

THE WHITE HOUSE  
WASHINGTON

October 21, 1997

*Health Care -  
Breast cancer*

**MEMORANDUM TO THE PRESIDENT**

FR: Chris Jennings and Jennifer Klein

RE: Status of the 48 Hour Mastectomy Rule

Tonight you are speaking in front of the Congressional Caucus on Women's Issues. Your speech will likely focus on your impressive accomplishments in women health. Just to mention a few, these include: doubling funding for breast cancer research; eliminating the deductible for the Medicare mammography benefit; and expanding Medicare coverage to all women ages 49 and older making this benefit consistent with recommendations from the National Cancer Institute; and significant new initiatives to combat violence against women.

One of the issues that is not resolved, however, both for this speech and for your upcoming radio address on breast cancer this Saturday is the degree to which you emphasize challenge to the Congress to move legislation that ensures that women are allowed to stay in the hospital at least 48 hours after a mastectomy. This memo reviews the current status of this legislation.

**Previous Efforts to Highlight Mastectomy Legislation.** As you know, the First Lady highlighted the Administration's support for DeLauro-Dingell-Roukema mastectomy legislation at an event last spring. More recently, you called on Congress to hold hearings on this issue in your speech to the Service Employees International Union (SEIU) last month. At SEIU, you also requested Congress take immediate action to pass existing other consumer protections to put in place anti-gag rules that give patients the right to know their treatment options, to pass laws preventing health plans from discriminating on the basis of genetic information, and to move legislation to adopt the new strong federal standards on medical privacy.

**Reaction to Mastectomy Legislation following SEIU Speech.** Your SEIU speech was very well received. Republicans on the Senate Labor Committee (the Committee of Jurisdiction) informed us they are planning to draft legislation on medical privacy and genetic discrimination this year, and we have already responded to their requests for briefings and technical assistance on these issues. They also expressed an interest in moving the anti-gag rule legislation you have supported perhaps in the context of a broader initiative on consumer protections. Having said this, the debate in Congress about consumer protections is likely to emphasize issues of access to services and providers rather than specific benefits, particularly time-limited benefits

The Committees of Jurisdiction in the House (Commerce) and the Senate (Labor) have informed us that there is little interest in moving the 48-hour mastectomy legislation. The Republicans and most moderate Democrats do not want to pass laws which regulate benefits and are particularly skeptical about the notion of legislating certain time limits for certain surgeries. (This is, of course, after a heavy amount of lobbying from the insurance and business communities; it also appears, however, to be a growing opinion in most independent policy circles.) Many view 48-hour legislation for newborns and their mothers as an anomaly that passed only because of the politics of a campaign year. As such, the Congress is therefore unlikely to hold hearings on this legislation and probably will not do so unless they believe there will be a political cost for not doing so; at this point, as will be explained below, they do not feel pressured to do anything on this matter.

Some leaders in the women's health community and the breast cancer community, such as the National Breast Cancer Coalition, have also informed us that while they support this legislation and appreciate the Administration's efforts to emphasize the 48 hour rule issue, it is not their highest legislative priority. Their current top legislative priorities include the genetic anti-discrimination legislation and the extension of Medicare coverage for cancer clinical trials. They are extremely pleased that you have taken a leadership role on the genetic screening legislation and are pushing us to support legislation on the cancer trials. (We are currently working with Nancy-Ann Min DeParle and the rest of the Department in developing a workable legislative proposal; however, the policy and cost development process has not been completed and it would be premature to announce at this time.) At this time, we are working to see if we can finalize the policy in time for an early November announcement.

It is also important to note that your Quality Commission, which is meeting today and tomorrow to finalize their draft consumer bill of rights, will not include a recommendation that all plans be mandated to provide 48 hours of coverage for mastectomies. Because of the broad representation on the Commission, they could not come close to reaching consensus on this issue. Instead, their recommendations will focus on process protections (consumer information and appeals protections), as well as some special access provisions, such as the right to qualified specialists for women's health providers.

Notwithstanding the hesitancy of the Congress to move on the 48 hour mastectomy bill, we believe that you should continue reference your support for the legislation and your desire for the Hill to at least hold hearings. However, we also recommend that you reference the bill as one of many initiatives, which will be in your speech, that you care deeply about. This ensures that we maintain a consistent position, but that we don't put all our eggs into one legislative basket.

We also understand you are interested in considering ways to fight prostate cancer. Building on the new Medicare prostate cancer benefit you signed into law in the recent balanced budget, we are currently developing options in areas of research, coverage and outreach. We will soon forward you a memo that outlines the options in more detail. Suffice to say, the Medicare coverage of clinical cancer trials issue we raised above would focus on prostate, as well as all other types new promising cancer research.

THE WHITE HOUSE

Office of the Press Secretary

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RADIO ADDRESS BY THE PRESIDENT  
AND THE FIRST LADY  
TO THE NATION

The Oval Office

THE PRESIDENT: Good morning. I want to talk to you today about the vital importance of mammography in our fight against breast cancer. The tragedy of breast cancer has touched the lives of nearly every American family, including my own. This year alone, 180,000 women will be newly diagnosed with breast cancer, and more than 40,000 women will die from the devastating disease.

Since I took office, fighting breast cancer has been one of my top priorities. We've nearly doubled funding for breast cancer research, prevention and treatment. The recent discovery of two breast cancer genes by NIH scientists holds out great promise for new prevention strategies, and we continue to work to find a cure.

Until that day, we know that early detection is the most potent weapon we possess in our battle against breast cancer, and we know that mammography is the best way to detect breast cancer so that it can be treated before it's too late.

The First Lady and I have worked hard to make mammograms available to more women and to encourage more women to get mammograms. The historic balanced budget I signed into law last summer makes annual mammograms far more affordable for women on Medicare and extends this potentially life-saving benefit to all Medicare beneficiaries over the age of 40.

Hillary has led our national campaign to educate women about the vital importance of mammography, and I'd like to ask her to say a few words about it.

MRS. CLINTON: Mammography can mean the difference between life and death for millions of women. Yet I know from my conversations with women around the country, particularly older women, that far too many think they don't need mammograms because they are past their child-bearing years. Others are afraid of mammograms. Still others don't know that their health insurance covers the test.

The National Mammography Campaign was launched to dispel myths and fears about mammography and to increase public awareness about Medicare coverage of mammograms. In the last three years, through community outreach, public service announcements, and partnerships with an energized business community, we have made a lot of progress. Now we must work even harder to reach women who, because of income, language, or cultural barriers, are the least likely to get mammograms.

The administration's Horizons Project is doing exactly that, in six of our largest cities. This week we received the project's first report, and it is teaching us a great deal about how

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to reach older women who have not been getting mammograms. We are looking forward to taking what we have learned and bringing this knowledge to communities all over the country.

THE PRESIDENT: The success of our campaign depends upon our ability to reach as many women as possible. This week, the National Cancer Institute is launching a wide-reaching education program to provide health professionals and women and their families with simple, straightforward information about the newest research and recommendations for early detection. These publications will reach thousands of women with a simple message: Mammograms are available, effective and safe, and they can save your life.

When women do go for a mammogram, we must make sure they receive the highest quality care. High-quality mammograms can detect the vast majority of breast tumors and, when followed by prompt treatment, can reduce the risk of death by as much as 30 percent. Women need and deserve that security.

That is why today I'm pleased to announce new FDA regulations that will ensure medical facilities, health providers and detection equipment are all held to the highest possible standards so that every woman gets the quality care she needs when she needs it most. With these steps, we're giving women and their families a powerful tool to fight breast cancer and new hope that the fight can be won.

Thanks for listening.

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