

112<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5937

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.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 8, 2012

Mr. LANCE (for himself, Mrs. CHRISTENSEN, Ms. ROS-LEHTINEN, Mrs. BLACKBURN, Mr. CONNOLLY of Virginia, Mr. MORAN, Mr. CLARKE of Michigan, Mr. LEWIS of Georgia, Ms. LEE of California, Ms. NORTON, Ms. MOORE, Mr. RANGEL, and Mr. HONDA) introduced the following bill; which was referred to the Committee on Energy and Commerce

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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.

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 2012”.

1 **SEC. 2. FINDINGS.**

2 The Congress makes the following findings:

3 (1) Annually, about 207,090 new cases of  
4 breast cancer are diagnosed, according to the Amer-  
5 ican Cancer Society.

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

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

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

17 (5) According to the American Cancer Society,  
18 immediate breast reconstruction offers the advan-  
19 tage of combining the breast cancer surgery with the  
20 reconstructive surgery and is cost effective.

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

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

1 construction or may choose not to undergo addi-  
2 tional surgery and instead choose breast prostheses.

3 (8) The Women’s Health and Cancer Rights  
4 Act of 1998 (WHCRA; Public Law 105–277) re-  
5 quires health plans that offer breast cancer coverage  
6 to also provide for breast reconstruction.

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

13 (10) Up to 70 percent of women eligible for  
14 breast reconstruction are not informed of their re-  
15 constructive options.

16 (11) Several states have enacted laws to require  
17 that women receive information on their breast can-  
18 cer treatment and reconstruction options.

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

1           (13) According to a 2008 report by Greenberg,  
2           most women undergo breast reconstruction because  
3           the option was offered and discussed by the breast  
4           cancer surgeon. This critical discussion is often lack-  
5           ing.

6           (14) Greenberg reports that women with Medi-  
7           care undergo breast reconstruction at a rate of 11  
8           percent. Women with managed care or indemnity in-  
9           surance undergo reconstruction at a rate of approxi-  
10          mately 54 percent. Nationally, only 33 percent of eli-  
11          gible women with breast cancer undergo breast re-  
12          construction.

13 **SEC. 3. BREAST RECONSTRUCTION EDUCATION.**

14          Part V of title III of the Public Health Service Act  
15          (42 U.S.C. 280; programs relating to breast health and  
16          cancer) is amended by adding at the end the following:

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

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

23          “(b) INFORMATION TO BE DISSEMINATED.—

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

4           “(A) Breast reconstruction is possible at  
5 the time of breast cancer surgery, or in a de-  
6 layed fashion.

7           “(B) Prostheses or breast forms may be  
8 available.

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

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

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

20           “(2) OTHER INFORMATION.—In addition to the  
21 information described in paragraph (1), such cam-  
22 paign may include dissemination of such other infor-  
23 mation (whether developed by the Secretary or by  
24 other entities) as the Secretary determines relevant.

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

4           “(c) CONSULTATION.—In developing the information  
5           to be disseminated under this section, the Secretary shall  
6           consult with appropriate medical societies and patient ad-  
7           vocates related to breast cancer, breast reconstructive sur-  
8           gery, and breast prostheses and breast forms.”.

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