lumpectomies or lymph node dissections for the treatment of breast cancer are rushed through their recovery from these procedures on an outpatient basis at the insistence of their health plan or insurance company in order to cut cost. Other insurance companies cut cost by denying coverage for reconstructive surgery because they have deemed such procedures cosmetic. Ironically, they do not deny reconstructive surgery for an ear lost to cancer. We must understand that self-image is at stake at a time when optimism and inner strength can be the difference between life and death.

Furthermore, this bill requires coverage of second opinions when any cancer tests come back either negative or positive, giving all patients the benefit of a second opinion. This important provision will not only help ensure that false negatives are detected, but also give men and women greater peace of mind.

Now, to be clear, all insurance companies are not so insensitive as to not provide these benefits and, therefore, all will not be affected by this legislation, but we have a responsibility to protect the doctor-patient relationship, ensuring that the medical needs of patients are fully addressed.

Everyone has heard that one in nine women will be diagnosed with breast cancer at some point in their lifetime. Well, one of those women is my sister. So I know a little something about the horror that accompanies this disease and the personal anxiety of living with the disease.

My sister and her experiences have made me realize that we should have no greater priority than empowering those with breast cancer the right and ability to play an active role in the management of their treatment. It is our obligation as leaders to ensure them that their medical treatment is in the hands of physicians, not insurance companies. It is a profound injustice when health care forgets about the patient, yet with regard to mastectomy recovery and breast reconstruction following a mastectomy, that is just what has been done.

Let's put the reality of this disease in perspective. When a woman is told that she has breast cancer, the feeling that immediately follows the initial denial is lack of control. Our bill is a patient's bill aimed at providing patients, in consultation with their physicians, a greater degree of autonomy when deciding appropriate medical care and, therefore, taking back control of their lives.

More than 2 1/2 million women in America today are living with breast cancer. These women are our sisters, mothers, daughters, wives, and friends. This dreadful disease now strikes over 180,000 women per year and that figure does not even include the additional 20 percent a year who have preinvasive cancers. Devastatingly to the families involved, it is estimated that more than 44,000 women will die of breast cancer this year.

But all the news is not grim. Overall breast cancer mortality declined 5 percent between 1989 and 1993 due to increased mammography screening and improved treatments such as mastectomies, lumpectomies, and lymph node dissections.

There is no doubt that we have the medical know-how to fight breast cancer. The question is do we have the commitment it takes. As long as we send a woman home 12 hours after losing a part of herself with no compassion and no support, then the answer is no. As long as breast reconstruction is deemed cosmetic, then the answer is no.

As long as false negatives are acceptable and we, therefore, abandon a patient unknowingly in need, then the answer is no. As long as we fail to come to the defense of doctors who are persecuted for practicing sound medicine, then the answer is no.

Passage of the Women's Health and Cancer Rights Act would demonstrate what we are lacking--the commitment to fight breast cancer and stand up for those who are suffering.

In closing, I am pleased that President Clinton emphasized the importance of this legislation in his State of the Union Address last night. It is nice to have the administration behind this critical legislation.

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 105th CONGRESS, FIRST SESSION

House of Representatives

April 29, 1997

Mrs. KELLY. First, Mr. Speaker, I want to recognize the gentlewoman from Connecticut, Nancy Johnson, and the gentlewoman from the District of Columbia, Eleanor Norton, for creating a true bipartisan group concerned and focused on women's health.

Mr. Speaker, I want to take a few moments to discuss the Women's Health and Cancer Rights Act, H.R. 616. This legislation, which I introduced in February, along with my colleagues, the gentlewoman from New York, Ms. Molinari, and the gentleman from New Jersey, Frank LoBiondo, is a comprehensive measure that focuses on women and breast cancer; those who fear it, those who live with it, and in memory of those who have died as a result of it.

As we all have heard, through new reports or personal experience, some women who must undergo mastectomies, lumpectomies or lymph node dissections for the treatment of breast cancer are rushed through their recovery from these procedures on an outpatient basis at the insistence of their health plan or insurance company in order to cut costs. Other insurance companies cut costs by denying coverage for reconstructive surgery because they have deemed such procedures as cosmetic. Ironically, they do not deny reconstructive surgery for an ear lost to cancer.

The Women's Health and Cancer Rights Act guarantees coverage for inpatient hospital care following a mastectomy, lumpectomy or lymph node dissection based on a doctor's judgment, and requires coverage for breast reconstructive procedures, including symmetrical reconstruction.

In addition, this bill requires coverage of second opinions when any cancer tests come back either negative or positive, giving patients the benefit of a second opinion. This important provision will not only help ensure that false negatives are detected but also give men and women greater peace of mind.

Several key organizations have endorsed this legislation, organizations that agree we have a responsibility to protect the doctor-patient relationship, ensuring that the medical needs of patients are fully addressed. In fact, I would like to thank the American Cancer Society, the American Medical Association, the National Breast Cancer Coalition, the Center for Patient Advocacy, the Susan G. Komen Foundation, and many, many others for their support of this bill.

Some critics claim this measure is nothing more than a mandate leading to overnment-controlled health care. Usually those critics believe that all health care should be individually based and should utilize medical savings accounts and other initiatives that maximize individual control over cost. I agree with these ideas, but they are not in place.

There is also a misconception that this legislation requires 48 hours of inpatient care. It does not. The length of stay under this bill is simply determined by the physician and the patient, as it should be.

Developing a system of health care which maximizes an individual's control over the health care available is the goal that I in particular strongly support, and so do these organizations. Such a system uses free market principles to ensure that the health care we receive is of the highest quality.

However, I realize that while this is a goal we strive for, we are not there yet. Most Americans do not have access to multiple health care plans from which to choose. Until they have this choice, it is going to be necessary for Congress to enact targeted reforms, such as the Women's Health and Cancer Rights Act, reforms that safeguard quality care while at the same time avoiding overly broad regulations and mandates.

I am for market-based health care, but I am not willing to stand by idly while approximately 44,000 women die of breast cancer every year. They will this year, they did last year. This is a figure which is comparable to the number of men and women who died in all of the Vietnam war.

Mr. Speaker, the Women's Health and Cancer Rights Act aims to give women with breast cancer a fighting chance and the dignity to endure the fight.

News from Congresswoman Sue Kelly

FOR IMMEDIATE RELEASE
Wednesday, January 29, 1997

CONTACT: Dan Boston
(202) 225-5441

Rep. Kelly Announces Introduction of Legislation to End Practice of "Drive-Through" Mastectomies

** Area Rep. Joined by Bipartisan Group of Senators to Fight this Cause **

Washington, D.C. -- This morning Congresswoman Sue Kelly (*R-Katonah, NY*), joined by Senator Al D'Amato (*R-NY*), Senator Diane Feinstein (*D-CA*) and Senator Olympia Snowe (*R-ME*), announced the formal introduction of the *Women's Health & Cancer Rights Act of 1997*. This legislation ensures coverage of inpatient care for mastectomies, addressing the problem of "drive-through" mastectomies. This measure would also address this same problem with respect to lymph node dissections and lumpectomies. Additionally, the *Women's Health & Cancer Rights Act* would require insurance coverage for reconstruction procedures, as well as ensure insurance coverage of second opinions for any cancer diagnosis.

"The decision on length of hospital stay for a breast cancer patient must be left to the patient's doctor -- not an insurance company," said Congresswoman Kelly. "Our legislation is about preserving the doctor-patient relationship and ensuring the highest quality of medical care and peace of mind for all victims of this deadly disease (*cancer*)."

Similarly, Senator D'Amato added, "The trauma that a woman suffers when she learns that she has been diagnosed with breast cancer is tremendous." "The additional physical and psychological trauma of a mastectomy compounds this pain. And we cannot allow, in good conscience, women to be rushed through medical procedures that will affect them for the rest of their lives."

If enacted, the *Women's Health & Cancer Rights Act* would require a health plan that provides medical and surgical benefits for the treatment of breast cancer to allow a woman's physician, not her insurance company, to determine the duration of her stay, following a mastectomy, lumpectomy or lymph node dissection in the treatment of breast cancer.

The *Women's Health & Cancer Rights Act* also includes language for coverage of second opinions by specialists. The bill would require insurers to pay for secondary consultations when a cancer diagnosis is returned either positive or negative, giving all patients the benefit of a second opinion. This important provision will not only help ensure that false negatives are detected, but also give women around the country greater peace of mind.

If you would like additional information on this legislation or further comment from Congresswoman Kelly, please call Dan Boston at (202) 225-5441.

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"The decision on length of hospital stay for a breast cancer patient must be left to the patient's doctor -- not an insurance company," said Congresswoman Kelly. "Our legislation is about preserving the doctor-patient relationship and ensuring the highest quality of medical care and peace of mind for all victims of this deadly disease (*cancer*)."

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If you would like additional information on this legislation or further comment from Congresswoman Kelly, please call Dan Boston at (202) 225-5441.

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THE WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1997

BACKGROUND

In the United States today, there are at least 2.6 million women living with breast cancer -- more than 180,000 women were diagnosed with the disease in 1996 alone. One in nine women will be diagnosed with breast cancer at some point in their lifetime. Women facing the personal anxiety of living with breast cancer should feel confident that their medical treatment is in the hands of physicians -- not insurance companies. Unfortunately, some victims of breast cancer experience dangerous health conditions that result from premature hospital dismissals following a mastectomy, lumpectomy or lymph node dissection for the treatment of this threatening disease.

SUMMARY

The Women's Health & Cancer Rights Act of 1997 ensures coverage of inpatient hospital care for mastectomies, lumpectomies and lymph node dissections (based on a doctor's judgement), requires coverage for reconstructive procedures, and guarantees a second opinion for any cancer diagnosis.

PROVISIONS

Guaranteed Coverage Provision

Ensures coverage of inpatient hospital care for mastectomies, lumpectomies and lymph node dissection for the treatment of breast cancer for a period as is determined by the attending **physician and patient** to be medically appropriate.

Places the decision on length of stay with the physician and patient, not the insurance company.

NOTE: Procedure can be done on an outpatient basis if deemed medically appropriate by physician and patient following surgery.

Protections for Doctors

Guarantees that physicians will not be penalized for recommending longer stays.

Reconstructive Surgery

Provides reconstructive surgery coverage for all stages of reconstruction, including symmetrical reconstruction.

NOTE: Studies have documented that the fear of losing a breast is a leading reason why women do not participate in early breast cancer detection programs. With breast reconstruction available as a viable option, more women would participate in detection programs.

Second Opinions Provision

Requires insurance companies to pay full coverage for secondary consultations whenever **any** cancer has been diagnosed by the patient's primary physician.

Requires health plans to cover second opinions even when the specialist finds that the patient does not have cancer.

Allows the doctor to go outside an HMO for consultation by a specialist.

105TH CONGRESS
1ST SESSION

H. R. 616

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.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 5, 1997

Mr. MOLINARI (for herself, Mrs. KELLY, Mr. LOBIONDO, Mr. FLAKE, Mr. ACKERMAN, Mr. KING, Mrs. MORELLA, Mr. DEAL of Georgia, Mr. SAXTON, Mr. LAZIO of New York, Mr. SMITH of New Jersey, Mr. FOX of Pennsylvania, Mr. ANDREWS, Mr. PALLONE, Mr. WALSH, Mr. FROST, Mr. ENGLISH of Pennsylvania, Mr. WOLF, Mr. MCNULTY, Mrs. ROUKEMA, Mr. FORBES, Mr. SMITH of Washington, Mrs. MCCARTHY of New York, Ms. SLAUGHTER, Mr. PAPPAS, Mr. FILNER, Mr. HORN, Mr. DAVIS of Virginia, Mr. MARTINEZ, Mr. WELLER, Mr. GUTIERREZ, Ms. DUNN, Mr. GILMAN, Mr. SANDERS, Mr. FOLEY, Mr. SHAW, Ms. GRANGER, Mr. GIBBONS, Ms. CHRISTIAN-GREEN, Mr. OLVER, Ms. STABENOW, Mr. LAFALCE, and Mr. BILBRAY) introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce, 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

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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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Women's Health and Cancer Rights Act of 1997".

SEC. 2. FINDINGS.

Congress finds that—

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

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

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

SEC. 3. AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(a) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (as added by section 603(a) of the Newborns' and Mothers' Health Protection Act of 1996 and amended by section 702(a) of the Mental Health Parity Act of

1996) is amended by adding at the end the following new section:

"SEC. 713. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER, COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMIES, AND COVERAGE FOR SECONDARY CONSULTATIONS.

"(a) INPATIENT CARE.—

"(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits shall ensure that inpatient coverage with respect to the treatment of breast cancer is provided for a period of time as is determined by the attending physician, in consultation with the patient, to be medically appropriate following—

"(A) a mastectomy;

"(B) a lumpectomy; or

"(C) a lymph node dissection for the treatment of breast cancer.

"(2) EXCEPTION.—Nothing in this section shall be construed as requiring the provision of inpatient

coverage if the attending physician and patient determine that a shorter period of hospital stay is medically appropriate.

"(b) RECONSTRUCTIVE SURGERY.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall ensure that, in a case in which a mastectomy patient elects breast reconstruction, coverage is provided for—

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

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

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

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

"(d) NOTICE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan or issuer and shall be transmitted—

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

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

"(3) not later than January 1, 1998;

whichever is earlier.

"(e) SECONDARY CONSULTATIONS.—

"(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides coverage with respect to medical and surgical services provided in relation to the diagnosis and treatment of cancer shall ensure that full coverage is provided for secondary consultations by specialists in the appropriate medical fields (including

pathology, radiology, and oncology) to confirm or refute such diagnosis. Such plan or issuer shall ensure that full coverage is provided for such secondary consultation whether such consultation is based on a positive or negative initial diagnosis. In any case in which the attending physician certifies in writing that services necessary for such a secondary consultation are not sufficiently available from specialists operating under the plan with respect to whose services coverage is otherwise provided under such plan or by such issuer, such plan or issuer shall ensure that coverage is provided with respect to the services necessary for the secondary consultation with any other specialist selected by the attending physician for such purpose at no additional cost to the individual beyond that which the individual would have paid if the specialist was participating in the network of the plan.

"(2) EXCEPTION.—Nothing in paragraph (1) shall be construed as requiring the provision of secondary consultations where the patient determines not to seek such a consultation.

"(f) PROHIBITION ON PENALTIES OR INCENTIVES.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not—

"(1) penalize or otherwise reduce or limit the reimbursement of a provider or specialist because the provider or specialist provided care to a participant or beneficiary in accordance with this section;

"(2) provide financial or other incentives to a physician or specialist to induce the physician or specialist to keep the length of inpatient stays of patients following a mastectomy, lumpectomy, or a lymph node dissection for the treatment of breast cancer below certain limits or to limit referrals for secondary consultations; or

"(3) provide financial or other incentives to a physician or specialist to induce the physician or specialist to refrain from referring a participant or beneficiary for a secondary consultation that would otherwise be covered by the plan or coverage involved under subsection (e).".

(b) CLERICAL AMENDMENT.—The table of contents in section 1 of such Act, as amended by section 603 of the Newborns' and Mothers' Health Protection Act of 1996 and section 702 of the Mental Health Parity Act

of 1996, is amended by inserting after the item relating 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, coverage for reconstructive surgery following mastectomies, and coverage for secondary consultations.".

(c) EFFECTIVE DATES.—

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

(2) SPECIAL RULE FOR COLLECTIVE BARGAINING AGREEMENTS.—In the case of a group health plan maintained pursuant to 1 or more collective bargaining agreements between employee representatives and 1 or more employers ratified before the date of enactment of this Act, the amendments made by this section shall not apply to plan years beginning before the later of—

(A) the date on which the last collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of enactment of this Act), or

(B) January 1, 1998.

For purposes of subparagraph (A), any plan amend-

agreement relating to the plan which amends the plan solely to conform to any requirement added by this section shall not be treated as a termination of such collective bargaining agreement.

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

(a) IN GENERAL.—Subpart 2 of part A of title XXVII of the Public Health Service Act (as added by section 604(a) of the Newborns' and Mothers' Health Protection Act of 1996 and amended by section 703(a) of the Mental Health Parity Act of 1996) is amended by adding at the end the following new section:

"SEC. 2706. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER, COVERAGE FOR RECONSTRUCTION SURGERY FOLLOWING MASTECTOMIES, AND COVERAGE FOR SECONDARY CONSULTATIONS.

"(a) INPATIENT CARE.—

"(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits shall ensure that inpatient coverage with respect to the

treatment of breast cancer is provided for a period of time as is determined by the attending physician, in consultation with the patient, to be medically appropriate following—

"(A) a mastectomy;

"(B) a lumpectomy; or

"(C) a lymph node dissection for the treatment of breast cancer.

"(2) EXCEPTION.—Nothing in this section shall be construed as requiring the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is medically appropriate.

"(b) RECONSTRUCTIVE SURGERY.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall ensure that, in a case in which a mastectomy patient elects breast reconstruction, coverage is provided for—

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

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

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

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

"(d) NOTICE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan or issuer and shall be transmitted—

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

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

"(3) not later than January 1, 1998;

whichever is earlier.

"(e) SECONDARY CONSULTATIONS.—

"(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan that provides coverage with respect to medical and surgical services provided in relation to the diagnosis and treatment of cancer shall ensure that full coverage is provided for secondary consultations by specialists in the appropriate medical fields (including pathology, radiology, and oncology) to confirm or refute such diagnosis. Such plan or issuer shall ensure that full coverage is provided for such secondary consultation whether such consultation is based on a positive or negative initial diagnosis. In any case in which the attending physician certifies in writing that services necessary for such a secondary consultation are not sufficiently available from specialists operating under the plan with respect to whose services coverage is otherwise provided under such plan or by such issuer, such plan or issuer shall ensure that coverage is provided with respect to the services necessary for the secondary consultation with any other specialist selected by the attending physician for such purpose at no additional cost to

the individual beyond that which the individual would have paid if the specialist was participating in the network of the plan.

"(2) EXCEPTION.—Nothing in paragraph (1) shall be construed as requiring the provision of secondary consultations where the patient determines not to seek such a consultation.

"(f) PROHIBITION ON PENALTIES OR INCENTIVES.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not—

"(1) penalize or otherwise reduce or limit the reimbursement of a provider or specialist because the provider or specialist provided care to a participant or beneficiary in accordance with this section;

"(2) provide financial or other incentives to a physician or specialist to induce the physician or specialist to keep the length of inpatient stays of patients following a mastectomy, lumpectomy, or a lymph node dissection for the treatment of breast cancer below certain limits or to limit referrals for secondary consultations; or

"(3) provide financial or other incentives to a physician or specialist to induce the physician or specialist to refrain from referring a participant or

beneficiary for a secondary consultation that would otherwise be covered by the plan or coverage involved under subsection (e).".

(b) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by this section shall apply to group health plans for plan years beginning on or after the date of enactment of this Act.

(2) SPECIAL RULE FOR COLLECTIVE BARGAINING AGREEMENTS.—In the case of a group health plan maintained pursuant to 1 or more collective bargaining agreements between employee representatives and 1 or more employers ratified before the date of enactment of this Act, the amendments made by this section shall not apply to plan years beginning before the later of—

(A) the date on which the last collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of enactment of this Act), or

(B) January 1, 1998.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the

plan solely to conform to any requirement added by this section shall not be treated as a termination of such collective bargaining agreement.

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

(a) IN GENERAL.—Subpart 3 of part B of title XXVII of the Public Health Service Act (as added by section 605(a) of the Newborn's and Mother's Health Protection Act of 1996) is amended by adding at the end the following new section:

"SEC. 2752. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER AND SECONDARY CONSULTATIONS.

"The provisions of section 2706 shall apply to health insurance coverage offered by a health insurance issuer in the individual market in the same manner as they apply to health insurance coverage offered by a health insurance issuer in connection with a group health plan in the small or large group market.".

(b) EFFECTIVE DATE.—The amendment made by this section shall apply with respect to health insurance

coverage offered, sold, issued, renewed, in effect, or operated in the individual market on or after the date of enactment of this Act.

SEC. 6. AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986.

(a) IN GENERAL.—Chapter 100 of the Internal Revenue Code of 1986 (relating to group health plan portability, access, and renewability requirements) is amended by redesignating sections 9804, 9805, and 9806 as sections 9805, 9806, and 9807, respectively, and by inserting after section 9803 the following new section:

"SEC. 9804. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER, COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMIES, AND COVERAGE FOR SECONDARY CONSULTATIONS.

"(a) INPATIENT CARE.—

"(1) IN GENERAL.—A group health plan that provides medical and surgical benefits shall ensure that inpatient coverage with respect to the treatment of breast cancer is provided for a period of time as

is determined by the attending physician, in consultation with the patient, to be medically appropriate following—

"(A) a mastectomy;

"(B) a lumpectomy; or

"(C) a lymph node dissection for the treatment of breast cancer.

"(2) EXCEPTION.—Nothing in this section shall be construed as requiring the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is medically appropriate.

"(b) RECONSTRUCTIVE SURGERY.—A group health plan that provides medical and surgical benefits with respect to a mastectomy shall ensure that, in a case in which a mastectomy patient elects breast reconstruction, coverage is provided for—

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

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

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

"(c) PROHIBITION ON CERTAIN MODIFICATIONS.—In implementing the requirements of this section, a group health plan may not modify the terms and conditions of coverage based on the determination by a participant or beneficiary to request less than the minimum coverage required under subsection (a) or (b).

"(d) NOTICE.—A group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan and shall be transmitted—

"(1) in the next mailing made by the plan to the participant or beneficiary;

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

"(3) not later than January 1, 1998;

whichever is earlier.

"(e) SECONDARY CONSULTATIONS.—

"(1) IN GENERAL.—A group health plan that provides coverage with respect to medical and surgical services provided in relation to the diagnosis

and treatment of cancer shall ensure that full coverage is provided for secondary consultations by specialists in the appropriate medical fields (including pathology, radiology, and oncology) to confirm or refute such diagnosis. Such plan or issuer shall ensure that full coverage is provided for such secondary consultation whether such consultation is based on a positive or negative initial diagnosis. In any case in which the attending physician certifies in writing that services necessary for such a secondary consultation are not sufficiently available from specialists operating under the plan with respect to whose services coverage is otherwise provided under such plan or by such issuer, such plan or issuer shall ensure that coverage is provided with respect to the services necessary for the secondary consultation with any other specialist selected by the attending physician for such purpose at no additional cost to the individual beyond that which the individual would have paid if the specialist was participating in the network of the plan.

"(2) EXCEPTION.—Nothing in paragraph (1) shall be construed as requiring the provision of secondary consultations where the patient determines not to seek such a consultation.

"(f) PROHIBITION ON PENALTIES.—A group health plan may not—

"(1) penalize or otherwise reduce or limit the reimbursement of a provider or specialist because the provider or specialist provided care to a participant or beneficiary in accordance with this section;

"(2) provide financial or other incentives to a physician or specialist to induce the physician or specialist to keep the length of inpatient stays of patients following a mastectomy, lumpectomy, or a lymph node dissection for the treatment of breast cancer below certain limits or to limit referrals for secondary consultations; or

"(3) provide financial or other incentives to a physician or specialist to induce the physician or specialist to refrain from referring a participant or beneficiary for a secondary consultation that would otherwise be covered by the plan involved under subsection (e).".

(b) CONFORMING AMENDMENTS.—

(1) Sections 9801(c)(1), 9805(b) (as redesignated by subsection (a)), 9805(c) (as so redesignated), 4980D(c)(3)(B)(i)(I), 4980D(d)(3), and 4980D(f)(1) of such Code are each amended by

striking "9805" each place it appears and inserting "9806".

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

"Subtitle K—Group Health Plan Portability, Access, Renewability, and Other Requirements".

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

"CHAPTER 100—GROUP HEALTH PLAN PORTABILITY, ACCESS, RENEWABILITY, AND OTHER REQUIREMENTS".

(4) Section 4980D(a) of such Code is amended by striking "and renewability" and inserting "renewability, and other".

(c) CLERICAL AMENDMENTS.—

(1) The table of contents for chapter 100 of such Code is amended by redesignating the items relating to sections 9804, 9805, and 9806 as items relating to sections 9805, 9806, and 9807, and by inserting after the item relating to section 9803 the following new item:

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

(2) The item relating to subtitle K in the table of subtitles for such Code is amended by striking "and renewability" and inserting "renewability, and other".

(3) The item relating to chapter 100 in the table of chapters for subtitle K of such Code is amended by striking "and renewability" and inserting "renewability, and other".

(d) EFFECTIVE DATES.—

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

(2) SPECIAL RULE FOR COLLECTIVE BARGAINING AGREEMENTS.—In the case of a group health plan maintained pursuant to 1 or more collective bargaining agreements between employee representatives and 1 or more employers ratified before the date of enactment of this Act, the amendments made by this section shall not apply to plan years beginning before the later of—

(A) the date on which the last collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of enactment of this Act), or

(B) January 1, 1998.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement added by this section shall not be treated as a termination of such collective bargaining agreement.

O

News from Congresswoman Sue Kelly

The Women's Health & Cancer Rights Act of 1997 -- Endorsees/Supporters

To date, the following organizations have endorsed or are supporting the *Women's Health & Cancer Rights Act of 1997*:

The American Cancer Society
The American Medical Association
The Adelphi N.Y. Statewide Breast Cancer Hotline & Support Program
The Albany Plastic & Reconstructive Surgery Center
The Alliance with the Medical Society of the State of New York
The American Association of Nurse Anesthetists
The American College of Obstetricians & Gynecologists
The American Physical Therapy Association
The Center for Patient Advocacy
The Susan G. Komen Breast Cancer Foundation
The Greater New York Hospital Association
The Memorial Sloan-Kettering Cancer Center (*NY*)
The National Association of Breast Cancer Organizations
The National Federation of Republican Women
The National Breast Cancer Coalition
The National Coalition for Cancer Research
The National Federation of Republican Women of Puerto Rico
The New Jersey Federation of Republican Women
The New York State Chapter of the American Cancer Society
The New York State Chapter of the American College of Obstetricians & Gynecologists
The New York State Medical Society
The Northern Metropolitan Hospital Association (*NY*)
The Oklahoma Federation of Republican Women
"1 in 9" -- The Long Island (*NY*) Breast Cancer Action Coalition
The Strang-Cornell Prevention Center (*NY*)

As of C.O.B. 4/15/97

News from Congresswoman Sue Kelly

The Women's Health & Cancer Rights Act of 1997 - Sponsors & Co-Sponsors

To date, here is a complete listing of both the Senate and House sponsors and co-sponsors of the *Women's Health & Cancer Rights Act of 1997*, H.R. 616:

U.S. Senate –

Original Sponsors:

Sen. D'Amato (*R-NY*)
Sen. Feinstein (*D-CA*)
Sen. Hollings (*D-SC*)
Sen. Snowe (*R-ME*)

*Co-Sponsors (**15**):*

Sen. Biden (*D-DE*)
Sen Cochran (*R-MS*)
Sen. Dodd (*D-CT*)
Sen. Domenici (*R-NM*)
Sen. Faircloth (*R-NC*)
Sen. Ford (*D-KY*)
Sen. Gregg (*R-NH*)
Sen. Hatch (*R-UT*)
Sen. Inouye (*D-HI*)
Sen. Kerrey (*D-NE*)
Sen. Moseley-Braun (*D-IL*)
Sen. Moynihan (*D-NY*)
Sen. Murkowski (*R-AK*)
Sen. Smith (*R-NH*)
Sen Wellstone (*D-MN*)

U.S. House of Representatives –

Original Sponsors:

Rep. Kelly (*R, NY-19*)
Rep. LoBiondo (*R, NJ-2*)
Rep. Molinari (*R, NY-13*)

*Co-Sponsors (**80**):*

Rep. Ackerman (*D, NY-5*)
Rep. Andrews (*D, NJ-1*)
Rep. Bachus (R, Al-6)
Rep. Baldacci (*D, ME-2*)
Rep. Barrett (*D, WI-5*)
Rep. Bilbray (*R, CA-49*)
Rep. Bishop (*D, GA-2*)
Rep. Brown (*D, FL-3*)
Rep. Julia Carson (*D, IN-10*)
Rep. Christian-Green (*D, VI-At Large*)
Rep. Condit (*D, CA-18*)
Rep. Cooksey (*R, LA-5*)
Rep. Crapo (*R, ID-2*)
Rep. Danner (*D, MO-6*)
Rep. Davis (*D, IL-7*)
Rep. Davis (*R, VA-11*)
Rep. Deal (*R, GA-9*)
Rep. Dellums (*D, CA-9*)
Rep. Dunn (*R, WA-8*)
Rep. English (*R, PA-21*)
Del. Faleomavaega (*D, AS-At Large*)
Rep. Filner (*D, CA-50*)
Rep. Flake (*R, NY-6*)
Rep. Forbes (*R-NY-1*)
Rep. Foley (*R, FL-16*)
Rep. Ford (*D, TN-9*)
Rep. Fox (*R, PA-13*)
Rep. Frost (*D, TX-24*)
Rep. Ganske (*R, IA-4*)
Rep. Gibbons (*R, NV-2*)
Rep. Gilman (*R, NY-20*)
Rep. Gordon (*D, TN-06*)
Rep. Granger (*R, TX-12*)
Rep. Green (*D, TX-29*)
Rep. Gutierrez (*D, IL-4*)
Rep. Hinchey (*D, NY-26*)
Rep. Holden (*D, PA-6*)
Rep. Horn (*R, CA-38*)
Rep. Jackson-Lee (*D, TX-18*)
Rep. Kildee (*D, MI-9*)
Rep. King (*R, NY-3*)
Rep. Kleczka (*D, WI-4*)
Rep. LaFalce (*D, NY-29*)
Rep. Lampson (*D, TX-9*)
Rep. Lazio (*R, NY-2*)
Rep. Lofgren (*D, CA-16*)
Rep. Martinez (*D, CA-31*)
Rep. McCarthy (*D, NY-4*)
Rep. McIntyre (*D, NC-7*)
Rep. McNulty (*D, NY-21*)
Rep. Meek (*D, FL-17*)
Rep. Morella (*R, MD-8*)
Rep. Myrick (*R, NC-9*)
Rep. Ney (*R, OH-18*)
Rep. Olver (*D, MA-1*)
Rep. Pallone (*D, NJ-6*)
Rep. Pappas (*R, NJ-12*)
Rep. Pascrell, Jr. (*D, NJ-8*)
Rep. Price (*D, NC-4*)
Rep. Quinn (*R, NY-30*)
Rep. Rahall (*D, WV-3*)
Rep. Rangel (*D, NY-15*)
Rep. Riggs (*R, CA-1*)
Rep. Rivers (*D, MI-13*)
Del. Romero-Barcelo (*D, PR-At Large*)
Rep. Roukema (*R, NJ-5*)
Rep. Sanders (*I, VT-At Large*)
Rep. Saxton (*R, NJ-3*)
Rep. Shaw (*R, FL-22*)
Rep. Slaughter (*D, NY-28*)
Rep. Smith (*R, NJ-4*)
Rep. Smith (*D, WA-9*)
Rep. Stabenow (*D, MI-08*)
Rep. Sununu (*R, NH-01*)
Rep. Traficant (*D, OH-17*)
Rep. Walsh (*R, NY-25*)
Rep. Watt (D, NC-12)
Rep. Weller (*R, IL-11*)
Rep. Wolf (*R, VA-10*)
Rep. Yates (*D, IL-9*)

As of c.o.b. 5/6/97

Oklahoma Federation of Republican Women

March 11, 1997

The Honorable Sue W. Kelly
United States House of Representatives
1222 Longworth Building
Washington, DC. 20515

My dear Ms. Kelly,

There probably isn't one family in America that hasn't been affected in some way, at one time or another, by the dreaded disease of breast cancer.

The passage of the Women's Health and Cancer Rights Act of 1997 is a bipartisan and moral obligation of each elected Congressional delegate in Washington DC.

Members of the Oklahoma Federation of Republican Women join me in support and endorsement of H.R. 616. We strongly believe in individual rights and the control of ones own life. The preservation of doctor and patient decisions made to ensure high quality medical care is an individual's right.

I am hand delivering this letter today to your office with signatures of members of the Oklahoma Federation of Republican Women that wish to expedite their support for this legislation and request Oklahoma Congressional support of H.R.616.

Sincerely,

Nancy L. Stirman
State President

Helen S. Fay
Helen S. Fay

Colleen Palmer
Colleen Palmer

Vicki Ryker
Vicki Ryker

Jan Jones
Jan Jones

Doris Selvidge
Doris Selvidge

Esther Rose
Esther Rose

Jeannine Long
Jeannine Long

Marjorie W. Cook
Marjorie Cook

Marguerite Elliott
Marguerite Elliott

Pat Braswell
Pat Braswell

CC: Oklahoma Congressmen: Don Nickles, Jim Inhofe, Steve Largent, Tom Coburn, Wes Watkins, J.C. Watts, Ernest Istook, Frank Lucas

1203 Pecan Street • Perry, Oklahoma • (405) 336-2392 • 336-5020
73077

AMERICAN CANCER SOCIETY®

April 7, 1997

Representative Sue Kelly
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Kelly:

On behalf of the American Cancer Society, I applaud your leadership in introducing the "Women's Health and Cancer Rights Act of 1997." This bill, which expands hospital coverage for women undergoing treatment for breast cancer, and provides coverage for breast reconstruction and second opinions, is an important step in improving the quality of care for patients with cancer.

Breast cancer will affect more than 180,000 women this year alone. Taking into account the medical situation and the patient's preferences, treatment may involve full or partial removal of the breast, radiation therapy, chemotherapy, hormone therapy, or some combination of several therapies. It is the American Cancer Society's position that all decisions regarding treatment should be made by the woman and her physician based on what is medically appropriate. Like you, we strongly oppose arbitrary limits on available services, including limits on hospital stays and breast reconstruction, that are put in place by some health plans.

As you move forward on this bill, we hope you and your colleagues will also take this opportunity to address some of the larger quality of care problems that are becoming more prevalent as our nation moves to a managed care based health delivery system. Providing patients with full disclosure of plan policies on treatment, eliminating gag clauses, strengthening utilization review standards, and providing comprehensive grievance procedures are just some of the remedies that are needed. We urge you to push for Congressional hearings at the earliest possible date to address these and other concerns with managed care.

Sincerely,

Linda Hay Crawford
National Vice-President
for Federal and State Government Relations

316 PENNSYLVANIA AVE., S.E., SUITE 200, WASHINGTON, DC 20003-1146 • 202-546-4011 • FAX 202-546-1682

March 25, 1997

The Honorable Sue Kelly
1037 Longworth House Office Building
Washington, DC 20515

Dear Representative Kelly:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), an organization representing more than 37,000 physicians dedicated to improving women's health, I am writing to express appreciation for the leadership role you are playing in the 105th Congress in addressing the needs of women suffering from breast cancer. Introduction of HR 616, the "Women's Health and Cancer Rights Act of 1997," is a major step toward assuring that women and families, who are fighting breast cancer, don't also have to fight their insurer to obtain the care recommended by their physician.

ACOG strongly supports the three major components of this legislation: 1) assuring that women have insurance coverage for hospital stays following mastectomies, as recommended by their physicians, 2) guaranteeing coverage of reconstructive surgery for mastectomy patients, and 3) providing insurance coverage for second opinions from appropriate specialists for either positive or negative cancer diagnosis. As the only physicians group that serves women exclusively, ACOG is committed to protecting the unique concerns and health care needs of women. Your bill does just that. We look forward to an opportunity to work with you to protect women's health.

Sincerely,

Ralph W. Hale, MD
Executive Director

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS • WOMEN'S HEALTH CARE PHYSICIANS
409 12TH STREET SW WASHINGTON DC 20024-2188
MAILING ADDRESS: PO BOX 96920 WASHINGTON DC 20090-6920
202/638-5577

The Susan G. Komen
Breast Cancer Foundation
National Headquarters

February 21, 1997

The Honorable Sue W. Kelly
United States House of Representatives
Washington, DC 20515

Dear Representative Kelly:

The Susan G. Komen Breast Cancer Foundation applauds the initiative you and your colleagues have demonstrated in introducing the "Women's Health and Cancer Rights Act of 1997." The Komen Foundation comprises volunteers in 38 states, numbering approximately 14,000. We have polled our volunteer leadership, which wholeheartedly supports and applauds this legislation. Women and their health care providers are those best able to make decisions about their treatments, including timing required for procedures and recovery. This decision process should not be limited arbitrarily by economic factors. Mastectomy and lymph node removal are major procedures with abundant potential side effects. Ensuring adequate length of hospital stay will help diminish side effects, providing substantive medical benefits for women undergoing mastectomy and lymph node removal for the treatment of breast cancer.

Further, ensuring that reconstruction is covered by third-party payors is critical. It is important that women who choose reconstruction have that coverage within their health insurance benefits, and that this coverage not be limited to reconstruction procedures that are performed at the time of the mastectomy.

We appreciate your concern for American women with breast cancer. The Komen Foundation does not believe that legislation of specific healthcare benefits is the first or best course of action to be pursued. In this instance, however, the coverage policies of many third-party payors have been detrimental to the health and well-being of women with breast cancer, the most prevalent cancer among women in this country.

Thank you again for your support.

Sincerely,

Susan G. Braun
Susan G. Braun
President/CEO

Diana Rowden
Diana Rowden
Chairman of the Board

5005 LBJ Freeway Suite 370 Dallas, Texas 75244 972.385.5000 fax 972.385.5005

AMERICAN CANCER SOCIETY

KERRIE B. WILSON
National Vice President
Government Relations

January 30, 1997

Senator Alfonse D'Amato
United States Senate
Washington, D.C. 20510

Dear Senator D'Amato.

On behalf of the American Cancer Society, I applaud your leadership in introducing the "Women's Health and Cancer Rights Act of 1997." This bill, which expands hospital coverage for women undergoing treatment for breast cancer, provides coverage for breast reconstruction, and ensures coverage for second opinions, is an important step in improving the quality of care for patients with cancer.

Breast cancer will affect more than 180,000 women this year alone. Taking into account the medical situation and the patient's preferences, treatment may involve full or partial removal of the breast, radiation therapy, chemotherapy, hormone therapy, or some combination of several therapies. It is the American Cancer Society's position that all decisions regarding treatment, including length of hospital stay, should be made by the woman and her physician based on what is medically appropriate. Like you we strongly oppose arbitrary limits on available treatments, including limits on hospital stays and breast reconstruction, that are put in place by some health plans.

As you move forward on your bill, we hope you and your colleagues will also take this opportunity to address some of the larger quality of care problems that are becoming more prevalent as our nation moves towards a managed care based health delivery system. Providing patients with full disclosure of plan policies on treatment, eliminating gag clauses, strengthening utilization review standards, and providing comprehensive grievance procedures are just some of the remedies that are needed. We urge you to push for Congressional hearings at the earliest possible date to address these concerns as well as those related to outpatient mastectomies.

Again, thank you for your efforts on behalf of patients with cancer.

Sincerely,

Kerrie Wilson

Kerrie Wilson

NSYLVANIA AVE., S.E., SUITE 200, WASHINGTON, DC 20003-1146 • 202-546-4011 • FAX 202-54

AMERICAN CANCER SOCIETY NEW YORK STATE PUBLIC AFFAIRS OFFICE

January 15, 1997

VIA FAX

The Hon. Alfonse D'Amato
Room 520, Hart Senate Office Building
Washington, DC 20510

Dear Senator D'Amato:

On behalf of the American Cancer Society, I applaud your recently announced legislation to expand patient's access to cancer detection and treatment. As you know, the diagnosis of cancer can be devastating – not only must patients confront an array of medical decisions, they must deal with the financial and emotional burdens as well.

We support the immediate focus of your proposal: eliminating outpatient mastectomy; ensuring that second opinions are available to patients facing a diagnosis of breast, prostate, or colon cancer and requiring coverage for reconstructive surgery following a mastectomy. Further, it is the American Cancer Society's position that all decisions regarding treatment, including length of hospital stay, should be made by a patient and his/her physician. Like you, we strongly oppose the arbitrary limitation of available treatments for patients with cancer, including limits on hospital services that are put into some health plans.

Again, we thank you for taking leadership on issues that are critical to cancer patients. The American Cancer Society has over 200,000 volunteers throughout the state of New York who work in partnership with staff to further our mission. We look forward to working with you and your staff to see that this legislation in enacted.

Sincerely,

Martha McNeil
Director of Public Affairs

1450 Western Ave., Albany, New York 12203-3539 (518) 438-9327 FAX: (518) 438-9608
REPRESENTING THE NEW YORK STATE, LONG ISLAND, NEW YORK CITY, QUEENS AND WESTCHESTER DIVISIONS
FOR INFORMATION ABOUT CANCER 1-800-ACS-2345

American Medical Association
Physicians dedicated to the health of America

P. John Seward, MD
Executive Vice President

515 North State Street
Chicago, Illinois 60610

312 464-5000
312 464-4184 Fax

February 14, 1997

The Honorable Alfonse D'Amato
United States Senate
520 Hart Senate Office Bldg.
Washington, DC 20510

Dear Senator D'Amato:

On behalf of the American Medical Association (AMA), I am writing to express our appreciation and support for your bill, the "Women's Health and Cancer Rights Act of 1997," (S.249/H.R.616). The AMA is gratified that this legislation endorses the fundamental concept that medical decisions should be made by patients and their physicians rather than by insurers or legislators. The AMA will be working throughout the 105th Congress to advance additional, comprehensive patient protections.

We applaud your bi-partisan efforts aimed at providing coverage for reasonable cancer treatment. Decisions about hospital lengths of stay and other medical matters must reside with patients and physicians. Similarly, decisions must be influenced by the facts and circumstances affecting individual patients. In this regard, we agree that the interests of patients must come before the interests of insurance companies.

The AMA will work to ensure that appropriate decision-making is left in the hands of patients and physicians. We look forward to working with you on a swift and positive outcome for this legislation.

Sincerely,

P. John Seward, M.D

P. John Seward, MD

150 Years of Caring for the Country
1847 • 1997

New Jersey Federation of Republican Women, Inc.

Affiliated With National Federation of Republican Women

est. 1929

April 10, 1997

The Honorable Sue Kelly
1222 Longworth House Office Bldg.
Washington, D.C. 20515

Dear Congresswoman Kelly:

On behalf of the New Jersey Federation of Republican Women we are pleased to express our support for your legislation, entitled the Women's Health and Cancer Rights Act of 1997. This legislation is especially important to our membership which is 100 percent female, with members who have personally been through these procedures.

We applaud your bi-partisan efforts aimed at providing coverage for reasonable cancer treatment. Decisions about hospital lengths of stay and other medical matters must reside with patients and physicians. Similarly, decisions must be influenced by the facts and circumstances affecting individual patients. In this regard, we agree that the interests of patients must come before the interests of insurance companies.

We congratulate you on your efforts, and look forward to working with you to help secure passage of this important legislation.

Sincerely,

Theresa E. Nagel
emo

Theresa E. Nagel
President

TEN/emo

1896 1996
ADELPHI UNIVERSITY
SCHOOL OF SOCIAL WORK
BREAST CANCER HOTLINE AND SUPPORT PROGRAM

March 10, 1997

The Honorable Sue W. Kelly
U.S. House of Representatives
1222 Longworth House of Office Building
Washington, DC 20515

Dear Congresswoman Kelly:

On behalf of the Adelphi N.Y. Statewide Breast Cancer Hotline and Support Program, I am writing to express our support for the "Women's Health and Cancer Rights Act of 1997." We are pleased that the bill supports a woman's right to make decisions in conjunction with her physician regarding her treatment for breast cancer.

We believe that decisions regarding hospital lengths of stay following surgery be determined by the patient and doctor, not the insurance companies. We also support a woman's right to have the option of reconstructive surgery following a mastectomy and have it covered by her insurance company. In addition, the requirement for insurer's to provide coverage for a second opinion is both reasonable and essential.

The Adelphi N.Y. Statewide Breast Cancer Hotline and Support Program and the thousands of men and women we service and represent applaud you for your efforts to introduce legislation which focuses on ensuring appropriate and quality medical care for those dealing with breast cancer.

Sincerely,

Hillary Rutter

Hillary Rutter, ACSW
Director, Adelphi N.Y. Statewide Breast Cancer
Hotline and Support Program

News From MSSNY

FOR IMMEDIATE RELEASE
Contact: Marc L. Kaplan
Phone: (518) 465-8085

January 16, 1997

STATEMENT OF STANLEY L. GROSSMAN, M.D.
PRESIDENT, MEDICAL SOCIETY OF THE STATE OF NEW YORK

"On behalf of the 30,000 physician members of the Medical Society of the State of New York and on behalf also of our patients to whom we are all committed, I would like to commend Senator Alfonse M. D'Amato for the introduction of the crucial "Women's Health and Cancer Rights Act of 1997." We would also like to thank Senate Majority Leader Joseph L. Bruno and Assembly Speaker Sheldon Silver for their work toward this goal in New York State. We will continue to work with our representatives in Washington and Albany to pass this legislation. We believe that all health care decisions must be made by the patient and his or her physician. Along with Senator D'Amato, Senator Bruno, Speaker Silver and, of course, Governor Pataki who specifically addressed this issue in his State of the State Message last week, we are committed to maintaining a health care system which assures, to the greatest extent possible, that all of our citizens will have access to the highest quality care."

- 30 -

Medical Society of the State of New York
One Commerce Plaza, Suite 2005
Albany, NY 12210

National Federation of Republican Women of Puerto Rico
Miriam J Ramirez de Ferrer MD, President

Box 3225
Mayaguez, P.R. 00681

email. mjean@coqui.net
Tel:(787) 834-0726

March 10,1997

Hon. Sue Kelly
US House Of Representatives
Washington DC

I received your letter dated February 27, regarding the Women's Health & Cancer Rights Act of 1997.

We praise your efforts regarding these important Women's health issues, and more so since I am a physician and gynecologist.

Please be assured that you can rely on our full support for you initiative. We will contact our Representative, the Honorable Carlos Romero Barcelo, in Congress and request him to co-sponsor said legislation. We will make sure that he is aware of our support. Please contact Mr. Luis Baco in his office for further assistance.

Yours Truly,

Miriam J. Ramirez MD

If I, or my group, can be of any additional help, please do not hesitate to contact me at:

Miriam J.Ramirez MD
PO Box 3225
Mayaguez, P.R. 00681

Tel. & Fax : (787) 834-0726
email: mjean@coqui.net

American Association of Nurse Anesthetists
Federal Government Affairs Office
The Capitol Hill Office Building
412 First Street, S.E., Suite 12
Washington, DC 20003
Phone: (202) 484-8400
Fax: (202) 484-8408

January 16, 1997

Honorable Sue Kelly
1222 Longworth HOB
Washington, D.C. 20515

Dear Congresswoman Kelly:

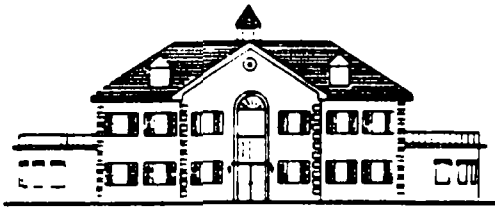
On behalf of the American Association of Nurse Anesthetists (AANA), we are pleased to support your legislation, the Women's Health and Cancer Rights Act of 1997.

This legislation will go far to ensure that women with mastectomies will have a minimum of 48 hours in the hospital to recover. In addition, the provisions which require insurers to provide coverage for second opinions for breast, colon & prostate cancer diagnoses is a reasonable requirement and will go far to enhance patients' rights.

We look forward to working with you as this legislation moves through Congress. Please let us know how we may be helpful in your efforts.

Sincerely,

David E. Hebert
Director of Federal Government Affairs



Northern Metropolitan Hospital Association

400 Stony Brook Court • Newburgh, New York 12550-5162 • (914) 562-7520
FAX (914) 562-0187

February 21, 1997

Honorable Sue W. Kelly
U.S. House of Representatives
Room 1222 LOB
Washington DC 20515

Dear Congresswoman Kelly:

On behalf of the hospitals in the 19th Congressional District of New York, we are pleased to express our support for your legislation, entitled the Women's Health and Cancer Rights Act of 1997.

This bill will help assure that the important treatment decisions, including the length of hospitalization, will be determined based on decisions made between a patient and the physician, rather than by insurance companies or by legislative determination.

We believe your bill will also enhance patient rights by requiring that the insurer provide coverage for any reconstructive surgery which may be required, eliminating a barrier that has often discouraged women from seeking care early. Hopefully, this "patient first" approach will be instilled in all aspects of public policy dealing with patient care.

We congratulate you on your efforts, and look forward to working with you to help secure passage of this important legislation.

Sincerely,

Arthur E. Weintraub
President

AEW/lf

NABCO

NATIONAL ALLIANCE
OF BREAST CANCER
ORGANIZATIONS

9 East 37th Street, 10th Floor
New York, New York 10016
212-889-0606 Office
212-719-0154 Info. Services
212-689-1213 Fax
http://www.nabco.org

February 21, 1997

via facsimile: (202) 225-5441

The Honorable Sue W. Kelly
U.S. House of Representatives
1037 LHOB
Washington, DC 20515

Dear Congresswoman Kelly:

This letter is to clarify that the National Alliance of Breast Cancer Organizations is pleased to support "The Women's Health & Cancer Rights Act of 1997". Please feel free to list NABCO among your list of endorsing organizations. We have previously submitted comments to your office regarding the exact provisions of the bill in our letter dated February 11th, and look forward to working with you and your staff on the proposal as it develops.

NABCO encourages legislative resolution to the problems of coverage denials for hospitalization following breast cancer surgery, breast reconstruction and second opinions. With your leadership, women with breast cancer and their supporters can be hopeful about meaningful insurance reforms to assure them the type of insurance coverage they need and deserve.

Thank you again for your dedication to the breast cancer cause.

Sincerely,

Kimberly Calder

Kimberly Calder, MPS
Associate Executive Director

apta

Physical Therapy
Association
1111 North Fairfax Street
Alexandria, VA 22314-1488
703/684-2782
703/684-7343 Fax

January 30, 1997

The Honorable Sue Kelly
1222 Longworth House Office Building
Washington, DC 20515

Dear Congresswoman Kelly:

On behalf of the American Physical Therapy Association (APTA), we are pleased to support the legislation, the Women's Health and Cancer Rights Act of 1997. This legislation is especially important to a membership such as ours which is approximately 70% female. APTA is the national professional association representing more than 72,000 physical therapists, physical therapist assistants, and students of physical therapy.

This legislation will go far to eliminate "drive-by" mastectomies and ensure that women with mastectomies will have a minimum of 48 hours in the hospital to recover. In addition, the provisions which require insurers to provide coverage for second opinions for breast, colon and prostate cancer diagnoses is a reasonable requirement and will go far to enhance patients' rights

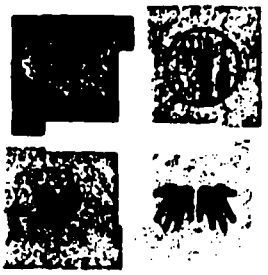
We look forward to working with you as this legislation moves through Congress. Please let us know how we may be helpful in your efforts.

Sincerely,

Nancy Garland
Director, Government Affairs

NG/lcw

Neil Kahanovitz, M.D.
President and Founder



CENTER FOR
PATIENT ADVOCACY

Terre McFillen Hall
Executive Director

January 28, 1997

The Honorable Sue Kelly
1222 Longworth House Office Bldg.
Washington, DC 20515

Dear Congresswoman Kelly:

We are writing to express our support for the "Women's Health & Cancer Rights Act of 1997." This legislation is urgently needed to guarantee protections for millions of American women afflicted with breast cancer.

First, the bill removes a barrier that has discouraged many women from participating in vital early breast cancer detection programs by requiring insurers to cover reconstructive procedures. The bill also helps to assure high quality patient care by guaranteeing that patients have access to a second opinion from the provider of their choice. Finally, and most important, the bill *empowers patients and their doctors*, not insurance company officials, with the decisions affecting their health care.

While the Center supports the efforts of all Members of Congress who have introduced similar mastectomy stay legislation, we strongly believe that unified support behind your legislation is necessary to realize the common goal of ensuring quality health care for American women.

We applaud your efforts to protect the health of American women and look forward to working with you to secure passage of the Women's Health & Cancer Rights Act of 1997.

Sincerely,

Neil Kahanovitz, M.D.
President and Founder

Terre McFillen Hall
Executive Director

THE NATIONAL COALITION FOR CANCER RESEARCH

Albert and Mary Lasker Foundation

Amer Association for Cancer Education

American Association for Cancer Research

American Cancer Society, Inc

American Society for Therapeutic Radiology and Oncology

American Society of Hematology

American Society of Pediatric Hematology-Oncology

Association of American Cancer Institutes

Association of Pediatric Oncology Nurses

Cancer Research Foundation of America

Candlelighters Childhood Cancer Foundation

CaP CURE — Association for the Cure of Cancer of the Prostate

FACT: Families Against Cancer, Inc.

Oncology Nursing Society

Radiation Research Society

The Society of Gynecologic Oncologists

The G. Komen Breast Cancer Foundation

The V Foundation for Cancer Research

426 C STREET, N.E.
WASHINGTON, D.C.
20002
(202) 544-1880
(202) 543-2565 FAX

January 14, 1997

Representative Sue W. Kelly
U.S. House of Representatives
1222 Longworth House Office Building
Washington, D.C. 20515-3219

Dear Representative Kelly:

On behalf of the National Coalition for Cancer Research (NCCR), I would like to thank you for sending us information about your legislation, the "Women's Health and Cancer Rights Act of 1997." We agree that medical decisions should be made by doctors, not by insurance companies. We also share your concern about the impact of managed care on the quality of care for persons with cancer. You are to be commended for your commitment to improving the care of women with breast cancer.

Established in 1986, the NCCR is a nonprofit organization comprised of national organizations in the U.S. dedicated to the eradication of cancer. Its mission is to support public education efforts which communicate the value of cancer research to progress against cancer, and to ensure adequate funding for a balanced National Cancer Program to conduct research to improve cancer prevention, detection, and treatment. The NCCR focuses its efforts on educating policy makers and members of the general public about the vital importance of cancer research and how cancer research positively impacts the lives of most Americans.

Currently, eighteen national organizations belong to the NCCR representing:

- Tens of thousands of cancer survivors and their families;
- 40,000 children with cancer, as well as their parents, and brothers and sisters;
- 45,000 cancer researchers, nurses, physicians, and health care workers; and
- 82 cancer research centers.
- publicly-supported non-profit organizations which provide patient services, research grants, and education
- patient advocacy groups dedicated to fostering a broad-based public and governmental commitment to the well-being of persons with cancer

Again, thank you for your commitment to all those affected by breast cancer. Please feel free to call me or Marguerite Donoghue, NCCR's Deputy Executive Director, at (202)544-1880 if we may be of assistance to you as the 105th Congress continues to address important legislative issues.

Sincerely,

Albert H. Owens

Albert H. Owens, Jr., M.D.
President

Daniel Sisto, President

Volume 29, Number 5

January 31, 1997

HANYS MEETS WITH SENATOR D'AMATO; ENDORSES HIS CANCER LEGISLATION

HANYS President Daniel Sisto met with Senator Alfonse D'Amato (R-NY) in Washington, D.C. on January 28 to discuss federal issues concerning New York State's health care providers. The Senator expressed his commitment to addressing the needs of health care providers across the State, particularly with regard to protecting New York from the redistribution of Medicare and Medicaid funds to other states and from budget cuts that unfairly affect New York State. There also was discussion of HANYS' opposition to the President's proposal to implement a per capita cap on Medicaid spending.

During the meeting, HANYS endorsed legislation introduced by Senators D'Amato, Dianne Feinstein (D-CA), and Olympia Snowe (R-ME) which would protect women's rights to hospital care for breast removal and associated surgery, including breast reconstruction, and guarantee all cancer patients the right to a second medical opinion. The legislation is an improvement over the federal and State legislation granting women minimum lengths of inpatient care for childbirth in that it does not set limits on the length of stay for breast surgery cases.

The Women's Health and Cancer Rights Act of 1997 will be introduced in the House of Representatives early next week by Representatives Susan Molinari (R-Staten Island), Sue Kelly (R-Katonah), and Frank LoBiondo (R-NJ). In addition, to date, nine other New York Representatives have signed onto this legislation as co-sponsors including Gary Ackerman (D-Queens), Floyd Flake (D-Queens), Michael Forbes (R-Shirley), Peter King (R-Massapequa Park), Rick Lazio (R-Babylon), Carolyn McCarthy (D-Mineola), Michael McNulty (D-Green Island), Louise Slaughter (D-Rochester), and James Walsh (R-Syracuse).

Senator D'Amato is scheduled to visit Strong Memorial Hospital in Rochester on February 1. While at Strong, the Senator will hold a press conference at the facility's cancer center to discuss the HANYS-endorsed cancer treatment legislation. HANYS also supports similar legislation that will be introduced in the State Legislature by Assembly Speaker Sheldon Silver (D-Manhattan) and Senate Majority Leader Joseph Bruno (R-Brunswick). — *Steven Kroll*

Washington, DC 20515

END THE PRACTICE OF "DRIVE-THROUGH" MASTECTOMIES!

Cosponsor the Women's Health & Cancer Rights Act of 1997
January 8, 1997

Dear Colleague:

We are joining together in a bipartisan effort to introduce legislation to improve services provided to women experiencing the trauma of a breast cancer diagnosis, and every American faced with the possibility of cancer. We ask you to join us in this important endeavor.

In the United States today, there are at least 2.6 million women living with breast cancer and more than 180,000 wives, mothers and daughters were diagnosed with the disease this year alone. Tragically, some women who must undergo mastectomies and lymph node dissection for the treatment of breast cancer are rushed through the procedure on an "out-patient" basis at the insistence of their insurance companies just to cut costs. Insurance companies also cut costs by denying coverage for reconstructive surgery as well as follow-up procedures because they are deemed "cosmetic". Ironically, insurance companies do not deny reconstructive surgery for an ear that is lost to cancer.

We write to you today to ask that you join us in cosponsoring the *Women's Health & Cancer Rights Act of 1997*, a that places medical decisions where they belong -- with physicians and patients. This measure would require that a health plan that provides medical and surgical benefits for the treatment of breast cancer guarantee at least 48 hours of in-patient care following a mastectomy or a lymph node dissection, and longer if the patient and physician feel it is medically appropriate.

The bill also ensures that all mastectomy patients have reconstructive surgery paid for, including symmetrical reconstruction. A recent survey found that 43% of the respondents had been denied coverage for follow-up reconstructive symmetry procedures.

The *Women's Health & Cancer Rights Act* also includes a unique provision for coverage of second opinions by specialists. The bill would require health care providers to pay for secondary consultations when cancer tests come back either negative or positive, giving *all* cancer patients the benefit of a second opinion. This important provision will not only help ensure that false negatives are detected, but also give men and women greater peace of mind.

Please help us to ensure that breast cancer victims and cancer patients get the care they deserve by avoiding the careless outcomes of decisions based on simple economics instead of good medicine. If you would like to cosponsor this critical legislation, please contact Kraig Siracuse with Senator D'Amato at 224-6542, Conwell Smith in Rep. Sue Kelly's office at 5-5441, Jennifer Prazmark of Rep. Susan Molinari's staff at 5-3371, or Carl Thorsen with Rep. Frank LoBiondo's office at 5-6572.

Susan Molinari
Member of Congress

Alfonse M. D'Amato
U.S. Senate

Sue W. Kelly
Member of Congress

Olympia J. Snowe
U.S. Senate

Frank A. LoBiondo
Member of Congress

Ernest Hollings
U.S. Senate

Floyd Flake
Member of Congress

Gary Ackerman
Member of Congress

Nathan Deal
Member of Congress

Peter T. King
Member of Congress

SUE W. KELLY
19TH DISTRICT, NEW YORK

Congress of the United States
House of Representatives
Washington, DC 20515–3219

January 22, 1997

END THE PRACTICE OF "DRIVE-THROUGH" MASTECTOMIES!
Cosponsor the Women's Health & Cancer Rights Act of 1997

Dear Colleague:

In the United States today, there are at least 2.6 million women living with breast cancer -- more than 180,000 women were diagnosed with the disease in 1996 alone. Women facing the personal anxiety of living with breast cancer should feel confident that their medical treatment is in the hands of physicians -- not insurance companies.

Tragically, some women who must undergo mastectomies, lumpectomies or lymph node dissection for the treatment of breast cancer are rushed through their recovery from these procedures on an "outpatient" basis at the insistence of their health plan or insurance company in order to cut cost. Many insurance companies also cut costs by denying coverage for reconstructive surgery, as well as coverage for follow-up procedures because they are deemed "cosmetic". Ironically, they do not deny reconstructive surgery for an ear that is lost to cancer.

The Women's Health and Cancer Rights Act of 1997 places medical decisions where they belong -- with physicians and patients. This measure guarantees coverage for inpatient hospital care following a mastectomy, lumpectomy, or lymph node dissection (based on a doctor's judgement), requires coverage for reconstructive procedures, ensures a second opinion for any cancer diagnosis and offers significant physician protections from inducement or retribution.

The Women's Health & Cancer Rights Act of 1997
Cosponsor List

Rep. Sue Kelly (R-NY-19)
Rep. Frank LoBiondo (R-NJ-02)
Rep. Gary L. Ackerman (D-NY-05)
Rep. Constance Morella (R-MD-08)
Rep. Jim Saxton (R-NJ-03)
Rep. Chris Smith (R-NJ-04)
Rep. Robert E. Andrews (D-NJ-01)
Rep. James T. Walsh (R-NY-25)
Rep. Phil English (R-PA-21)
Rep. Susan Molinari (R-NY-13)
Rep. Floyd H. Flake (D-NY-06)
Rep. Peter T. King (R-NY-03)
Rep. Nathan Deal (R-GA-09)
Rep. Rick A. Lazio (R-NY-02)
Rep. Jon Fox (R-PA-13)
Rep. Frank Pallone (D-NJ-06)
Rep. Martin Frost (D-TX-24)
Rep. Frank Wolf (R-VA-10)

Please help us to ensure that breast care patients get the care they deserve by avoiding the careless outcomes of decisions based on simple economics instead of good medicine. If you would like to cosponsor this critical legislation, please contact Conwell Smith (Rep. Sue Kelly) at 5-5441, Jennifer Prazmark (Rep. Susan Molinari) at 5-3371 or Carl Thorsen (Rep. Frank LoBiondo) at 5-6572.

Sincerely,

Sue W. Kelly
SUE W. KELLY
Member of Congress

Susan Molinari
SUSAN V. MOLINARI
Member of Congress

Frank A. LoBiondo
FRANK A. LoBIONDO
Member of Congress