112TH CONGRESS
2D SESSION

S. 3628

To amend the Public Health Service Act to raise awareness of, and to educate breast cancer patients anticipating surgery regarding, the availability and coverage of breast reconstruction, prostheses, and other options.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 14, 2012

Mr. BLUNT (for himself, Mr. BROWN of Ohio, and Mr. VITTER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To amend the Public Health Service Act to raise awareness of, and to educate breast cancer patients anticipating surgery regarding, the availability and coverage of breast reconstruction, prostheses, and other options.

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 ''Breast Cancer Patient Education Act of 2012''.

SEC. 2. FINDINGS.

The Congress makes the following findings:

(1) Annually, about 207,090 new cases of breast cancer are diagnosed, according to the American Cancer Society.

(2) Breast cancer has a disproportionate and detrimental impact on African-American women and is the most common cancer among Hispanic/Latina women.

(3) African-American women under the age of 40 have a greater incidence of breast cancer than Caucasian women of the same age.

(4) Individuals undergoing surgery for breast cancer should give due consideration to the option of breast reconstructive surgery, either at the same time as the breast cancer surgery or at a later date.

(5) According to the American Cancer Society, immediate breast reconstruction offers the advantage of combining the breast cancer surgery with the reconstructive surgery and is cost effective.

(6) According to the American Cancer Society, delayed breast reconstruction may be advantageous in women who require post-surgical radiation or other treatments.

(7) A woman suffering from the loss of her breast may not be a candidate for surgical breast re-

construction or may choose not to undergo additional surgery and instead choose breast prostheses.

(8) The Women's Health and Cancer Rights Act of 1998 (WHCRA; Public Law 105–277) requires health plans that offer breast cancer coverage to also provide for breast reconstruction.

(9) Required coverage for breast reconstruction includes all the necessary stages of reconstruction. Surgery of the opposite breast for symmetry may be required. Breast prostheses may be necessary. Other sequelae of breast cancer treatment, such as lymphedema, must be covered.

(10) Up to 70 percent of women eligible for breast reconstruction are not informed of their reconstructive options.

(11) Several states have enacted laws to require that women receive information on their breast cancer treatment and reconstruction options.

(12) A 2009 study by Amy Alderman, M.D. at the University of Michigan and Caprice Greenberg of the Dana Farber Institute determined the two dominant reasons why women did not undergo breast reconstruction: (1) the woman was not informed of her options, and (2) the woman was not referred to a breast reconstruction surgeon.

(13) According to a 2008 report by Greenberg, most women undergo breast reconstruction because the option was offered and discussed by the breast cancer surgeon. This critical discussion is often lacking.

(14) Greenberg reports that women with Medicare undergo breast reconstruction at a rate of 11 percent. Women with managed care or indemnity insurance undergo reconstruction at a rate of approximately 54 percent. Nationally, only 33 percent of eligible women with breast cancer undergo breast reconstruction.

SEC. 3. BREAST RECONSTRUCTION EDUCATION.

Part V of title III of the Public Health Service Act (42 U.S.C. 280; programs relating to breast health and cancer) is amended by adding at the end the following:

"SEC. 399NN–1. BREAST RECONSTRUCTION EDUCATION.

''(a) IN GENERAL.—The Secretary shall provide for the planning and implementation of an education campaign to inform breast cancer patients anticipating surgery regarding the availability and coverage of breast reconstruction, prostheses, and other options.

''(b) INFORMATION TO BE DISSEMINATED.—

''(1) SPECIFIC INFORMATION.—Such campaign shall include dissemination of the following information:

''(A) Breast reconstruction is possible at the time of breast cancer surgery, or in a delayed fashion.

''(B) Prostheses or breast forms may be available.

''(C) Federal law mandates both public and private health plans to include coverage of breast reconstruction and prostheses.

''(D) The patient has a right to choose their provider of reconstructive care, including the potential transfer of care to a surgeon that provides breast reconstructive care.

''(E) The patient may opt to undergo breast reconstruction in a delayed fashion for personal reasons, or after completion of all other breast cancer treatments.

''(2) OTHER INFORMATION.—In addition to the information described in paragraph (1), such campaign may include dissemination of such other information (whether developed by the Secretary or by other entities) as the Secretary determines relevant.

''(3) RESTRICTION.—Such campaign shall not specify, or be designed to serve as a tool to limit, the health care providers available to patients.

''(c) CONSULTATION.—In developing the information to be disseminated under this section, the Secretary shall consult with appropriate medical societies and patient advocates related to breast cancer, breast reconstructive surgery, and breast prostheses and breast forms.''.

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