114TH CONGRESS
1ST SESSION

S. 1192

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 5, 2015

Mr. BLUNT (for himself, Mr. BROWN, Ms. AYOTTE, Ms. HIRONO, Mrs. FEINSTEIN, Mrs. BOXER, Mrs. FISCHER, and Mrs. CAPITO) 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, 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 2015".

1 **SEC. 2. FINDINGS.**

2 Congress finds as follows:

3 (1) The American Cancer Society estimates
4 that in 2015, about 231,840 new cases of breast
5 cancer will be diagnosed in women in the United
6 States.

7 (2) Breast cancer has a disproportionate and
8 detrimental impact on African-American women and
9 is the most common cancer among Hispanic 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) According to the Health Resources and
14 Services Administration, women residing in rural
15 areas may have lower rates of mammography screen-
16 ing compared to non-rural women because of bar-
17 riers to health care, such as greater distances to
18 medical facilities and lower educational, income, and
19 health insurance levels.

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

25 (6) According to the American Cancer Society,
26 immediate breast reconstruction offers the advan-

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

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

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

1 struction. Compared with the odds of reconstruction
2 for Caucasians, the odds of reconstruction for Afri-
3 can-Americans, Hispanics, and Asians are signifi-
4 cantly less.
5 (11) A 2007 study by Caprice Greenberg, M.D.,
6 of the Dana Farber Cancer Institute and others
7 found that Hispanic patients were less likely to re-
8 ceive reconstruction. This may be because of lan-
9 guage barriers between the patient and provider. Al-
10 though 72 percent of patients who primarily spoke
11 English went on to receive reconstruction after dis-
12 cussing it with their providers, no patient in the
13 study with a primary language other than English
14 went on to receive reconstruction.
15 (12) A 2009 study by Alderman and others also
16 found that the relationship between race and recon-
17 struction rates persisted when demographic and clin-
18 ical factors were controlled for in the study. Minority
19 women are significantly less likely than Caucasians
20 to see a plastic surgeon before initial surgery, are
21 most likely to desire more information about recon-
22 struction, and satisfaction is lowest among minority
23 women without reconstruction.
24 (13) The low use of reconstruction for minori-
25 ties 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 under the Women's Health
8 and 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) is amended by adding at the end the
18 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 about the availability and coverage of breast recon-
24 struction, prostheses, and other options, with a focus on

1 informing patients who are members of racial and ethnic
2 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 appro-
4 priate.

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

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

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

23 "(d) DEFINITIONS.—In this section, the terms 'racial
24 and ethnic minority group' and 'Hispanic' have the mean-
25 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 2015 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, and an evaluation of the ex-
9 tent to which such activities have been effective in improv-
10 ing the health and well-being of racial and ethnic minority
11 groups.”.

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