

113TH CONGRESS
1ST SESSION

S. 931

To amend the Public Health Service Act to raise awareness of, and to educate breast cancer patients anticipating surgery, especially patients who are members of racial and ethnic minority groups, regarding the availability and coverage of breast reconstruction, prostheses, and other options.

IN THE SENATE OF THE UNITED STATES

MAY 13, 2013

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

A BILL

To amend the Public Health Service Act to raise awareness of, and to educate breast cancer patients anticipating surgery, especially patients who are members of racial and ethnic minority groups, regarding the availability and coverage of breast reconstruction, prostheses, and other options.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Breast Cancer Patient
5 Education Act of 2013”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) The American Cancer Society estimates
4 that in 2013, about 232,340 new cases of breast
5 cancer will be diagnosed in American women.

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

9 (3) African-American women under the age of
10 40 have a greater incidence of breast cancer than
11 Caucasian women of the same age.

12 (4) According to the Health Resources and
13 Services Administration, women residing in rural
14 areas may have lower rates of mammography screen-
15 ing compared to non-rural women because of bar-
16 riers to health care, such as greater distances to
17 medical facilities and lower educational, income, and
18 health insurance levels.

19 (5) Individuals undergoing surgery for breast
20 cancer should have the opportunity to give due con-
21 sideration to the option of breast reconstructive sur-
22 gery, either at the same time as the breast cancer
23 surgery or at a later date.

24 (6) According to the American Cancer Society,
25 immediate breast reconstruction offers the advan-
26 tage of combining the breast cancer surgery with the

1 reconstructive surgery and is cost effective, while de-
2 layed breast reconstruction may be advantageous in
3 women who require post-surgical radiation or other
4 treatments.

5 (7) A woman who has had a breast removed
6 may not be a candidate for surgical breast recon-
7 struction or may choose not to undergo additional
8 surgery and instead choose breast prostheses.

9 (8) The Women's Health and Cancer Rights
10 Act of 1998 (WHCRA; Public Law 105–277) re-
11 quires health plans that offer medical and surgical
12 benefits with respect to a mastectomy to also provide
13 coverage for all stages of reconstruction of the
14 breast on which the mastectomy has been performed,
15 surgery and reconstruction of the other breast to
16 produce a symmetrical appearance, prostheses, and
17 physical complications of mastectomy, including
18 lymphedemas.

19 (9) A 2007 study by Amy Alderman, M.D. at
20 the University of Michigan reported that up to 70
21 percent of women eligible for breast reconstruction
22 are not informed of their reconstructive options by
23 their general surgeon.

24 (10) A 2003 study by Alderman and others
25 found that race is a significant predictor of recon-

struction. Compared with the odds of reconstruction for Caucasians, the odds of reconstruction for African-Americans, Hispanics, and Asians are significantly less.

(11) A 2007 study by Caprice Greenberg, M.D. of the Dana Farber Cancer Institute and others found that Hispanic patients were less likely to receive reconstruction. This may be because of language barriers between the patient and provider. Although 72 percent of patients who primarily spoke English went on to receive reconstruction after discussing it with their providers, no patient in the study with a primary language other than English went on to receive reconstruction.

(12) A 2009 study by Alderman and others also found that the relationship between race and reconstruction rates persisted when demographic and clinical factors were controlled for. Minority women are significantly less likely than Caucasians to see a plastic surgeon before initial surgery, were most likely to desire more information about reconstruction, and satisfaction was lowest among minority women without reconstruction.

(13) The low use of reconstruction for minorities is not explained by lower demand for the proce-

1 dure. Lower health literacy, financial issues, and less
 2 access to plastic surgeons emerged as barriers to re-
 3 construction in the 2009 Alderman study. These re-
 4 sults suggest that there is a substantial unmet need
 5 for information, especially among racial and ethnic
 6 minority groups regarding reconstruction options
 7 and coverage required by the Women’s Health and
 8 Cancer Rights Act of 1998.

9 (14) A 2010 study by Warren H. Tseng, M.D.
 10 and others at the University of California Davis
 11 found that patients from rural areas are less likely
 12 to undergo breast reconstruction following mastec-
 13 tomy for breast cancer than their urban counter-
 14 parts.

15 **SEC. 3. BREAST RECONSTRUCTION EDUCATION.**

16 Part V of title III of the Public Health Service Act
 17 (42 U.S.C. 280m; programs relating to breast health and
 18 cancer) is amended by adding at the end the following:

19 **“SEC. 399NN-1. BREAST RECONSTRUCTION EDUCATION.**

20 “(a) IN GENERAL.—The Secretary shall provide for
 21 the planning and implementation of an education cam-
 22 paign to inform breast cancer patients anticipating sur-
 23 gery regarding the availability and coverage of breast re-
 24 construction, prostheses, and other options, with a focus

1 on informing patients who are members of racial and eth-
2 nic minority groups.

3 “(b) INFORMATION TO BE DISSEMINATED.—

4 “(1) SPECIFIC INFORMATION.—Such campaign
5 shall include dissemination of the following informa-
6 tion:

7 “(A) Breast reconstruction is possible at
8 the time of breast cancer surgery, or at a later
9 time.

10 “(B) Prostheses or breast forms may be
11 available.

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

15 “(D) The patient has a right to choose a
16 provider of reconstructive care, including the
17 potential transfer of care to a surgeon that pro-
18 vides breast reconstructive care.

19 “(E) The patient may opt to undergo
20 breast reconstruction some time after the time
21 of breast cancer surgery for personal or medical
22 reasons, during treatment or after completion
23 of all other breast cancer treatments.

24 “(2) OTHER INFORMATION.—In addition to the
25 information described in paragraph (1), such cam-

1 paign may include dissemination of such other infor-
2 mation (whether developed by the Secretary or by
3 other entities) as the Secretary determines relevant.

4 “(3) REQUIRED PUBLICATION.—The informa-
5 tion required to be disseminated under paragraph
6 (1) and any information disseminated in accordance
7 with paragraph (2) shall be posted on the Internet
8 Web sites of relevant Federal agencies, including the
9 Office of Women’s Health, the Office of Minority
10 Health, and the Office of Rural Health Policy.

11 “(4) RESTRICTION.—Such campaign shall not
12 specify, or be designed to serve as a tool to limit, the
13 health care providers available to patients.

14 “(c) CONSULTATION.—In developing the information
15 to be disseminated under this section, the Secretary shall
16 consult with appropriate medical societies and patient ad-
17 vocates related to breast cancer, breast reconstructive sur-
18 gery, breast prostheses, and breast forms and with patient
19 advocates representing racial and ethnic minority groups
20 with a special emphasis on African-American and His-
21 panic populations.

22 “(d) DEFINITIONS.—In this section, the terms ‘racial
23 and ethnic minority group’ and ‘Hispanic’ have the mean-
24 ings given such terms in section 1707.

1 “(e) REPORT.—Not later than 2 years after date of
2 enactment of the Breast Cancer Patient Education Act of
3 2013 and every 2 years thereafter, the Secretary shall sub-
4 mit to the Committee on Health, Education, Labor, and
5 Pensions of the Senate and the Committee on Energy and
6 Commerce of the House of Representatives a report de-
7 scribing the activities carried out under this section during
8 the preceding 2 fiscal years, which shall include an evalua-
9 tion of the extent to which such activities have been effec-
10 tive in improving the health and well-being of racial and
11 ethnic minority groups.”.

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