Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	constituent re breast reconstruction (1 page)	01/21/1996	b(6)
002. letter	constituent to POTUS re breast reconstruction (2 pages)	04/14/1997	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Jennifer Klein
OA/Box Number: 13530

FOLDER TITLE:
Breast Reconstruction: Breast Reconstruction Advocacy Project

2014-0536-S
kc1557

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

WOMEN'S HEALTH ADVOCACY PROJECTS

4034 South Jefferson Avenue
Cincinnati, Ohio 45212-4020

Breast Reconstruction Advocacy Project

WOMEN'S HEALTH ADVOCACY PROJECTS

Robin Jennings
Executive Director

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Phone 513.351.WHAP
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Women's Health Advocacy Projects is a nonprofit organization that proactively designs and supports projects which empower women's health care through legislation and public education. It is committed to extraordinary health care for all women.

Tues.
JAN. 21, 1996

I am writing this to see if maybe you can help me, as I read the article in my "NEW WOMAN" magazine.
I had a mastectomy in May 1996 and at that time I made the decision to NOT have Reconstruction at that time. After living with the mutilation and problems associated with it, I went to see a plastic surgeon @ Reconstruction I am (was always) very large breasted and he recommended a TRAM-flap procedure and a reduction of the other breast to a more normal size. After 5 mos. of waiting for the insurance co. to respon after my many calls, they sent me a letter saying I don't meet the guidelin for the Reduction of my normal breast but they would pay for the Reconstruction of the other.

I have appealed their decision but to no avail. (I have been told I ~~am~~ do not meet their guidelines due to my weight, which is MORE than 50% of my "ideal".) I have no problem with losing the weight, but if I do and then they

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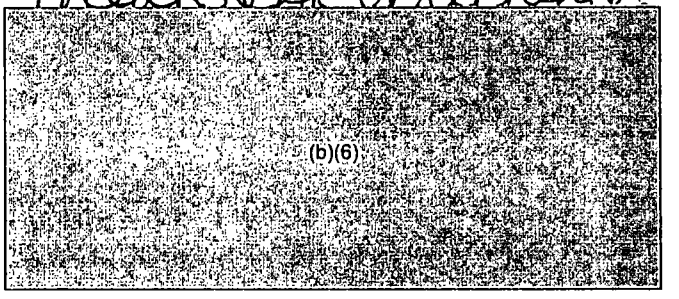
decide I still don't meet the guidelines, I'm screwed.

I feel like I'm getting my life back together finally, but constantly living with the problem of being so lopsided, is starting to cause me medical problems as well as self-esteem.

I cannot have the re-construction w/out the Reduction, and I can't afford to pay for the surgery myself so I am stuck.

If you have any suggestions on how to ~~[redacted]~~ proceed, I'm open to them.

Thanks for listening!



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[002]

(b)(6)

President Bill Clinton
United States Congress
The White House
Washington D. C.

April 14, 1997

Dear Mr. President and Members of the U.S. Congress

My name is (b)(6) and I am a very recent breast cancer survivor. I am a 41 year old mother of three young daughters. The doctors found cancer in both of my breasts during a routine mammogram. In September 1996 I had a radical bilateral mastectomy, which is a nice word for breast amputation. This surgery was terrifying, painful and ultimately, humiliating. I was devasted and in a great deal of pain both physically and emotionally after the surgery. The surgery left me with two holes and scars instead of breasts. I wanted to break every mirror in the house and I never wanted to go anywhere again. Before the surgery, I called my insurance company to ask if they would pay for reconstruction after the surgery which was written in their policy. They told me "Yes, if it is written in the policy we will pay for it." Two and a half months later they would not give approval, but kept hedging everytime my husband, his company officials and Dr. Horner-Taylor's office talked to them. I planned to have an abdominal hernia operation at the same time as the reconstruction which would save the insurance company thousands of dollars. Hernia operations are easily approved as are gallbladder, appendix, tonsilectomies and other operations.

Fortunately, Dr. Horner-Taylor and I are the two most stubborn determined women living in America today and refused to give up. We receive approval at 5 pm the day before the surgery, which was scheduled for 11 am the next morning. We found out that for three weeks the insurance company had lied to all of us saying their "experts" had to make this decision. All of our paperwork was sitting in a box the whole time. No one in the insurance company was reviewing it.

I had the reconstruction in Cincinnati even though we live in Greensburg, about 80 miles away. I had to have places for my children to go while I was in the hospital and all kinds of arrangements to make before the surgery. The insurance company doesn't care about me, my surgery or my children. They didn't want to pay for the reconstruction. It turned to be a nine hour surgery and difficult for me to recover from, however, now I have beautiful healthy looking breasts where there was disfigurement and scars. Now I catch myself smiling in the mirror. I can raise my girls feeling pretty and happy about my figure and help them build healthy self esteem which is so essential to their character and their happiness.

I urge you, if you care about the women in America, to pass this bill and allocate as much money as possible to breast cancer research. I also urge you to pray for a cure. We need to help the 185,000 women who each year are diagnosed with breast cancer in America. 44,000 of our mothers, grandmothers, sisters and daughters are going to die in 1997 unless we stop this disease. Can America afford to lose 44,000 caretakers and nurturers every year?

Dr. Horner-Taylor is a great doctor and a wonderful human being who has fought for her patients again and again and all the women in America. I'm glad you are hearing her. Reconstruction gives women hope and a sense of being whole again. It is very important that insurance companies pay for this procedure and without a fight. It takes enough strength and determination to fight the disease. As

[002]

(b)(6)

an American consumer I'm tired of the insurance companies getting away with playing God.

I am doing everything in my power to fight this disease including raising money for the American Cancer Society and writing articles and books about my experience. I hope you will do everything in your power too.

Sincerely,

(b)(6)

4.1497

Early breast removal effective

Preemptive move cuts cancer risk

BY DANIEL Q. HANEY
The Associated Press

SAN DIEGO — The increasingly common practice of surgically removing both breasts while they are still healthy is an effective, if radical, way of preventing breast cancer in women at high risk of the disease, a study finds.

Until recently, bilateral prophylactic mastectomy, as doctors call it, was rare. But the development of screening tests for the inherited bad genes that can trigger breast cancer has increased demand for this approach.

When a woman discovers she has a high genetic susceptibility to cancer, there is little she can do besides frequent checkups or having her breasts removed. Some doctors are reluctant to offer the genetic screening test because of uncertainty about whether a preemptive mastectomy actually works as well as common sense would suggest it should.

'It's an extreme approach. For a woman who decides to proceed, at least she now has some clear information instead of a question mark.'
— Lynn Hartmann

To help settle the issue, doctors from the Mayo Clinic followed up on 950 women who have had bilateral prophylactic mastectomies, mostly because of a strong family history of breast cancer. They found that it reduced their breast cancer risk by 91 percent.

It was not, however, totally effective. Even when the breasts are removed, surgeons often leave behind tiny bits of breast tissue on the chest wall. These remnants can still turn cancerous.

Furthermore, undetected cancer may sometimes have already spread to other parts of the body before the breasts are removed.

"It's an extreme approach," said Dr. Lynn C. Hartmann, study director. "For a woman who decides to proceed, at least she now has some clear information instead of a question mark."

Dr. Hartmann presented her results Sunday at a conference sponsored by the American Association for Cancer Research.

WOMEN'S HEALTH ADVOCACY PROJECTS

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The Breast Reconstruction Advocacy (BRA) Project History

Founder and National Chairperson

Christine Horner-Taylor, MD, F.A.C.S.

In 1997 about 182,000 women will be diagnosed with breast cancer, making it the most common form of cancer among women in the United States. Statistics show a woman's lifetime risk of contracting breast cancer, if she lives to be 85, is 1 out of 9 or 11% of our population. It is estimated that 46,000 women will die of breast cancer in 1997, making it the second major cause of death among women after lung cancer.

Recent advances in breast cancer management have allowed most women to be treated with the breast conserving technique of lumpectomy and radiation. However, a significant percentage of women with breast cancer must undergo mastectomy, or amputation, of their breasts to treat their disease most appropriately. Some women adapt well to the breast amputation and some feel desperately mutilated. It is not a question of age or beauty, as many older women are more devastated by the loss than a younger woman. Because of the breast's role as a sexual organ, the breast plays an important role in the self image of women. For many women, the loss of a breast as a result of breast cancer can also mean a loss of part of their sexual identity. For these women, breast reconstruction is extremely important to restore their sense of wholeness and well being.

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In 1993, two years after I started my plastic surgery practice, a 34 year-old patient came to me requesting bilateral breast reconstruction following her bilateral mastectomies. The insurance company denied the surgery, stating that it was not medically necessary. Soon afterwards, another patient was denied coverage, this time the insurance company stated there was no reason to restore an organ with no function. I felt that something needed to be done--and became determined that we would pass both federal and state legislation to guarantee women coverage for breast reconstruction.

18 states currently have laws requiring insurers to cover breast reconstructive surgery after mastectomy. These states include California, Connecticut, Nevada, Arizona, Washington, Michigan, Illinois, Florida, New Jersey, Maine, Minnesota, Maryland, Rhode Island, Montana, Oklahoma, Indiana, Arkansas and New York. The remaining 32 states have been organized to pass legislation in a nationally coordinated effort, with legislation introduced or in the process of being introduced in over 20 states.

The BRA Project was introduced in the Fall of 1995. Each state has one plastic surgeon designated as a coordinator. They are then supported by a multitude of organizations including the American Cancer Society, and various different breast cancer support groups and women's groups. Eight Regional Coordinators oversee approximately 5 states each, maintaining contact with each of their State Coordinators to check on their progress and see if there is any need for assistance. This design was created in order to produce a vehicle for efficient communication. I created a grassroots manual which gives instructions in a step-by-step fashion to lead individuals through the legislative process. The manual includes sample legislation, letters to the editor, supporting journal articles, specific tips on how to present the issues to legislatures, and a check list designed to take someone through the entire process from getting the bill introduced to finally passing legislation.

We are working on the federal level to guarantee women access to breast reconstruction. I have met on several occasions with The White House-the President (whose mother had breast cancer) and the First Lady to discuss their support for the legislation. Senator Edward Kennedy and Rep. Anna Eshoo have recently introduced the "Reconstructive Breast Surgery Benefits Act of 1997."

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Women's Health Advocacy Projects (***WHAP***) is a non-profit/non-partisan organization that proactively designs and supports projects which empower women's health care through legislation and public education. It is committed to extraordinary health care for all women.

In recent years, heightened awareness of longstanding biases against women--in educational, economic, employment, and most important, health related opportunities--has catalyzed an expanded focus on women's issues. Past inattention to women's health issues in both the conduct of research and clinical practice resulted in serious gaps in knowledge about causes, treatment, and prevention of diseases in women. ***Women's Health Advocacy Projects*** is pursuing a comprehensive and meaningful agenda for women's health to redress these past inequities.

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Women's Health Advocacy Projects serves as a catalyst for national efforts, coordinating activities of government and non-government organizations, agencies and individuals by encouraging new ideas and mobilizing partnerships. ***WHAP*** strives to "jump start" innovative, long term efforts that will result in rapid progress in our fight for extraordinary health care for all women.

Women's Health Advocacy Projects is chaired and founded by Christine Horner-Taylor, M.D., F.A.C.S. In 1995, Dr. Horner-Taylor organized the Breast Reconstruction Advocacy Project (BRA Project), a nationally coordinated grassroots effort to pass legislation in each state requiring insurance companies to pay for breast reconstruction following mastectomy. To date, 18 states have passed the legislation. The remaining 32 states are to introduce the legislation this spring, organized by ***WHAP*** as a national wave of public outcry. Senator Edward Kennedy and Congresswoman Anna Eshoo recently introduced the Federal Bill "Reconstructive Breast Surgery Benefits Act of 1997."

This is the work of ***Women's Health Advocacy Projects***--turning personal experience with women's health into political action. Women need to have a place at the table where decisions about women's health care are made.

Biography

Christine Horner-Taylor, MD, F.A.C.S. graduated Summa Cum Laude in 1980 from Wright State University in Dayton, Ohio with a Bachelor of Science degree in Biology. In 1984 she graduated from the University of Cincinnati College of Medicine and began her general surgery residency at Good Samaritan Hospital in Cincinnati. She completed the 5-year program in 1989 and went on to complete a 2-year residency in Plastic and Reconstructive Surgery at Indiana University-Indianapolis. Dr. Horner-Taylor began her private practice in Plastic and Reconstructive Surgery in 1991 with offices in Edgewood, Kentucky and Lawrenceburg, Indiana. She is the President and CEO of Women Physicians Assurance Company (WPAC), a company designed to empower women physicians as a group, providing group discounts on insurance, products, and consulting services. In addition, she is the President of two non-profit organizations. Women's Health Advocacy Projects (WHAP), is a 501(c)4 that proactively designs and supports projects which empower women's healthcare through legislation and education. Comprehensive Health Institute (CHI) is a 501(c)3 organization committed to the integration of alternative healthcare modalities into our current healthcare system with a focus on wellness.

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Dr. Horner-Taylor is board certified by the American Board of Surgery and the American Board of Plastic Surgery. She is a member of the American Medical Association, American Women's Medical Association, Association of Women Surgeons, American Holistic Medical Association, Ohio State Medical Association, Kentucky Medical Association, Northern Kentucky Medical Society, Cincinnati Academy of Medicine, and is Spokesperson for the American Cancer Society in Kentucky for Breast Cancer Issues. She is a Fellow of the American College of Surgeons and is an active member of the American Society of Plastic and Reconstructive Surgeons. Dr. Horner-Taylor has received the American Cancer Society "Life Saver Award" and the 1997 Cincinnati YWCA Career Women of Achievement Award.

Dr. Horner-Taylor has a commitment to government action that provides solutions for women's healthcare issues. She is the founder and National Chairperson of the Breast Reconstruction Advocacy Project, a grassroots effort to pass both State and Federal legislation requiring insurance companies to cover breast reconstruction following mastectomy. She has met with both President Clinton and the First Lady to discuss the importance of a Federal Bill. Dr. Horner-Taylor worked with Rep. Anna Eshoo and Senator Edward Kennedy in designing the "Reconstructive Breast Surgery Benefits Act of 1997."

BRA Project Status Report 4/21/97

Alabama - H217, S 318 and S 224 would require coverage for all stages of reconstruction including symmetry in the manner chosen by patient and physician. (Passed Senate)

Arizona - Passed - covers surgical services for reconstruction and at least two external postoperative prostheses

Arkansas - Passed - Section 5 of Arkansas Health Care Consumer Act provides benefits including prosthetic devices and reconstructive surgery. Insurer may not restrict benefits for hospital length of stay to less than 48 hours. Does not include symmetry.

California - Passed - including symmetry

Connecticut - Passed - covers at least a yearly benefit of $500 for reconstruction, $300 for prosthesis, and $300 for surgical removal of each breast due to tumor.

Florida - Passed - covers initial prosthetic device and reconstruction

Florida - HB 573 would require coverage for symmetry and more than one prosthetic device. HB 453 would require coverage for any "necessary" reconstruction

Hawaii - HB 620 and SB 1052 would require coverage for all stages of the breast, including symmetry and notice to policyholders in writing

Illinois - Passed - covers initial prosthetic device and reconstruction

Indiana - Passed - requires coverage for prosthetic devices and reconstruction

Kansas - HB 2297 would require coverage for reconstruction including symmetry

Louisiana - HB 949, SB 390, SB 699 would require coverage for reconstruction including symmetry

Maine - Passed - covers both breasts on which surgery was performed and the other breast if patient elects reconstruction, in manner chosen by patient and physician

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Maryland - Passed - requires coverage including surgery to establish symmetry, augmentation/reduction and mastopexy

Massachusetts - S 678 would require coverage for all stages of reconstruction including surgery to establish symmetry in manner chosen by patient and physician

Michigan - Passed - covers breast cancer rehab services, delivered on an inpatient basis, including reconstruction

Minnesota - Passed - covers all reconstruction incidental to or following injury, sickness or other diseases of the involved part, or congenital defect for a child

Missouri - HB 129 would require coverage of prosthetic devices and reconstruction necessary to achieve symmetry following mastectomy

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Montana - Passed - requires coverage of reconstruction following mastectomy, including all stages of one reconstructive surgery on the non-diseased breast to establish symmetry, and the cost of prostheses

Nevada - Passed - covers at least 2 prosthetic devices and reconstruction including augmentation mammoplasty, reduction mammoplasty, mastopexy and symmetry

New Hampshire - HB 442 would require coverage of reconstruction, including symmetry. (Passed House)

New Jersey - Passed - covers reconstruction including prostheses

New Jersey - A11 and A2550 would amend the existing law by specifically covering surgery to restore and achieve symmetry. (Passed Assembly and House)

New York - Passed - covers reconstruction including reconstruction on healthy breast required to achieve reasonable symmetry in manner determined by patient and physician

North Carolina - HB 813 and SB 714 would require coverage of breast reconstruction, including symmetry

Ohio - HB 159 and SB 47 would require reconstruction including prosthesis

Oklahoma - Passed - would require coverage of reconstruction including symmetry

Oregon - HB 2880 would require coverage for expenses related to reconstruction and prosthetic services considered necessary for adjunctive treatment . SB 319 would cover symmetry

Pennsylvania - SB 155 would require coverage of prosthetic devices and reconstruction

Rhode Island - Passed - covers prosthetic devices and reconstruction to restore and achieve symmetry. Surgery must be performed within 18 months of the original surgery

South Carolina - introduced in House requiring coverage for reconstrction

Tennessee - HB 223,HB 517, HB 697, HB1391, SB 237, SB 507, SB 1148 and SB 1590 would require coverage of reconstruction including surgery to ensure symmetry

Texas - HB 262 and SB 217 would cover breast reconstruction, including surgery to restore and achieve symmetry, subject to the co-payment applicable to mastectomy (SB Passed)

Virginia - SB 948 would require coverage for reconstruction including symmetry

Washington - Passed - covers reconstruction if mastectomy results from disease, illness or injury. Amended to include symmetry

West Virginia - HB 2116 would require coverage of reconstruction including symmetry on the opposite breast, in manner chosen by patient and physician
(Died in committee, will be re-introduced)

Wisconsin - AB 15 would require coverage of reconstruction.

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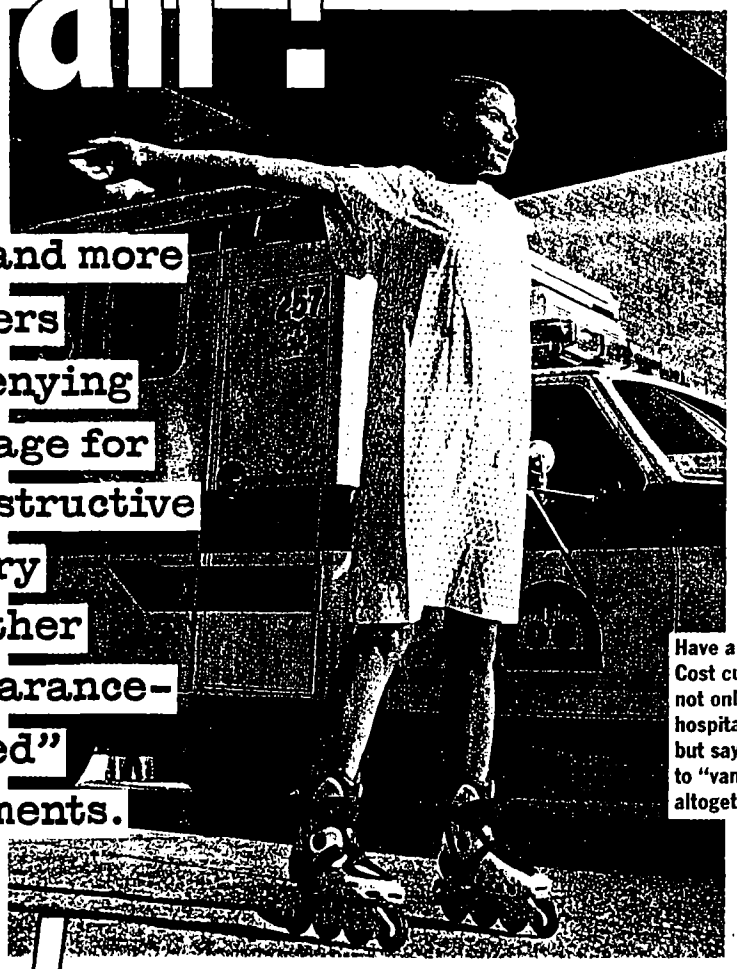
Is Vanity Fair?

By Kathy Merrell

More and more insurers are denying coverage for reconstructive surgery and other "appearance-related" treatments.



Have a nice day: Cost cutters not only shorten hospital stays but say no to "vanity" work altogether.

When Hillary G., a 34-year-old Indiana woman, sought approval from Medicaid to have her breasts rebuilt following a double mastectomy, she was refused on the grounds that the reconstructive part of her cancer surgery was "not medically necessary." "They said it was an operation being done on an organ with no function," says Hillary's plastic surgeon, Christine Horner-Taylor. Hillary went ahead and had the tumors in her breasts removed without reconstruction and lived with scars for nine months, until Horner-Taylor won a victory at a state hearing on Medicaid. "It comes down to a woman's right to have a complete body," says the doctor. "In the hearing I said, 'I bet you guys pay for penile reconstructions.'"

As we all know, the nation's health-care system is in financial distress. Both government and private insurers have a "party's over" attitude about cost cutting. But with this fiscal zeal, some people say, has come a bias against appearance-related problems, especially those experienced by women. "Insurance plans in some parts of the country are selectively dropping reconstructive surgery for women," says William B. Riley, president of the American Society of Plastic and Reconstructive Surgeons. The number of reconstructive operations performed nationwide declined last year, and many surgeons suggest this was a result of these cutbacks.

Plastic surgeons are not the only ones who claim that appearance has become an easy target for cost cutters. "It's become much worse," says Annette Newman, owner of a boutique in Troy, Michigan, that sells breast prostheses and other accessories for women with cancer. As a result, says Newman, many women must either pay for their own breast prostheses or accept only the cheapest products—some don't have raised nipples, while others are made of a shiny plastic that doesn't even attempt to approximate flesh. And women often have to pay out of pocket for a wig after losing their hair to chemotherapy.

Insurers do, admittedly, have tough choices to make. "What if you are a woman who wants a breast reconstruction, and your sister can't even get prenatal care?" says Mark Zitter, president of the Zitter Group, a San Francisco–based health-care think tank. But some argue that companies are too quick to judge some procedures trifling or necessitated purely by "vanity" when they are not. "With breast reconstruction we are not enhancing the health of our patients. We are trying to restore some normalcy, and there is an aesthetic sense to that," says Saul Berger, a plastic surgeon with Kaiser-Permanente, a nonprofit HMO that does in fact pay for reconstruction after cancer surgery.

People who try to fudge the system don't help matters. "You have to distinguish reconstruction from a face-lift," says Berger. "No health plan would consider it an obligation to restore to normal what something looked like ten years ago." Don't laugh: A couple years ago the television news program *20/20* aired an exposé of several dermatologists who were allegedly writing prescriptions so that their patients could get reimbursed for facials and makeup applications in their offices. Such finagling has given all medical procedures that are perceived as cosmetic a bad name—even when they are performed for reconstructive purposes.

And so, women have found themselves fighting it out in the courts and at legislative hearings. Insurance coverage for postmastectomy breast reconstruc-

tion is now mandatory in 11 states, including California, which further requires coverage for surgery performed on both breasts in order to make them symmetrical—even if only one has been removed for cancer. It is illegal for insurers to deny payment for breast prostheses in six states. And in Minnesota, an insurance provider must pay for a wig when someone loses hair as a result of a medical condition.

But the battle is far from won. Oregon's health plan, which is so comprehensive in its basic coverage package for the poor that it is often held up as a model for a national health-care system, does not cover breast reconstruction. When the priorities were debated there, it was argued, among other things, that a reconstructed breast cannot provide milk and is therefore nonfunctioning and unnecessary. The plan *does* pay for a nonfunctioning glass eye. "It's a matter of a person being able to go out of their house," explains Paige Sipes Metzler, executive director of the Oregon Health Services Commission. What a woman sees when she takes off her clothes was, apparently, deemed unimportant.

The Virginia state legislature struck down a bill attempting to mandate coverage for breast-*reduction* surgery for women for whom it is considered medically necessary. The plastic surgeon whose letter to the legislature prompted the bill, Patricia Gomuwka, found that her patients were being denied coverage on the basis that they were overweight. Cigna HealthCare and Prudential Insurance companies both use as a criterion for coverage that a woman be within a certain percentage of her ideal body weight according to the Metropolitan Life Insurance Company's height and weight tables—the logic presumably being that a woman's breasts might be big simply because she is fat. Says Gomuwka, "If this is a provided benefit, there should be no discrimination if you are overweight." One of her patients even lost weight to fall within the ideal but still suffered back, shoulder, neck, and breast pain. She finally had the reduction when she was considered thin enough in the eyes of her insurer.

Eating disorders are still another area in which the bias against appearance-related conditions comes into play. For instance, anorexia nervosa is considered a psychiatric disorder by many insurance companies, and many policies have little or no psychiatric coverage. According to Joel Yager, a professor of psychiatry at the University of New Mexico, research has shown that keeping severely malnourished anorexics in the hospital until they slowly gain weight is one of the best ways of fighting the disorder. "If you send someone home partially treated, they are not psychologically prepared to continue their recovery," he says. "But no one wants to understand that from a payment point of view."

"We couldn't ever say the diagnosis was anorexia, because they [insurers] would not cover treatment of it," says Carlie Asbury of Manhattan, Kansas, whose daughter Stacey died as a result of the disorder in 1993. Asbury says her daughter was hospitalized for four and five months at a time at a cost of as much as $150,000 per stay. (Stacey was instead diagnosed as suffering from clinical depression, which was partially covered by the family's insurer.)

Of course, the health-care situation in this country is so complex that it's difficult to generalize. Most large employers customize the standard contracts offered by insurance companies, which means that it is the employer and not the insurance company that decides what gets covered and what does not. Prudential was the only major insurer contacted by this reporter that agreed to talk, and even then would only confirm what is and is not covered on the company's standard plan.

"What if you want a breast reconstruction, and your sister can't even get prenatal care?"

The unspoken reality is that the line has to be drawn somewhere. "Most Americans support the notion that everyone should get the same care that a millionaire gets," says think-tanker Mark Zitter. "But we have to set priorities. Self-image is a small part of the quality of life; general well-being is another. Perhaps you can look normal when you are dressed if you've lost a breast." In the classic dispassionate style of a bottom line–oriented thinker, Zitter also points out that a problem like anorexia (estimated to afflict ½ to 1 percent of women under the age of 25) is not prevalent enough to capture the attention of insurance companies—"they are a lot more worried about diabetes and congestive heart failure."

One thing is certain: Insurance policies are open to interpretation. Take the experiences of Jackie Ingersoll, owner of Prostheses Hair Services in Houston. When a customer who has lost hair due to chemotherapy is denied coverage for one of Ingersoll's handmade, custom-fit wigs, she'll call the insurer herself. She says, "If I am able to get a female on the phone I will say, 'Can we just talk and forget about company policies?'" After hearing an individual's story, insurance representatives often find a way to pay—sometimes it's as easy as calling a wig a "cranial prosthesis," which is then covered along with other prostheses.

In the end, the point is to give people the right to choose how they want to look when illness or trauma or a twist of genetic fate has taken them out of the realm of what's considered normal. Michigan boutique owner Annette Newman, who often lectures on choosing a breast prosthesis, encourages women to complain when their insurance companies won't pay for the products they want. Says Newman, "The only way we are going to get any changes made is if we make it known that we're not satisfied." ●

ELLE HOW TO KEEP WARM AND LOOK GREAT

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HOW TO KEEP WARM AND LOOK GREAT

SPECIAL:
THE PAMPERED BODY
SOAKS, MASSAGES, WRAPS, SCRUBS

CLINTON VS. DOLE: DON'T VOTE UNTIL YO J READ THIS

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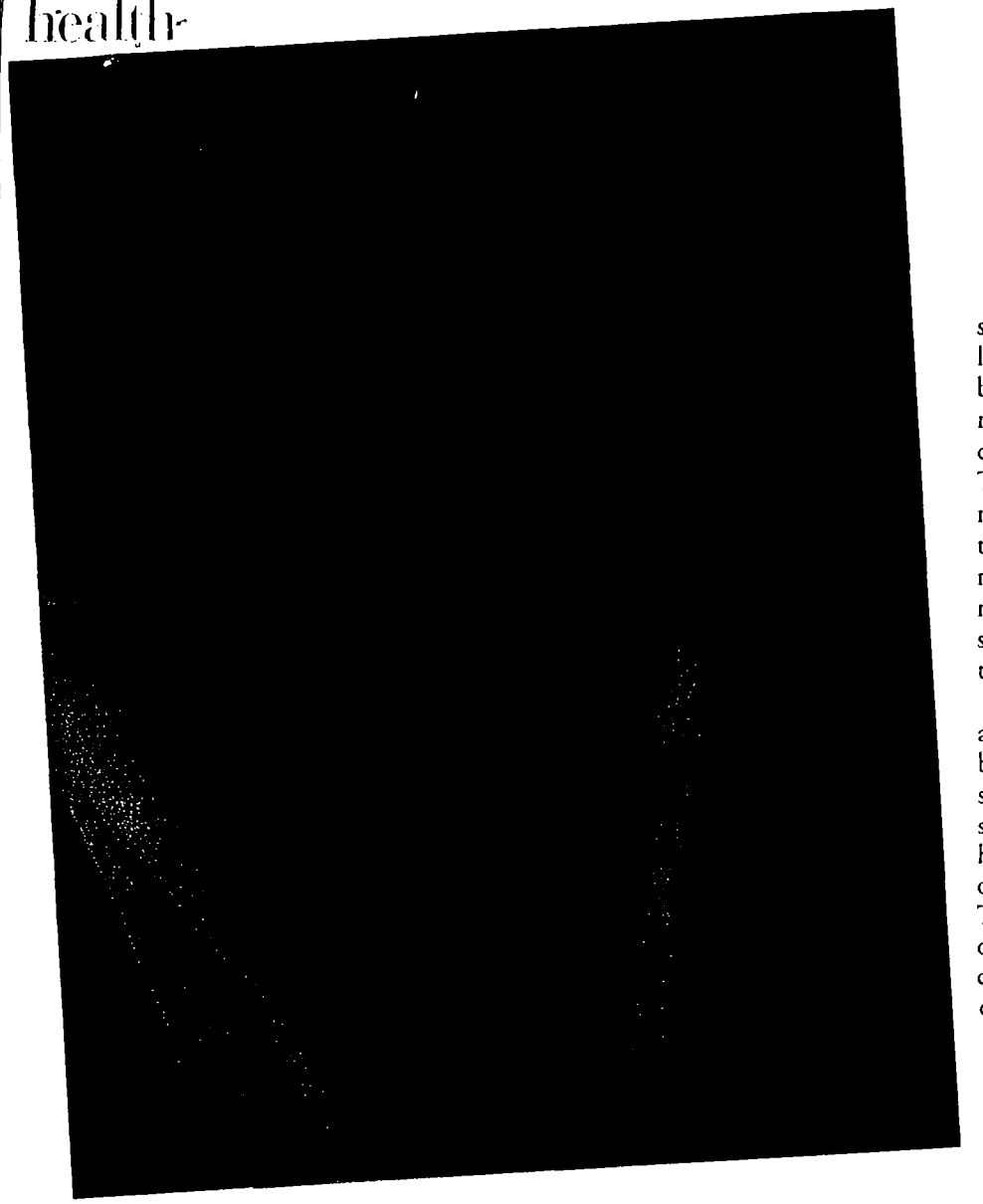

your money or your life

When they should be fighting an illness, many women are finding themselves doing battle with their HMOs. By E.B. Boyd

This is what happens: A woman does her monthly breast exam, and she comes across a lump. "Cancer!" flashes through her mind; images of a scarred chest where her breast used to be follow. After the biopsy, the doctor tells her that yes, it is breast cancer, and she will need surgery, but that it's now possible to reconstruct a breast almost identical to the one lost. Then the doctor calls the patient's HMO. And that's when, many women are discovering, their problems are only just beginning.

HMOs are increasingly calling the shots in health care, and they're often looking for the path of least expense. In breast reconstruction, that means they may pay for an implant, but not a procedure that uses a patient's own tissue. They might pay for reconstruction, but not the finishing touches, like creating the proper folds underneath so that the new breast actually looks like a breast, not a blob. Or they may not cover surgery on the other breast to make sure the two are symmetrical.

Besides being patently cruel to women already suffering from the trauma of breast cancer, the kinds of restrictions some HMOs are imposing on subscribers can be dangerous to women's health, says Linda G. Phillips, MD, chief of plastic surgery at the University of Texas Medical Branch, in Galveston. Fear of losing a breast—and any chance of reconstructing it—can lead to deadly procrastination in getting a lump diagnosed.

Managing Cost, Not Care

More than half of Americans with private insurance now belong to some kind of managed-care plan, including health-maintenance organizations, and the numbers are growing. But because it's still a relatively new form of health coverage, there's little hard evidence on how it will ultimately affect women's health care. In theory, managed care is supposed to improve health care by doing more to prevent people from getting sick in the first place (covering annual checkups and routine screenings) and by ensuring that a patient's doctors work closely to coordinate care. It's supposed to eliminate the overutilization fostered by the old system, when traditional indemnity plans would pay for any procedure a doctor claimed was medically necessary (remember the run on hysterectomies in the '80s?). And it's supposed to bring down health-care costs and produce the lower premiums >

LISA SPINDLER

employers have long demanded. But when HMOs won't pay a plastic surgeon to make finishing touches on a reconstructed breast (like repositioning a nipple that doesn't look right after the first surgery), the gap between theory and reality has grown too large.

Women who've just had a normal birth are now being required to leave the hospital within twenty-four hours, even if their doctors think they should stay longer (most believe at least forty-eight hours is essential). In other cases, HMOs are compelling doctors to use labs they feel are potentially substandard to read tests like Pap smears.

Which is not to say that women should throw up their hands (and throw out their insurance forms) in despair. "People are afraid of managed care because it sounds very restrictive," says Suzanne Delbanco, a researcher at the Henry J. Kaiser Family Foundation in Menlo Park, California. "But the alarms that are being raised about the dangers of managed care and the cost-cutting don't hold up when you take a close look at it."

Indeed, in terms of basic health-care services, managed care is doing as well as, or better than, traditional insurance. Virtually all HMOs cover annual gynecological exams, but only half of traditional plans do, according to a study by the Kaiser Family Foundation and the Alan Guttmacher Institute in New York. Most HMOs pay for at least some contraceptives, compared with only half of indemnity plans. And almost all HMOs cover routine cancer screenings like Pap tests and mammograms.

More preventive care means fewer women will develop serious cases of breast cancer, cervical cancer, and other preventable diseases, says William Hoskins, MD, chief of gynecology at the Memorial Sloan-Kettering Cancer Center in New York. "If you could get all the population to participate in preventive-screening behavior, you would certainly see a decrease in cancer-related deaths across the country."

The Art of the Appeal

The key to getting good health care in the new system is to be proactive. Do your homework about your own needs, whether you have chronic problems like allergies or a sudden, debilitating pain. Ask questions about proposed treatment plans. If your health plan turns down what you and your doctor think is a legitimate request—an appointment to see a sports-medicine specialist after you've suffered an injury at the gym, a prescription for a brand-name medication instead of its cheaper generic sibling—appeal the decision. A patient who can make a strong argument in her favor—say, pointing out that the service she's requesting is recommended by a national medical organization like the American College of Obstetricians and Gynecologists—stands a better chance of overturning a denial.

Women's health advocates are gaining ground with HMOs. Christine Horner-Taylor, MD, a member of the American Society of Plastic and Reconstructive Surgeons, is spearheading a campaign to get state legislatures to force HMOs to pay for full breast reconstruction, and more than half of all states have passed laws requiring insurers to give new mothers at least two days in the hospital. But just as women can no longer put blind faith in their doctors and insurers to give them the treatment they need, they can't wait for new laws to make sure they get adequate health care. In the cost-conscious world of managed care, self-education is as important as self-examination. □

Women can no longer put blind faith in their doctors and insurers to give them the treatments they need.

AGENDA MEETING 4/23/97

I. Introductions

II. Breast Reconstruction Advocacy Project Briefing

III. Who are key players in House and Senate
How do we get it on fast track
How to insure priority handling by Eshoo/Kennedy

IV. National Exposure

V. Susan Blumenthal
Healthy Women 2000 - Breast Cancer Conference
Panel Discussion - Breast Reconstruction with Eshoo and Dr. Horner-Taylor

VI. NBCC Conference

VII. How else can we work together

WOMEN'S HEALTH ADVOCACY PROJECTS

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Fact Sheet: the Kennedy-Eshoo Reconstructive Breast Surgery Benefits Act

The Reconstructive Breast Surgery Benefits Act (H.R. 164) would amend the Public Health Service Act and Employee Retirement Income Security Act to **DO** the following:

- Require health insurance companies that provide coverage for mastectomies to cover reconstructive breast surgery that results from those mastectomies (including surgery to establish symmetry between breasts);
- Prohibit insurance companies from denying coverage for breast reconstruction resulting from mastectomies on the basis that the coverage is for cosmetic surgery;
- Prohibit insurance companies from denying a woman eligibility or continued eligibility for coverage solely to avoid providing payment for breast reconstruction;
- Prohibit insurance companies from providing monetary payments or rebates to women to encourage such women to accept less than the minimum protections available under this Act;
- Prohibit insurance companies from penalizing an attending care provider because such care provider gave care to an individual participant or beneficiary in accordance with this Act; and
- Prohibit insurance companies from providing incentives to an attending care provider to induce such care provider to give care to an individual participant or beneficiary in a manner inconsistent with this Act.

The Reconstructive Breast Surgery Benefits Act would **NOT**

- Require a woman to undergo reconstructive breast surgery;
- Apply to any insurance company that does not offer benefits for mastectomies;
- Prevent an insurance company from imposing reasonable deductibles, coinsurance, or other cost-sharing in relation to reconstructive breast surgery benefits;
- Prevent insurance companies from negotiating the level and type of reimbursement with a care provider for care given in accordance with this Act; and
- Preempt state laws that require coverage for reconstructive breast surgery at least equal to the level of coverage provided in this Act.

WRITE YOUR SENATORS and CONGRESSPERSON TODAY!

Letters are more effective when they come from your own point of view in your own words. Here are some possible points to include in your letter:

- I am one of your constituents
- Please support the Kennedy-Eshoo Reconstructive Breast Surgery Benefits Act of 1997 to guarantee insurance companies cover the cost of reconstructive breast surgery following mastectomies.
- Please write me back! Will you vote to support this important bill?

The address for your Congressperson is:

U.S. House of Representatives
Washington, D.C. 20515

The address for your Senators is:

U.S. Senate Office Building
Washington, D.C. 20510

Be sure to include your return address. If you have questions regarding the Act or where your representative stands, please contact:

Robin Jennings
Women's Health Advocacy Projects

513/351-WHAP (9427)
513/351-2039 (fax)

4034 South Jefferson Avenue
Cincinnati, Ohio 45212-4020

Women's Health Advocacy Projects is a non-partisan nonprofit organization that proactively designs and supports projects which empower women's health care through legislation and public education. It is committed to extraordinary health care for all women.

FACTS ON WHY WE NEED BREAST RECONSTRUCTION AVAILABILITY

Breast cancer is the most common cancer in American women, afflicting 182,000 women per year striking 1 out of 9 and kills 46,000 a year. Coping with this disease is a medical and emotional struggle since it carries with it the fear of disfigurement in a society that places great value on physical appearance. Many of these women will require mastectomy or amputation of their breast to treat their disease.

Some women adjust well to their amputated breast while others feel desperately mutilated, losing their sexuality, self esteem and self worth. Breast reconstruction for these women is extremely important to restore their sense of wholeness and well being in society family and interpersonal relationships.

Some insurance carriers are denying coverage of breast reconstruction, considering the procedure not medically necessary. These carriers will cover reconstruction of other body parts clearly demonstrating discrimination against the female breast. Most insurance companies will not cover procedures on the opposite breast to provide symmetry for the reconstruction. If these women are not financially able to pay for the surgery they will have no option to have their bodies restored to wholeness.

There is no known cause or cure for this silent breast cancer epidemic for the 2.8 million victims in America. Early detection and treatment is the best means we have available to enhance survival. **If women know that they cannot be reconstructed because of lack of insurance coverage, then they may have greater fear in participating in early detection programs.** Therefore we may see women with more advanced stages of disease and decrease survival.

Women should have access to breast reconstruction if they desire it. That access should be available regardless of timing in relationship to the onset of the deformity or absence of their breast.

Insurance carriers coverage should not discriminate against the female breast for reconstructive coverage.

To support women, Legislative efforts and enactment of laws that include insurance coverage for breast reconstruction is necessary. Rep. Anna Eshoo and Sen. Edward Kennedy have introduced the Reconstructive Breast Surgery Benefits Act of 1997 to guarantee insurance companies cover the cost of reconstructive breast surgery that results from mastectomies for which coverage is already provided. In addition, her initiative would secure insurance coverage for all stages of reconstructive breast surgery performed on a nondiseased breast to establish symmetry with the diseased breast is performed.

"The Reconstructive Breast Surgery Benefits Act would guarantee that women with breast cancer are not victimized twice--first by the disease, then by their insurance companies," said Rep. Eshoo. "In 1995, an estimated 182,000 American women were diagnosed with breast cancer, and 85,000 of them underwent a mastectomy as part of their treatment. Reconstructive breast surgery often is an integral part of the mental and physical recovery of women who undergo this traumatic, disfiguring procedure. Unfortunately, insurance companies don't always see it that way. Even though many of them are willing to pay for mastectomies, they sometimes balk at covering breast reconstruction. My legislation would put an end to this shortsighted practice."

Anna Eshoo

U.S. House of Representatives
14th Congressional District of California

NEWS

FOR IMMEDIATE RELEASE
January 8, 1997

CONTACT: Lewis Roth
(202) 225-8104

Eshoo Initiative To Guarantee Insurance Coverage For Reconstructive Breast Surgery

Washington, D.C.--Rep. Anna Eshoo (D-CA) has introduced the Reconstructive Breast Surgery Benefits Act of 1997 to guarantee insurance companies cover the cost of reconstructive breast surgery that results from mastectomies for which coverage is already provided. In addition, her initiative would secure insurance coverage for all stages of reconstructive breast surgery performed on a nondiseased breast to establish symmetry with the diseased one when reconstructive surgery on the diseased breast is performed.

"The Reconstructive Breast Surgery Benefits Act would guarantee that women with breast cancer are not victimized twice--first by the disease, then by their insurance companies," said Rep. Eshoo. "In 1995, an estimated 182,000 American women were diagnosed with breast cancer, and 85,000 of them underwent a mastectomy as part of their treatment. Reconstructive breast surgery often is an integral part of the mental and physical recovery of women who undergo this traumatic, disfiguring procedure. Unfortunately, insurance companies don't always see it that way. Even though many of them are willing to pay for mastectomies, they sometimes balk at covering breast reconstruction. My legislation would put an end to this shortsighted practice."

According to the American Society of Plastic and Reconstructive Surgeons (ASPRS), a significant number of women with breast cancer must undergo mastectomy or amputation of a breast in order to treat their disease appropriately. The two most common types of reconstruction --tissue expansion followed by an implant insertion and flap surgery--can restore the breast mound to a natural shape. Most breast reconstruction requires a series of procedures that may include an operation on the opposite breast for symmetry.

Even though studies show that fear of losing a breast is a leading reason why many women do not participate in early breast cancer detection programs, many general surgeons don't even present reconstruction as an option for mastectomy candidates. Unfortunately, many women are unaware that reconstruction is an option following mastectomy, and they put off testing and/or treatment for breast cancer until it is too late.

(more)

A recent ASPRS survey (with an error range of +/-1.9%) indicates that 84% of respondents had up to ten patients who were denied insurance coverage for breast reconstruction of the amputated breast. Of those surgeons who support state legislation to address this problem and reported denied coverage, the top three procedures denied most often were symmetry surgery on a contralateral breast, revision of breast reconstruction, and nipple areola reconstruction. The top five states of residence of those patients reporting denied coverage are Florida, California, Texas, Pennsylvania, and New York.

California and Florida also are among the 13 states that have passed laws requiring breast reconstruction coverage after mastectomy. However, state laws alone, such as the California and Florida laws, do not provide adequate protection for women because states do not have jurisdiction over interstate insurance policies provided by large companies under the Employee Retirement Income Security Act (ERISA). As a result, even women in states that have attempted to address this issue are still at risk of being denied coverage for reconstructive surgery.

A fact sheet about the Reconstructive Breast Surgery Benefits Act is available at *www-eshoo.house.gov/reconstructivefax.html* on the World Wide Web or by contacting Lewis Roth at (202) 225-8104.

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U.S. House of Representatives

Congress 105th
Session First
Date April 8, 1997

Pursuant to Clause 4 of rule XXII of the rules of the House of Representatives, the following sponsors are hereby added to **H.R. 164**

1. Rep. Patsy Mink (D-HI)
2. Rep. Louise Slaughter (D-NY)
3. Rep. Martin Frost (D-TX)
4. Rep. Linsey Graham (R-SC)
5. Rep. Eleanor Holmes-Norton (D-DC)
6. Rep. George Miller (D-CA)
7. Rep. Jack Quinn (R-NY)
8. Rep. Ellen Tauscher (D-CA)
9. Rep. Julia Carson (D-IN)
10. Rep. Zoe Lofgren (D-CA)
11. Rep. John Lewis (D-GA)
12. Rep. Eni Faleomavaega (D-AS)
13. Rep. Carolyn Maloney (D-NY)
14. Rep. Bobby Rush (D-IL)
15. Rep. William D. Delahunt (D-MA)
16. Rep. Sam Gejdenson (D-CT)
17. Rep. Maurice D. Hinchey (D-NY)
18. Rep. James A. Traficant (D-OH)
19. Rep. David Bonior (D-MI)
20. Rep. Vic Fazio (D-CA)
21. Rep. Sidney Yates (D-IL)
22. Rep. Lane Evans (D-IL)
23. Rep. Nancy Pelosi (D-CA)
24. Rep. Henry Waxman (D-CA)
25. Rep. Sheila Jackson-Lee (D-TX)
26. Rep. James L. Oberstar (D-MN)
27. Rep. Loretta Sanchez (D-CA)
28. Rep. Steve Rothman (D-NJ)
29. Rep. Ronald Dellums (D-CA)
30. Rep. Gary Ackerman (D-NY)
31. Rep. Jon Fox (R-PA)
32. Rep. Bart Gordon (D-TN)
33. Rep. Robert Menendez (D-NJ)
34. Rep. Bart Stupak (D-MI)
35. Rep. Robert Matsui (D-CA)

36. Rep. Dale E. Kildee (D-MI)
37. Rep. William J. Coyne (D-PA)
38. Rep. David McIntosh (R-IN)

NEW ADDITIONS SINCE APRIL 8

39. Rep. Mike McIntyre (D-NC)
40. Rep. Sherrod Brown (D-OH)
41. Rep. Nick Lampson (D-TX)

Anna G. Eshoo, Original Sponsor

This list does not include the 4 originals: Reps. Eshoo (Sponsor), DeLauro, Towns and McGovern

Senator Edward M. Kennedy
of Massachusetts

INTRODUCTORY STATEMENT FOR
KENNEDY-ESHOO RECONSTRUCTIVE
BREAST SURGERY BENEFITS ACT OF 1997

For Immediate Release:
April 17, 1997

Contact: Jim Manley
(202) 224-2633

Today I am introducing the Reconstructive Breast Surgery Benefits Act of 1997. An identical bill is being introduced by Representative Anna Eshoo in the House of Representatives. Our purpose in introducing this legislation is to improve the lives of thousands of women who suffer from breast cancer.

Breast cancer is the most common form of cancer in American women, affecting one woman out of every nine. Nearly three million American women are living with the disease, and 46,000 die from it each year. Over 180,000 more women will be diagnosed with breast cancer this year, and nearly half of the women will suffer the loss of one or both breasts in order to survive.

Reconstructive surgery or use of a prothesis can help women cope with the consequences of this deadly illness. Every woman deserves the opportunity to have these important options available if breast cancer strikes. It is also a distressing fact that some women avoid early detection procedures, for fear that it may result in the loss of a breast if cancer is detected. For these women, breast reconstruction surgery should be available as a part of treatment, since its availability can alleviate fears about the disease and encourage life-saving early detection and treatment.

Many insurers classify this important medical procedure as cosmetic, however, and deny coverage for it. In addition, as many as 25% of women who undergo breast cancer treatments are affected by lymphedema, a complication resulting from mastectomy. Many insurers also refuse to cover treatment and management of this condition. This legislation will end these types of discrimination.

Currently, 12 states have laws that require coverage for breast reconstruction following mastectomy. Nine states require coverage for prosthesis. This legislation will extend these protections to all women.

This bill will amend the Public Health Service Act and the Employee Retirement Income Security Act in order to accomplish the following important actions.

It requires insurers and companies that provide coverage for mastectomy to provide coverage for reconstructive breast surgery, prosthesis and other treatments which may be necessary as a result of surgical complications, including lymphedema.

-MORE-

SENATOR KENNEDY ON INTRODUCTION OF KENNEDY-ESHOO ACT 2-2-2

It prohibits monetary payments or rebates that encourage a woman to accept less than the minimum medical protection available.

Finally, it prohibits insurers using penalties or incentives to encourage providers to furnish levels of care inconsistent with this legislation.

This bill has been endorsed by major national organizations involved in the diagnosis and treatment of breast cancer, including the American Cancer Society, the National Breast Cancer Coalition, the National Women's Health Network, and the national medical and nursing groups concerned with this disease.

Our goal is to end the cruel and arbitrary practice that unfairly discriminates against breast cancer patients and their needs. I look forward to early action by Congress, and I hope that it will receive the overwhelming bipartisan support it deserves.

-30-

Bill Summary & Status for the 105th Congress

Item 2 of 9

PREVIOUS BILL | NEXT BILL
PREVIOUS BILL:ALL | NEXT BILL:ALL
HOME | HELP

S.609

SPONSOR: Sen Kennedy, (introduced 04/17/97)

TITLE(S):

- OFFICIAL TITLE AS INTRODUCED:

  A bill to amend the Public Health Service Act and Employee Retirement Income Security Act of 1974 to require that group and individual health insurance coverage and group health plans provide coverage for reconstructive breast surgery if they provide coverage for mastectomies.

STATUS: Floor Actions

NONE

STATUS: Detailed Legislative History

Senate Action(s)

Apr 17, 97:
Read twice and referred to the Committee on Labor and Human Resources.

STATUS: Congressional Record Page References

04/17/97 Introductory remarks on Measure (CR S3354)

COMMITTEE(S):

- COMMITTEE(S) OF REFERRAL:

  Senate Labor and Human Resources

AMENDMENT(S):

NONE

SUBJECT(S):

NONE

11 COSPONSORS:

Sen Mikulski - 04/17/97
Sen Daschle - 04/17/97
Sen Dodd - 04/17/97
Sen Harkin - 04/17/97
Sen Wellstone - 04/17/97
Sen Murray - 04/17/97
Sen Boxer - 04/17/97
Sen Moseley-Braun - 04/17/97
Sen Feinstein - 04/17/97
Sen Ford - 04/17/97
Sen Inouye - 04/17/97

DIGEST:

NONE

Fact Sheet: Organizations Endorsing the Reconstructive Breast Surgery Benefits Act

American Cancer Society *(Atlanta, GA)* fights breast cancer through research, information, and support services. The Society's Breast Cancer Network of people and programs works to save lives in communities around the country.

The National Breast Cancer Coalition *(Washington, D.C.)* is a grassroots effort in the fight against breast cancer. In 1991, the Coalition was formed with one mission, to eradicate breast cancer through action and advocacy.

The Breast Cancer Fund *(San Francisco, CA)* was founded in 1992 to innovate and accelerate our country's response to the breast cancer epidemic. Its mission is to raise awareness and funding for cutting-edge research, education, patient support, and advocacy.

Breast Cancer Action of San Francisco *(San Francisco, CA)* serves as a catalyst for the prevention and cure of breast cancer. Its goals are to make breast cancer a national priority through education and advocacy; to promote and refocus research into the causes, prevention, treatment, and cure of breast cancer; and to empower women and men to participate fully in decisions relating to breast cancer.

The American Society of Plastic and Reconstructive Surgeons *(Arlington Heights, IL)* represents 97% of the nearly 5,000 board certified plastic surgeons in the United States. Plastic surgeons provide highly skilled surgical services that improve both the functional capacity and quality of life of patients, including reconstructive procedures following mastectomies.

The American College of Surgeons *(Chicago, IL)* is a scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice.

The Breast Reconstruction Advocacy Project *(Edgewood, KY)* is a grassroots effort to pass legislation in each state and federally requiring insurance companies to cover breast reconstruction following mastectomy for breast cancer.

The Y-ME National Breast Cancer Organization *(Chicago, IL)* has a commitment to provide information and support to anyone who has been touched by breast cancer.

The Community Breast Health Project *(Palo Alto, CA)* is working to improve the lives of people touched by breast cancer by acting as a clearinghouse for information and support, providing volunteer opportunities for breast cancer survivors and friends dedicated to helping others with the disease, and serving as an educational resource and a community center for all who are concerned about breast cancer and breast health. The Community Breast Health Project is grass-roots, patient-driven, and committed to providing services free of charge.

The American Society of Plastic and Reconstructive Surgical Nurses *(Pitman, NJ)* is a 25 year old national organization of 1,600 plastic and reconstructive surgical nurses that has contact with breast reconstruction patients every day. Its Image Reborn program now has 45 support groups around the country for women going through or considering options for breast reconstruction.

The Association of Women Surgeons *(Westmont, IL)* is a nonprofit, international organization founded in 1981 to inspire, encourage, and enable women surgeons to realize their professional and personal goals. It currently has 1,350 members and is growing every year as it helps women surgeons at various stages in their careers--from residency through retirement.

The Bay Area Breast Cancer Network *(San Jose, CA)* was started in 1990 by breast cancer survivors to increase awareness of breast cancer through education, support, and advocacy. This service and advocacy organization works to affect public policy at the state and federal level for breast cancer health issues and related research funding.

Organizations Endorsing Breast Reconstruction Legislation

American Cancer Society

American Medical Association

American Medical Women's Association

American Society of Plastic and Reconstructive Surgeons

American Society of Plastic and Reconstructive Surgical Nurses

Association of Women Surgeons

Kentucky Nurses Association

American Nurses Association

Ohio State Medical Association

Cincinnati Women's Political Caucus

American College of Radiology

Susan G. Komen Breast Cancer Foundation

National Breast Cancer Coalition

BRA Project Status Report 4/21/97

Alabama - H217, S 318 and S 224 would require coverage for all stages of reconstruction including symmetry in the manner chosen by patient and physician. (Passed Senate)

Arizona - Passed - covers surgical services for reconstruction and at least two external postoperative prostheses

Arkansas - Passed - Section 5 of Arkansas Health Care Consumer Act provides benefits including prosthetic devices and reconstructive surgery. Insurer may not restrict benefits for hospital length of stay to less than 48 hours. Does not include symmetry.

California - Passed - including symmetry

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Connecticut - Passed - covers at least a yearly benefit of $500 for reconstruction, $300 for prosthesis, and $300 for surgical removal of each breast due to tumor.

Florida - Passed - covers initial prosthetic device and reconstruction

Florida - HB 573 would require coverage for symmetry and more than one prosthetic device. HB 453 would require coverage for any "necessary" reconstruction

Hawaii - HB 620 and SB 1052 would require coverage for all stages of the breast, including symmetry and notice to policyholders in writing

Illinois - Passed - covers initial prosthetic device and reconstruction

Indiana - Passed - requires coverage for prosthetic devices and reconstruction

Kansas - HB 2297 would require coverage for reconstruction including symmetry

Louisiana - HB 949, SB 390, SB 699 would require coverage for reconstruction including symmetry

Maine - Passed - covers both breasts on which surgery was performed and the other breast if patient elects reconstruction, in manner chosen by patient and physician

Maryland - Passed - requires coverage including surgery to establish symmetry, augmentation/reduction and mastopexy

Massachusetts - S 678 would require coverage for all stages of reconstruction including surgery to establish symmetry in manner chosen by patient and physician

Michigan - Passed - covers breast cancer rehab services, delivered on an inpatient basis, including reconstruction

Minnesota - Passed - covers all reconstruction incidental to or following injury, sickness or other diseases of the involved part, or congenital defect for a child

Missouri - HB 129 would require coverage of prosthetic devices and reconstruction necessary to achieve symmetry following mastectomy

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Montana - Passed - requires coverage of reconstruction following mastectomy, including all stages of one reconstructive surgery on the non-diseased breast to establish symmetry, and the cost of prostheses

Nevada - Passed - covers at least 2 prosthetic devices and reconstruction including augmentation mammoplasty, reduction mammoplasty, mastopexy and symmetry

New Hampshire - HB 442 would require coverage of reconstruction, including symmetry. (Passed House)

New Jersey - Passed - covers reconstruction including prostheses .

New Jersey - A11 and A2550 would amend the existing law by specifically covering surgery to restore and achieve symmetry. (Passed Assembly and House)

New York - Passed - covers reconstruction including reconstruction on healthy breast required to achieve reasonable symmetry in manner determined by patient and physician

North Carolina - HB 813 and SB 714 would require coverage of breast reconstruction, including symmetry

Ohio - HB 159 and SB 47 would require reconstruction including prosthesis

Oklahoma - Passed - would require coverage of reconstruction including symmetry

Oregon - HB 2880 would require coverage for expenses related to reconstruction and prosthetic services considered necessary for adjunctive treatment . SB 319 would cover symmetry

Pennsylvania - SB 155 would require coverage of prosthetic devices and reconstruction

Rhode Island - Passed - covers prosthetic devices and reconstruction to restore and achieve symmetry. Surgery must be performed within 18 months of the original surgery

South Carolina - introduced in House requiring coverage for reconstrction

Tennessee - HB 223,HB 517, HB 697, HB1391, SB 237, SB 507, SB 1148 and SB 1590 would require coverage of reconstruction including surgery to ensure symmetry

Texas - HB 262 and SB 217 would cover breast reconstruction, including surgery to restore and achieve symmetry, subject to the co-payment applicable to mastectomy (SB Passed)

Virginia - SB 948 would require coverage for reconstruction including symmetry

Washington - Passed - covers reconstruction if mastectomy results from disease, illness or injury. Amended to include symmetry

West Virginia - HB 2116 would require coverage of reconstruction including symmetry on the opposite breast, in manner chosen by patient and physician
(Died in committee, will be re-introduced)

Wisconsin - AB 15 would require coverage of reconstruction.

WOMEN'S HEALTH ADVOCACY PROJECTS

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