

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

March 27, 1997

REMARKS BY THE PRESIDENT  
IN MAMMOGRAM ANNOUNCEMENT

The Oval Office

12:17 P.M. EST

THE PRESIDENT: Secretary Shalala has just briefed me on the National Cancer Institute's new recommendations on mammography. These recommendations, based on the latest and best medical evidence, give clear, consistent guidance to women in our national fight against breast cancer. Breast cancer is the most commonly diagnosed cancer among women. It affects one in eight women in their lifetimes, and has touched the families of nearly every American, including my own.

We may not yet have a cure for breast cancer, but we do know that early detection and early treatment are our most potent weapons against this dread disease and we know that mammography can save lives. That is why it's important to send a clear, consistent message to women and to their families about when to start getting mammograms and how often to repeat them.

After careful study of the science, the National Cancer Advisory Board has now concluded that women between the ages of 40 and 49 should get a mammography examination for breast cancer every one or two years, in consultation with their doctors. The National Cancer Institute has now accepted these recommendations. Now women in their 40s will have clear guidance based on the best science, and action to match it.

Today I am taking action to bring Medicare, Medicaid and the federal employee health plans in line with the National Cancer Institute's recommendations. First, in the Medicare budget I am sending to Congress today I am making annual screening mammography exams, beginning at age 40, a covered expense without co-insurance or deductibles. Second, Secretary Shalala is sending a letter to state Medicaid directors urging them to also cover annual mammograms beginning at 40, and assuring them that the federal government will pay its matching share if they do so. And today, I am directing the Office of Personnel Management to require all federal health benefit plans to comply with the National Cancer Advisory Board's recommendations on mammogram screenings, beginning next year.

The federal government is doing its part to make sure women have both coverage and access to this potentially lifesaving test. I want to challenge private health insurance plans to do the same. They, too, should cover regular screening mammograms for women 40 and over.

Finally, we know there has been much discussion on this issue and a lot of confusion. That is why we are launching a major public education campaign to make sure every woman and every health care professional in America, that all of them are aware of these new recommendations. This is a major step forward in our fight against breast cancer.

In addition to Secretary Shalala, I want to thank National Cancer Advisory Board Chairperson, Dr. Barbara Rimer, and

MORE

all the member of the Board, along with the NCI Director, Dr. Richard Klausner, for the fine job that they did in producing these recommendations. I also want to thank the First Lady, who could not be with us here because of her visit to Africa. She has devoted countless hours to educating women about the importance of mammography, and this is a happy day for her.

She has especially tried to educate older women to take advantage of the Medicare coverage of mammograms, because we know that too few of them still do. And that's the last point I would like to make. These guidelines and this coverage, it's all very good, but unless women are willing to actually take advantage of the coverage, we won't have the full benefit of the recommendations and the findings that have been made.

Now I'd like to turn the microphone over to Secretary Shalala to make a few comments.

SECRETARY SHALALA: Thank you, Mr. President. Thank you, Mr. President, for your leadership. One of the biggest fears that women have about breast cancer is the fear of not knowing what to do or when to do it. But today years of confusion have been replaced by a clear, consistent scientific recommendation for women between the ages of 40 and 49. According to a joint statement released today, the National Cancer Institute and the American Cancer Society agree that mammography screening of women in their 40s is beneficial and supportable with the current scientific evidence. We can now tell all women over 40, talk to your doctor because regular mammography can save your life.

In fact, current evidence based on clinical trials finds that regular mammograms can reduce the death rate from breast cancer by about 17 percent for women between 40 and 49.

Now, to get the word out, we are developing materials and using our 1-800 number. It's 1-800-4-CANCER. The guidance we offer today to women in their 40s is a step forward, but it's only one piece of the Clinton administration overall strategy to fight breast cancer. Under the President's leadership, we have doubled the funding for breast cancer research, for treatment and prevention to more than \$500 million since 1993.

The President signed the landmark Kennedy-Kassebaum bill to ensure that all Americans, including those with preexisting conditions like breast cancer, can keep their insurance even if they lose or change their jobs. We're working hard to improve the quality of mammograms and improve access to quality mammograms. And that's why we're reaching out to women in every state, especially low-income women and women of color, to make certain that they know about and have access to mammograms.

And that's why, as the President indicated, the First Lady has led mammography awareness campaigns aimed at women over 65. Those women are the most at risk, and that's why, under the Mammography Quality Standards Act, American women can now have greater confidence in the safety and accuracy of their mammograms.

We also have created the first ever national action plan on breast cancer, a true public-private partnership that supports research and outreach and has a goal of the eradication of breast cancer. Let me say that all of us owe a huge debt and a lot of gratitude to the activists and survivors, leaders who have used their voices and their pain to stop breast cancer and to heal those for whom it strikes.

All of us should be very proud of the fact that mortality rates for breast cancer are falling, not nearly enough, but they are finally going down in this country -- and all of us should

be proud that with this announcement today, we have replaced confusion with clarity, and moved another step closer to the day when our grandchildren will have to turn to the history books to learn about a disease called breast cancer. Working together, we can and will make it happen. Thank you very much.

Q Mr. President, do you have any comment on the mass suicide in California?

THE PRESIDENT: Well, of course, all I know is what I read about it this morning and what I saw last night reported. But it's heartbreaking, it's sickening, it's shocking. I think it's important that we get as many facts as we can about this and try to determine what, in fact, motivated those people, and what all of us can do to make sure that there aren't other people thinking in that same way out there in our country, that aren't so isolated that they can create a world for themselves that may justify that kind of thing. It's very troubling to me. But I don't think I know enough to make a definitive comment about it.

Q Mr. President, switching gears on another subject, the Democratic Party emerged from this most recent election in the aftermath of all of these fundraising problems -- it seems to be in pretty bad shape financially -- enormous debt that they can't repay. What, if anything, can you do about this, and how much responsibility do you have to try to get the Democratic Party back into shape?

THE PRESIDENT: Oh, a lot, and I have been doing a lot and I will do more. We knew that we would have to spend -- last year when it became obvious that our congressional candidates were going to be outspent, massively, we did everything we could to raise a good deal of money at the end. But the committees and the Democratic Committee went into debt with money that they could legally borrow in the hope of trying to be competitive. They actually did a pretty good job. They were still outspent, I figure, in the last 10 days, two weeks, probably four or five to one, in all of the contested races. But we knew that would happen and we knew it would take some time to pay it back. But I'm not particularly concerned about it; I think we will pay it back. And it was, I thought, important.

Keep in mind, we were at the bottom of the barrel in November of '94, and in 1995 we did a good job, I think, of building our party back and showing what the clear differences were between the two parties. And the previous leadership of the party deserves a lot of credit. We got up to a million small donors, and they're coming back now, they're beginning to make their contributions and that's very encouraging. So I think we'll get there. I'm not particularly concerned about it.

We made a deliberate decision to kind of downplay the Inaugural and not to try to tie too much of that to fundraising, so we're going to have work harder this year. But I've been doing some work, as you know, and I will continue to do more.

Q Do you think Governor Romer has second thoughts about some of the changes that previously eliminating contributions from subsidiaries of foreign companies and also non-U.S. citizens? He seems to be having some second thoughts about some of those proposals you made over the past few months.

THE PRESIDENT: Well, let me say, I still don't believe -- I think, on balance, it's better policy to say that people who can't vote shouldn't contribute. In terms of the subsidiaries, the real problem there is the law says if the money is made in the United States it can be given in the United States. The problem is how do you ever know that. And so I think that he was trying to bend over backwards to get us off on the right foot.

But I'd be willing to talk to him about it, but the main thing is we're just going to have to get together and work hard and rally our troops and remind them of what we're trying to do here, how we're trying to balance the budget, what we're trying to do for education, what we're trying to do to move the country forward and get the efforts going. We've had several successful events this year. We just have to do more. And we knew -- what you have to do after an election, when we saw all this third party money and all these other things coming down the pike we wanted to give our members of Congress a chance to be competitive, and so we undertook to do so. And I'm glad we did, but we're just going to have to work double hard now to pay the money back, and we'll do that. We'll pay our debts and we'll make our budget this year.

Q Have you received any updates from Ambassador Ross or the Vice President?

THE PRESIDENT: Yes.

Q And what have they been?

THE PRESIDENT: Well, Ambassador Ross had a very good meeting with Chairman Arafat and he's proceeding now on his trip. And I don't have anything else to tell you, but he was encouraged by the response of Chairman Arafat to the matters that we discussed here before he left.

I started the day this morning with physical therapy and a talk with the Vice President in China, which was also good therapy. And he said to me that in every aspect his trip had gone quite well and better than he had anticipated and he was anxious to get back and give me a report on all the issues that we're concerned about. But I think the trip has been a real validation for our strategy of engagement with China, of taking our agreements, our disagreements, our matters of common interest, our matters of concern directly to them. And he is very pleased with the results so far, and I certainly am very pleased with the work he's done -- with the speech he gave on human rights and with all the work that he's done in China so far. I'm encouraged about it. I think the trip has been well worth making.

Q Have you seen that Janet Reno gave Louis Freeh a ringing endorsement this morning -- every confidence in his leadership at the FBI?

THE PRESIDENT: Well, as I said -- of course, she works with him every day, and that's why I said yesterday what I did. I was troubled by the headline in The New York Times story, but I did not know the facts. And I think it's important for me not to assume that someone has done or failed to do something that's adverse to the national interest before I know it's true. And she's the one that has to make those calls, and as she said in her comments, the system we have -- the President appoints the Director of the FBI, but the FBI is a part of the Justice Department, it's a part of the Justice system. And whenever you have dual responsibilities in government, you're going to have some time when you've got to make a close call.

And I still don't know -- as I said, I just literally don't know -- I could actually tell you whether I agreed or disagreed if I knew what -- if and what information had not been forthcoming to the National Security Council. I do believe that there should be a -- that doubt should be resolved in favor of disclosure to the National Security Council of essential national security information. But the Attorney General has to resolve those things. And I trust her to do it. And so, what she said is fine by me.

Q Is there a problem if the President of United States -- a lot of Americans simply don't understand -- the President

of the United States says, I don't know that there's a problem because I haven't necessarily been given --

THE PRESIDENT: Well, I think there is. Yes, I think there is. If I knew that one existed, I would agree that there was a problem. But I don't know it. And I'm still not sure that there was. I just have to -- I have to trust the Attorney General to make sure that the National Security Council gets the information that we need to make good national security judgments here. I think, for example in the Kobar Towers incident, there is absolutely not a shred of evidence that there's anything that we have been denied. And so, if I knew that there was and I knew what it was and I thought there was a mistake, I'd be happy to say that there's an honest disagreement here, but I just don't know that there is one.

Q Has your administration been hamstrung in terms of ambassadorial appointments, appointments at the State Department and so forth because of all of these investigations on the campaign?

THE PRESIDENT: No, not at all. As a matter of fact, we've been working on getting ready for the next round of ambassadorial appointments. I approved a small number of them, oh, probably a couple of weeks ago so we could move in critical countries. But the others we're trying to do on a schedule which at least guarantees that all the ambassadors now serving will do the traditional three-year tour of duty, so we have some time on them. But we've worked very hard for the last month or so on that, and I don't see those two things as in conflict or a problem at all.

Thank you.

Q How do you feel today?

THE PRESIDENT: I feel fine. Every day I'm getting a little more mobile and I'm getting able to, you know, do a little more. I'll tell you one thing -- I wouldn't wish this on anyone. (Laughter.) But it's been a very enlightening experience, a very humbling experience. And the respect that I feel now for people who spend all day every day in a wheelchair, or people who spend all day every day in braces and on crutches is enormous.

The dignity and the strength of character that it takes to kind of organize your life and carry it out if you're always subject to some sort of significant physical disability is enormous. These are things that we all sometimes see, but when you've felt just a little taste of it, when you realize what it means to be able to just navigate and do the basic things in life -- just to dress yourself for the first time when you couldn't do it, for example -- it just makes you understand that the rest of us in society who have been fortunate enough to have full use of our physical facilities owe an enormous amount of respect and sensitivity to people who don't.

It's just been a stunning experience for me. I mean, I will never again see a person who has to deal with a disability in the same light again. I mean, it's just -- it's had a profound impact. It's nothing I didn't know before, but feeling it and knowing it are two different things.

THE PRESS: Thank you, Mr. President.

THE PRESIDENT: Thank you.

Q Like your doctor after you all the time?

THE PRESIDENT: Yes. She just wants to make sure I don't blow it.

Q I see her -- we see her right here.



Facsimile

From: Vanda B. McMurtry  
Senior Vice President  
Federal Government Relations  
Tel: (860) 273-0721  
Fax: (860) 273-4479

HC -  
Mammog.

PLEASE DELIVER IMMEDIATELY

Chris -  
Is this -  
big deal?  
BR

To: Bruce Reed

Date: 4/2/97

Fax Number: 202-456-2878

Pages transmitted: 4

Message:

Bruce, I thought that you would be interested in our new initiative on mammography, which is very much in line with the position that President Clinton has taken recently. Don't hesitate to call me if you would like more information.

Thanks.

Van

Bruce -

It's worth noting only, in any subsequent meetings w/ these guys, acknowledging it. However I am not very happy that they did not at least reference the President's involvement in their press release.

**Contact:**  
Jill B. Griffiths  
215-283-6890

**AETNA U.S. HEALTHCARE TO COVER AND RECOMMEND ANNUAL  
MAMMOGRAM SCREENING AT AGE 40 FOR HMO MEMBERS**

**-- Aetna U.S. Healthcare's HealthcareCheck® Program Already Downstaging  
Incidence of Breast Cancer --**

**BLUE BELL, PA and MIDDLETOWN, CT, April 2, 1997** – Aetna U.S. Healthcare announced today that the company, effective immediately, recommends and covers annual screening mammograms for its female HMO members beginning at age 40. In addition, Aetna U.S. Healthcare will continue to cover mammograms for members at any age when the woman's physician feels that the test is indicated. Aetna U.S. Healthcare is the first national managed care insurer to follow the new guidelines recently issued by the American Cancer Society and the National Cancer Institute.

"As the leading health benefits company in the country, we believe it is important to ensure that women have every opportunity for early diagnosis of breast cancer, which increases the likelihood of a cure for this potentially deadly disease," said Arnold W. Cohen, MD, Aetna U.S. Healthcare's Senior Medical Director for Women's Health.

"The underlying principle of managed care is prevention and wellness," said Michael J. Cardillo, president of Aetna U.S. Healthcare. "Aetna U.S. Healthcare has always supported women's health programs, such as screening for breast cancer and cervical cancer, and management of high risk pregnancies. We know that mammograms are a critical step in the early diagnosis of breast cancer, so it makes sense to provide women with early and regular access to this critical tool."

Aetna/2

"Aetna U.S. Healthcare has shown outstanding responsiveness by acting so quickly to put these new mammography guidelines to work immediately to save lives from breast cancer," said John R. Seffrin, PhD, Chief Executive Officer of the American Cancer Society. "We have worked hard to establish the scientific basis for recommending annual mammograms beginning at age 40. We hope that all healthcare insurers nationwide will follow the lead of Aetna U.S. Healthcare's important announcement."

Aetna U.S. Healthcare's pioneering Healthcare Check® program is a sophisticated screening program which will now provide referrals to a radiologist for all women beginning at age 40 on an annual basis. Since its inception in 1986 Healthcare Check has been nationally acclaimed as the model breast cancer screening program. The program's success at promoting breast cancer screening including self examination and mammography has been reported in over a dozen articles in the medical literature. Until now, Healthcare Check has followed national medical guidelines in recommending that all female members at age 50 and high-risk members at age 40 obtain annual mammograms; while lower risk women were referred to a radiologist every other year between the ages of 40 and 50.

"Aetna U.S. Healthcare has reported our success at finding breast cancer at an earlier stage through regular screening," said Cohen. "Our results also show that breast cancers detected in women through mammography screening were more likely to be eligible for breast conserving surgery. In fact, nearly two thirds of the Aetna U.S. Healthcare members who have had their breast cancer found through the Healthcare Check screening program have had their cancer treated without the need for a mastectomy."

-more-

Aetna/3

Comprehensive breast cancer treatment and detection programs at Aetna U.S. Healthcare include the following:

- A multi-disciplinary approach to breast cancer treatment which includes information and resources on breast conserving surgery, coordination of reconstructive surgery and access to support services to help women deal with the emotional aspects of both the disease and its treatment.
- Access to an Aetna U.S. Healthcare nurse case manager who specializes in support of women with breast cancer.
- The Aetna U.S. Healthcare second opinion program for women who are interested in breast conserving surgery.
- Mobile mammography units which bring mammography services to the work site and into the community where women can have a mammogram in a private setting without ever having to go to a doctor's office or radiologist's office.
- Three-pronged approach to early detection of breast cancer: mammograms annually beginning at age 40, breast self examination performed monthly, and breast physical examination performed annually by an Ob/Gyn or primary care doctor.

Aetna U.S. Healthcare is the health business unit of Aetna Inc. (NYSE: AET). Aetna U.S. Healthcare is the nation's leading health benefits organization, providing a variety of managed care, specialty health, indemnity, worker's compensation managed care and other products to over 23 million Americans nationwide.

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JANUARY 24, 1997

MEMORANDUM FOR RAHM EMANUEL *Betsy*  
SYLVIA MATHEWS  
JOHN PODESTA  
ANN LEWIS  
BRUCE REED  
JOHN HILLEY  
ELENA KAGAN  
JANET MURGUJA

FROM: BETSY MYERS

RE: BREAST CANCER LEGISLATION

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In 1996, more than 184,000 cases of breast cancer were diagnosed and more than 44,000 of those women will die from the disease. Breast cancer is the most common cancer among women, accounting for one out of every three cancer diagnoses.

The following is an update on the breast cancer legislation (with strong bi-partisan support) pending in the House and Senate. The legislation corrects several injustices in the health care system affecting all American women. The President has an opportunity at the beginning of the new Congress before the State of the Union to take a leadership role on these measures.

The President could support the legislation through several avenues: (1) in the State of the Union; (2) in a radio address; and (3) in a letter to Congress.

A fourth option would be participating in a breast cancer event on February 3 with a bi-partisan group of members of Congress and Lifetime television. The network has collected more than 15,000 signatures of women supporting Congresswoman DeLauro's legislation which would mandate at least 48 hours of hospitalization for women who have had a mastectomy. We are recommending that the President host the event at the White House by accepting the petition, along with the members of Congress. In addition to supporting Congresswoman's DeLauro's bill, the President could express support in his remarks at the event for several other breast cancer measures. (See the attached scheduling request for more details.)

We recommend the President support the following legislation:

- **The DeLauro-Dingell-Roukema Breast Cancer Protection Act of 1997:** This bill would guarantee a minimum hospital stay of 48 hours for a woman having a mastectomy and 24 hours for lymph node removal for the treatment of breast cancer. Under pressure from managed care organizations to reduce costs, doctors have had to perform mastectomies and lymph node dissection as outpatient surgery. This has resulted in women being sent home when the surgery is still

weighing heavily on their physical and mental state. To ensure that the bill is on a fast-track, Congresswoman DeLauro wrote the bill with language similar to that in the 48-hour maternity bill that we supported last year. The simplicity of the bill should also help ensure its passage. There is bi-partisan support for this bill in the House. Senator Daschle has introduced a companion bill.

- **The Reconstructive Breast Surgery Benefits Act:** This bill, introduced by Congresswoman Eshoo, would require health insurance companies that provide coverage for mastectomies to cover reconstructive breast surgery that results from those mastectomies including surgery to establish symmetry between breasts. The legislation would prohibit insurance companies from denying coverage for breast reconstruction resulting from mastectomies on the basis that the coverage is for cosmetic surgery. Congresswoman Eshoo is working with Senator Kennedy who will file a companion bill.
- **The Breast Cancer Early Detection Act:** This legislation, introduced by Congresswoman Maloney, would require Medicare to cover annual mammograms for women over 65. Currently, Medicare only covers mammograms every other year.
- **The Medicare Mammography Enhancement Act:** This legislation, introduced by Congresswoman Kennelly, would require Medicare to cover annual mammograms for women over 50. In addition, the legislation would waive the 20 percent co-payment and any deductible costs for the screening.

SCHEDULE PROPOSAL

JANUARY 24, 1997

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ACCEPT

REGRET

PENDING

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TO: Stephanie Streett  
Anne Hawley

FROM: Betsy Myers

REQUEST: To have the President accept 15,000 signatures supporting legislation that would mandate at least 48 hours of hospitalization following a mastectomy. A bi-partisan group of Members of Congress and breast cancer survivors and advocates would join the President.

PURPOSE: To take a leadership role early in the new Congress in supporting breast cancer legislation which will correct several injustices in the health care system affecting all American women.

BACKGROUND: There are several pieces of legislation pending in the House and Senate that would go a long way at reforming the health care system for women, specifically in the area of breast cancer which affects one in eight American women. The DeLauro-Dingell-Roukema Breast Cancer Protection Act of 1997, which has bi-partisan support, is one of the pieces of legislation already filed. Lifetime television has collected more than 15,000 signatures supporting the legislation which would guarantee a minimum hospital stay of 48 hours for a woman having a mastectomy and 24 hours for lymph node removal for the treatment of breast cancer. The legislation is needed because doctors, under pressure to reduce costs for managed care organizations, have had to perform mastectomies and lymph node dissections as outpatient surgery. This has resulted in women being sent home when the surgery is still weighing heavily on their physical and mental state. To ensure that the bill is on a fast-track, Congresswoman DeLauro wrote the bill with language similar to that in the 48 hour maternity bill that we supported last year.

In addition to supporting the DeLauro bill, the President could support in his remarks at the event: the Reconstructive Breast Surgery Act, which would require coverage for reconstructive surgery; and the Breast Cancer Early Detection Act and the Medicare Mammography Enhancement Act, which would require annual Medicare coverage of mammograms.

In 1996, more than 184,000 cases of breast cancer were diagnosed and more than 44,000 of those women will die from the disease. The disease ends up touching most of our lives in some way.

**DATE AND TIME:** February 3. Exact time TBD.

**BRIEFING TIME:** Five minutes.

**DURATION:** 30 minutes.

**LOCATION:** The White House.

**PARTICIPANTS:** Bi-partisan group of Members of Congress and breast cancer survivors and advocates.

**OUTLINE OF EVENTS:** Breast cancer survivor introduces the President.  
The President  
Petition is presented to the President.

**REMARKS REQUIRED:** To be provided by speech writers.

**MEDIA COVERAGE:** Open.

**RECOMMENDED BY:** Betsy Myers.

**CONTACT:** Mary Dixon, 6-7307.

**ORIGIN OF PROPOSAL:** Congresswoman Rosa DeLauro.

January 7, 1997

MEMORANDUM FOR RAHM EMANUEL  
BRUCE REED  
JANET MURGUIA

FROM: BETSY MYERS

RE: DELAURO-DINGELL-ROUKEMA BREAST CANCER  
PATIENT PROTECTION ACT OF 1997

CC: ERSKINE BOWLES  
DON BAER

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Congresswoman DeLauro introduced legislation today that will guarantee that women who undergo surgery for treatment of breast cancer get the hospital stay they need. The DeLauro-Dingell-Roukema Breast Cancer Protection Act of 1997 would guarantee a minimum hospital stay of 48 hours for a woman having a mastectomy and 24 hours for lymph node removal for the treatment of breast cancer. The bill, modeled after the law protecting mothers from "drive through" deliveries, ensures that women and their doctors, not insurance companies, would determine if a shorter stay is needed.

The legislation is needed as doctors across the country, under pressure to reduce costs by managed care organizations, are performing mastectomies and lymph node dissections as outpatient surgery. This has resulted in women being sent home groggy from anaesthesia, in pain and with drainage tubes in place.

The bill, which was introduced with 53-co-sponsors, has the support of the National Breast Cancer Coalition.

This legislation offers the President another opportunity to support a common sense measure that will directly improve the lives of women. Breast cancer -- the most commonly diagnosed cancer and the second leading cancer killer in American women -- affects one in eight women in their lifetimes. I hope that the President can send a letter of support to Congress and include his support for this legislation at an event, and in a radio address and speeches, particularly in the State of the Union.

Please see the attached legislation which Congresswoman DeLauro has introduced. Senator Daschle is planning on introducing similar language. I hope to discuss this matter with you in the near future.

# Congress of the United States

Washington, DC 20515

December 20, 1996

## SUPPORT A BI-PARTISAN BILL TO PROTECT WOMEN WITH BREAST CANCER

Dear Colleague:

We are writing to urge you to become an original co-sponsor of legislation to guarantee that women who must undergo surgery for the treatment of breast cancer get the hospital stay they need and deserve. The DeLauro-Dingell-Roukema Breast Cancer Patient Protection Act of 1997 guarantees a minimum hospital stay of 48 hours for a woman having a mastectomy and 24 hours for lymph node removal for the treatment of breast cancer. Our bill, modeled after the law protecting mothers from "drive-through" deliveries, ensures that women and their doctors, not insurance companies, would determine if a shorter stay is needed.

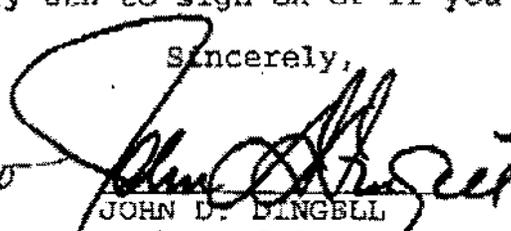
Under pressure from managed care organizations (HMOs) to reduce costs, doctors across the country have had to perform mastectomies and lymph node dissection as outpatient surgery. This has resulted in women being sent home groggy from anaesthesia, in pain, and with drainage tubes still in place. Doctors who believe it would be more appropriate and better for their patients to stay in the hospital longer are forced to choose between giving their patients the individual care they need or being penalized by the HMO for not following their guidelines.

Please join us in working to ensure that women with breast cancer receive treatment determined by doctors who want to provide good health care for their patients -- and not by insurance companies who are motivated solely to lower costs. Please contact one of us or Lissa Topel in Rep. DeLauro's office at 5-3661 by January 6th to sign on or if you have any questions.

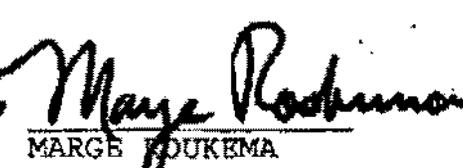
Sincerely,



ROSA L. DeLAURO  
Member of Congress

  
JOHN D. DINGELL

Member of Congress

  
MARGE ROUKEMA

Member of Congress

# Congress of the United States

Washington, DC 20515

December 20, 1996

## SUPPORT A BI-PARTISAN BILL TO PROTECT WOMEN WITH BREAST CANCER

Dear Colleague:

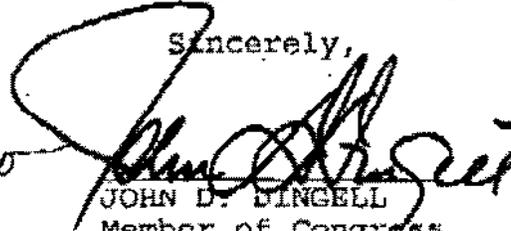
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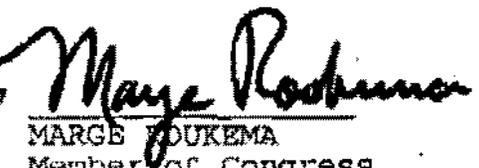
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Please join us in working to ensure that women with breast cancer receive treatment determined by doctors who want to provide good health care for their patients -- and not by insurance companies who are motivated solely to lower costs. Please contact one of us or Lissa Topel in Rep. DeLauro's office at 5-3661 by January 6th to sign on or if you have any questions.

Sincerely,

  
ROSA L. DeLAURO  
Member of Congress

  
JOHN D. DINGELL  
Member of Congress

  
MARGE ROUKEMA  
Member of Congress

105TH CONGRESS  
1ST SESSION

# H. R. \_\_\_\_\_

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## IN THE HOUSE OF REPRESENTATIVES

Ms. DELAURO (for herself, (insert names of cosponsors shown on attached list.)) introduced the following bill; which was referred to the Committee on \_\_\_\_\_  
on \_\_\_\_\_

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### A BILL

To amend the Public Health Service Act and Employee Retirement Income Security Act of 1974 to require that group and individual health insurance coverage and group health plans provide coverage for a minimum hospital stay for mastectomies and lymph node dissections performed for the treatment of breast cancer.

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 Protection Act of 1997".

1 SEC. 2. COVERAGE OF MINIMUM HOSPITAL STAY FOR CER-  
 2 TAIN BREAST CANCER TREATMENT.

3 (a) GROUP HEALTH PLANS.—

4 (1) PUBLIC HEALTH SERVICE ACT AMEND-  
 5 MENTS.—(A) Subpart 2 of part A of title XXVII of  
 6 the Public Health Service Act, as amended by sec-  
 7 tion 703(a) of Public Law 104-204, is amended by  
 8 adding at the end the following new section:

9 "SEC. 2706. STANDARDS RELATING TO BENEFITS FOR CER-  
 10 TAIN BREAST CANCER TREATMENT.

11 "(a) REQUIREMENTS FOR MINIMUM HOSPITAL STAY  
 12 FOLLOWING MASTECTOMY OR LYMPH NODE  
 13 DISECTION.—

14 "(1) IN GENERAL.—A group health plan, and a  
 15 health insurance issuer offering group health insur-  
 16 ance coverage, may not—

17 "(A) except as provided in paragraph  
 18 (2)—

19 "(i) restrict benefits for any hospital  
 20 length of stay in connection with a mastec-  
 21 tomy for the treatment of breast cancer to  
 22 less than 48 hours, or

23 "(ii) restrict benefits for any hospital  
 24 length of stay in connection with a lymph  
 25 node dissection for the treatment of breast  
 26 cancer to less than 24 hours, or

1           “(B) require that a provider obtain author-  
2           zation from the plan or the issuer for prescrib-  
3           ing any length of stay required under subpara-  
4           graph (A) (without regard to paragraph (2)).

5           “(2) EXCEPTION.—Paragraph (1)(A) shall not  
6           apply in connection with any group health plan or  
7           health insurance issuer in any case in which the de-  
8           cision to discharge the woman involved prior to the  
9           expiration of the minimum length of stay otherwise  
10          required under paragraph (1)(A) is made by an at-  
11          tending provider in consultation with the woman.

12          “(b) PROHIBITIONS.—A group health plan, and a  
13          health insurance issuer offering group health insurance  
14          coverage in connection with a group health plan, may  
15          not—

16               “(1) deny to a woman eligibility, or continued  
17               eligibility, to enroll or to renew coverage under the  
18               terms of the plan, solely for the purpose of avoiding  
19               the requirements of this section;

20               “(2) provide monetary payments or rebates to  
21               women to encourage such women to accept less than  
22               the minimum protections available under this sec-  
23               tion;

24               “(3) penalize or otherwise reduce or limit the  
25               reimbursement of an attending provider because

1. such provider provided care to an individual partici-  
2. pant or beneficiary in accordance with this section;

3. “(4) provide incentives (monetary or otherwise)  
4. to an attending provider to induce such provider to  
5. provide care to an individual participant or bene-  
6. ficiary in a manner inconsistent with this section; or

7. “(5) subject to subsection (e)(3), restrict bene-  
8. fits for any portion of a period within a hospital  
9. length of stay required under subsection (a) in a  
10. manner which is less favorable than the benefits pro-  
11. vided for any preceding portion of such stay.

12. “(c) RULES OF CONSTRUCTION.—

13. “(1) Nothing in this section shall be construed  
14. to require a woman who is a participant or bene-  
15. ficiary—

16. “(A) to undergo a mastectomy or lymph  
17. node dissection in a hospital; or

18. “(B) to stay in the hospital for a fixed pe-  
19. riod of time following a mastectomy or lymph  
20. node dissection.

21. “(2) This section shall not apply with respect to  
22. any group health plan, or any group health insur-  
23. ance coverage offered by a health insurance issuer,  
24. which does not provide benefits for hospital lengths

1 of stay in connection with a mastectomy or lymph  
2 node dissection for the treatment of breast cancer.

3 "(3) Nothing in this section shall be construed  
4 as preventing a group health plan or issuer from im-  
5 posing deductibles, coinsurance, or other cost-shar-  
6 ing in relation to benefits for hospital lengths of stay  
7 in connection with a mastectomy or lymph node  
8 dissection for the treatment of breast cancer under  
9 the plan (or under health insurance coverage offered  
10 in connection with a group health plan), except that  
11 such coinsurance or other cost-sharing for any por-  
12 tion of a period within a hospital length of stay re-  
13 quired under subsection (a) may not be greater than  
14 such coinsurance or cost-sharing for any preceding  
15 portion of such stay.

16 "(d) NOTICE.—A group health plan under this part  
17 shall comply with the notice requirement under section  
18 712(d) of the Employee Retirement Income Security Act  
19 of 1974 with respect to the requirements of this section  
20 as if such section applied to such plan.

21 "(e) LEVEL AND TYPE OF REIMBURSEMENTS.—  
22 Nothing in this section shall be construed to prevent a  
23 group health plan or a health insurance issuer offering  
24 group health insurance coverage from negotiating the level

1 and type of reimbursement with a provider for care pro-  
2 vided in accordance with this section.

3 "(f) PREEMPTION; EXCEPTION FOR HEALTH INSUR-  
4 ANCE COVERAGE IN CERTAIN STATES.—

5 "(1) IN GENERAL.—The requirements of this  
6 section shall not apply with respect to health insur-  
7 ance coverage if there is a State law (as defined in  
8 section 2723(d)(1)) for a State that regulates such  
9 coverage that is described in any of the following  
10 subparagraphs:

11 "(A) Such State law requires such cov-  
12 erage to provide for at least a 48-hour hospital  
13 length of stay following a mastectomy per-  
14 formed for treatment of breast cancer and at  
15 least a 24-hour hospital length of stay following  
16 a lymph node dissection for treatment of breast  
17 cancer.

18 "(B) Such State law requires, in connec-  
19 tion with such coverage for surgical treatment  
20 of breast cancer, that the hospital length of  
21 stay for such care is left to the decision of (or  
22 required to be made by) the attending provider  
23 in consultation with the woman involved.

1           “(2) CONSTRUCTION.—Section 2723(a)(1) shall  
 2 not be construed as superseding a State law de-  
 3 scribed in paragraph (1).”

4           (B) Section 2723(c) of such Act (42 U.S.C.  
 5 300gg-23(c)), as amended by section 604(b)(2) of  
 6 Public Law 104-204, is amended by striking “sec-  
 7 tion 2704” and inserting “sections 2704 and 2706”.

8           (2) ERISA AMENDMENTS.—(A) Subpart B of  
 9 part 7 of subtitle B of title I of the Employee Re-  
 10 tirement Income Security Act of 1974, as amended  
 11 by section 702(a) of Public Law 104-204, is amend-  
 12 ed by adding at the end the following new section:

13 “SEC. 713. STANDARDS RELATING TO BENEFITS FOR CER-  
 14 TAIN BREAST CANCER TREATMENT.

15           “(a) REQUIREMENTS FOR MINIMUM HOSPITAL STAY  
 16 FOLLOWING MASTECTOMY OR LYMPH NODE  
 17 DISSECTION.—

18           “(1) IN GENERAL.—A group health plan, and a  
 19 health insurance issuer offering group health insur-  
 20 ance coverage, may not—

21           “(A) except as provided in paragraph

22           (2)—

23           “(i) restrict benefits for any hospital  
 24 length of stay in connection with a mastec-

1 tomy for the treatment of breast cancer to  
2 less than 48 hours, or

3 “(ii) restrict benefits for any hospital  
4 length of stay in connection with a lymph  
5 node dissection for the treatment of breast  
6 cancer to less than 24 hours, or

7 “(B) require that a provider obtain author-  
8 ization from the plan or the issuer for prescrib-  
9 ing any length of stay required under subpara-  
10 graph (A) (without regard to paragraph (2)).

11 “(2) EXCEPTION.—Paragraph (1)(A) shall not  
12 apply in connection with any group health plan or  
13 health insurance issuer in any case in which the de-  
14 cision to discharge the woman involved prior to the  
15 expiration of the minimum length of stay otherwise  
16 required under paragraph (1)(A) is made by an at-  
17 tending provider in consultation with the woman.

18 “(b) PROHIBITIONS.—A group health plan, and a  
19 health insurance issuer offering group health insurance  
20 coverage in connection with a group health plan, may  
21 not—

22 “(1) deny to a woman eligibility, or continued  
23 eligibility, to enroll or to renew coverage under the  
24 terms of the plan, solely for the purpose of avoiding  
25 the requirements of this section;

1           “(2) provide monetary payments or rebates to  
2 women to encourage such women to accept less than  
3 the minimum protections available under this sec-  
4 tion;

5           “(3) penalize or otherwise reduce or limit the  
6 reimbursement of an attending provider because  
7 such provider provided care to an individual partici-  
8 pant or beneficiary in accordance with this section;

9           “(4) provide incentives (monetary or otherwise)  
10 to an attending provider to induce such provider to  
11 provide care to an individual participant or bene-  
12 ficiary in a manner inconsistent with this section; or

13           “(5) subject to subsection (e)(3), restrict bene-  
14 fits for any portion of a period within a hospital  
15 length of stay required under subsection (a) in a  
16 manner which is less favorable than the benefits pro-  
17 vided for any preceding portion of such stay.

18           “(c) RULES OF CONSTRUCTION.—

19           “(1) Nothing in this section shall be construed  
20 to require a woman who is a participant or bene-  
21 ficiary—

22           “(A) to undergo a mastectomy or lymph  
23 node dissection in a hospital; or

1           “(B) to stay in the hospital for a fixed pe-  
2           riod of time following a mastectomy or lymph  
3           node dissection.

4           “(2) This section shall not apply with respect to  
5           any group health plan, or any group health insur-  
6           ance coverage offered by a health insurance issuer,  
7           which does not provide benefits for hospital lengths  
8           of stay in connection with a mastectomy or lymph  
9           node dissection for the treatment of breast cancer.

10           “(3) Nothing in this section shall be construed  
11           as preventing a group health plan or issuer from im-  
12           posing deductibles, coinsurance, or other cost-shar-  
13           ing in relation to benefits for hospital lengths of stay  
14           in connection with a mastectomy or lymph node  
15           dissection for the treatment of breast cancer under  
16           the plan (or under health insurance coverage offered  
17           in connection with a group health plan), except that  
18           such coinsurance or other cost-sharing for any por-  
19           tion of a period within a hospital length of stay re-  
20           quired under subsection (a) may not be greater than  
21           such coinsurance or cost-sharing for any preceding  
22           portion of such stay.

23           “(d) NOTICE UNDER GROUP HEALTH PLAN.—The  
24           imposition of the requirements of this section shall be  
25           treated as a material modification in the terms of the plan

1 described in section 102(a)(1), for purposes of assuring  
2 notice of such requirements under the plan; except that  
3 the summary description required to be provided under the  
4 last sentence of section 104(b)(1) with respect to such  
5 modification shall be provided by not later than 60 days  
6 after the first day of the first plan year in which such  
7 requirements apply.

8       “(e) LEVEL AND TYPE OF REIMBURSEMENTS.—

9 Nothing in this section shall be construed to prevent a  
10 group health plan or a health insurance issuer offering  
11 group health insurance coverage from negotiating the level  
12 and type of reimbursement with a provider for care pro-  
13 vided in accordance with this section.

14       “(f) PREEMPTION; EXCEPTION FOR HEALTH INSUR-  
15 ANCE COVERAGE IN CERTAIN STATES.—

16       “(1) IN GENERAL.—The requirements of this  
17 section shall not apply with respect to health insur-  
18 ance coverage if there is a State law (as defined in  
19 section 731(d)(1)) for a State that regulates such  
20 coverage that is described in any of the following  
21 subparagraphs:

22       “(A) Such State law requires such cov-  
23 erage to provide for at least a 48-hour hospital  
24 length of stay following a mastectomy per-  
25 formed for treatment of breast cancer and at

1           least a 24-hour hospital length of stay following  
2           a lymph node dissection for treatment of breast  
3           cancer.

4           “(B) Such State law requires, in connec-  
5           tion with such coverage for surgical treatment  
6           of breast cancer, that the hospital length of  
7           stay for such care is left to the decision of (or  
8           required to be made by) the attending provider  
9           in consultation with the woman involved.

10          “(2) CONSTRUCTION.—Section 731(a)(1) shall  
11          not be construed as superseding a State law de-  
12          scribed in paragraph (1).”

13          (B) Section 731(e) of such Act (29 U.S.C.  
14          1191(e)), as amended by section 603(b)(1) of Public  
15          Law 104-204, is amended by striking “section 711”  
16          and inserting “sections 711 and 713”.

17          (C) Section 732(a) of such Act (29 U.S.C.  
18          1191a(a)), as amended by section 603(b)(2) of Pub-  
19          lic Law 104-204, is amended by striking “section  
20          711” and inserting “sections 711 and 713”.

21          (D) The table of contents in section 1 of such  
22          Act is amended by inserting after the item relating  
23          to section 712 the following new item:

“Sec. 713. Standards relating to benefits for certain breast cancer treatment.”

24          (b) INDIVIDUAL HEALTH INSURANCE.—(1) Part B  
25          of title XXVII of the Public Health Service Act, as amend-

1 ed by section 605(a) of Public Law 104-204, is amended  
2 by inserting after section 2751 the following new section:

3 **"SEC. 2752. STANDARDS RELATING TO BENEFITS FOR CER-**  
4 **TAIN BREAST CANCER TREATMENT.**

5 **"(a) IN GENERAL.—**The provisions of section 2706  
6 (other than subsection (d)) shall apply to health insurance  
7 coverage offered by a health insurance issuer in the indi-  
8 vidual market in the same manner as it applies to health  
9 insurance coverage offered by a health insurance issuer  
10 in connection with a group health plan in the small or  
11 large group market.

12 **"(b) NOTICE.—**A health insurance issuer under this  
13 part shall comply with the notice requirement under sec-  
14 tion 713(d) of the Employee Retirement Income Security  
15 Act of 1974 with respect to the requirements referred to  
16 in subsection (a) as if such section applied to such issuer  
17 and such issuer were a group health plan.

18 **"(c) PREEMPTION; EXCEPTION FOR HEALTH INSUR-**  
19 **ANCE COVERAGE IN CERTAIN STATES.—**

20 **"(1) IN GENERAL.—**The requirements of this  
21 section shall not apply with respect to health insur-  
22 ance coverage if there is a State law (as defined in  
23 section 2723(d)(1)) for a State that regulates such  
24 coverage that is described in any of the following  
25 subparagraphs:

1           “(A) Such State law requires such cov-  
2           erage to provide for at least a 48-hour hospital  
3           length of stay following a mastectomy per-  
4           formed for treatment of breast cancer and at  
5           least a 24-hour hospital length of stay following  
6           a lymph node dissection for treatment of breast  
7           cancer.

8           “(B) Such State law requires, in connec-  
9           tion with such coverage for surgical treatment  
10          of breast cancer, that the hospital length of  
11          stay for such care is left to the decision of (or  
12          required to be made by) the attending provider  
13          in consultation with the woman involved.

14          “(2) CONSTRUCTION.—Section 2762(a) shall  
15          not be construed as superseding a State law de-  
16          scribed in paragraph (1).”

17          (2) Section 2762(b)(2) of such Act (42 U.S.C.  
18          300gg-62(b)(2)), as added by section 605(b)(3)(B) of  
19          Public Law 104-204, is amended by striking “section  
20          2751” and inserting “sections 2751 and 2752”.

21          (c) EFFECTIVE DATES.—(1) The amendments made  
22          by subsection (a) shall apply with respect to group health  
23          plans for plan years beginning on or after January 1,  
24          1998.

1           (2) The amendment made by subsection (b) shall  
2 apply with respect to health insurance coverage offered,  
3 sold, issued, renewed, in effect, or operated in the individ-  
4 ual market on or after such date.

DRAFT

MEMORANDUM

January 31, 1997

TO: Distribution  
FR: Chris Jennings  
RE: Women's Health Initiatives

In addition to our policy clarification to Medicare regarding quality coverage of mastectomies and our support of legislation to ensure quality care for all women who need mastectomies, we have an extremely strong women's health care package which should be highlighted next week during the budget roll out.

I would like to get your input as to how we can best give this package the attention it deserves. The package includes the following:

- Medicare coverage for mammograms
- Quality care for women needing mastectomies
- A quality commission to develop a patients' bill of rights
- Anti-gag rule for Medicare and Medicaid and support for anti-gag legislation for all health plans
- Increased funding at NIH, including funding for ground breaking breast cancer research
- Health insurance for workers' who are in-between jobs
- An alzheimer's respite benefit for families of Medicare beneficiaries
- Increased funding for Women, Infants, and Children (WIC).

DRAFT

- Medicare and Medicaid reform
- Expanded coverage for kids
- Measures to reduce tobacco use among young people

Please feel free to call me at 6-5660 with any questions or comments.

## WOMEN'S HEALTH CARE PRIORITIES

### IMPROVING WOMEN'S HEALTH CARE

- **Expands the Medicare Coverage for Mammograms.** The President's budget contains new preventive benefits for women, including, annual mammograms for beneficiaries age 50 and over, waiver of cost-sharing for mammography. It also covers other preventive benefits, including diabetes management, and certain immunizations protecting older Americans from pneumonia and influenza.
- **Ensures Quality Care for Women Needing Mastectomies.** The President has asked Secretary of Health and Human Services, Donna Shalala, to clarify that Medicare plans guarantee women the right to stay in the hospital 48 hours after a mastectomy. He also strongly support to bipartisan legislation to guarantee this treatment option for women who must fight this disease and assure women a decent standard of care.
- **Improves Health Care Quality through Other Initiatives**
  - **Quality Commission.** The President is in the process of establishing, a non-partisan, advisory commission to develop a patients' bill of rights for all health care consumers and to study ways to guarantee quality in our rapidly changing health care system.
  - **Anti-Gag Rule.** Recently, President Clinton took action to ensure that all Medicare and Medicaid health plans do not restrict communication between doctors and their patients. He also intends to work with the Congress to pass bipartisan legislation which will extend this anti-gag rule to all health plans.
- **Increases Funding for National Institutes of Health (NIH).** The President's budget proposes \$13.1 billion for biomedical research that will lay the foundation for future innovations that improve health and improve disease. The budget includes funding for high priority research areas, such as HIV/AIDS, breast cancer, spinal cord injury and genetic medicine. **The NIH-funded discovery of two breast cancer genes -- BRCA-1 and BCRA-2 -- holds great promise for the development of new prevention strategies.**
- **Provides Health Insurance for Families with Workers' Who are In-Between Jobs.** In today's strong but dynamic economy, 7 million working Americans - including nearly 3 million women -- who had health insurance through their employer lose their job and look for a new one. This initiative would provide temporary health insurance premium assistance for workers who are in-between jobs and their families to ensure that each of them can afford to maintain their health insurance while they look for their next job.

## IMPROVING HEALTH CARE FOR FAMILIES AND CHILDREN

- **Provides Alzheimer's Respite Benefit.** The President's budget takes the first step towards improving long-term care services with a new Alzheimer's respite benefit to assist families of Medicare beneficiaries with Alzheimer's diseases.
- **Promotes Full Participation in Women, Infants, and Children (WIC).** WIC provides nutritional assistance, nutrition education and counseling, health and immunization referrals, and prenatal care to those who would otherwise not get it. WIC participation has grown by 25% over the last four years and will serve 7.5 million by 1998, fulfilling the President's goal of full participation.
- **Expands Children's Health Care Coverage.** The President's budget proposes a series of initiatives to expand coverage to the 10 million uninsured children, including, 1) outreach to the three million children who are qualified for Medicaid, but are not currently enrolled; 2) grants to states to help develop innovative ways to provide coverage for uninsured children who are not eligible for Medicaid; and 3) temporary coverage for children whose parents have lost their health insurance because they have been laid off.
- **Strengthens and Preserves Medicare.** The President's budget preserves and improves Medicare, extending the life of the Part A Hospital Insurance Trust Fund into 2007. His plan gives beneficiaries more choices among private health plans, invests in new preventive health benefits, without imposing any new costs on beneficiaries.
- **Protects and Improves Medicaid.** The budget would reform Medicaid to give States much more flexibility to manage their programs, while preserving the guarantee of health coverage for the millions of children, pregnant women, people with disabilities, and older Americans who currently depend on the Medicaid.
- **Reduces Tobacco Use Among Young People.** In 1996, the Administration approved an FDA regulation of nicotine products that aims to cut tobacco use among young people by half over seven years; the budget includes \$34 million to implement the regulation. Tobacco is linked to over 400,000 deaths a year from cancer, respiratory illness, heart disease, and other health problems. Each year, another million young people become regular smokers, and more than 300,000 of them will die earlier as a result.